The Centre for Policy on Ageing’s selected readings are drawn from material held on the CPA Ageinfo database of ageing and older age.

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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 defamilialisation, in which widely available state-supported LTC services relieve family members from the obligations to care for relatives in need, to supported familialism, 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)

ISSN: 0144686X

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


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)

ISSN: 0144686X

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


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)
Damian Green, Chair of the All Party Parliamentary Group on 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 quality, examines overall provision. (RH)
Price: £9.99 (or free PDF)
From: Centre for Policy Studies, 57 Tufton Street, London SW1P 3QA. PDF at:https://www.cps.org.uk/files/reports/original/190426143506-DamianGreenSocialCareFinal.pdf

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)
ISSN: 00472794
From: http://www.cambridge.org/JSP

Long-term care 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.
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

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

2018


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


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


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 an analysis of '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


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


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

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
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.

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. 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.

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


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

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)

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.

BackgroundExisting 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.MethodsPACSim, 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.FindingsBetween 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.InterpretationIn 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.
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)


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


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

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


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 Bindi 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 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


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 Deaneary Care Home, Braintree. (RH)

From: https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/768/768.pdf


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


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


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 potential for injury prevention and 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
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)


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 whih is entirely publicly funded, making all social care free at the point of delivery, with funding from earmarked taxation. These 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)


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)

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)

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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)

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


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)

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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)
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)
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From: http://cambridge.org/cjg

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

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.
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.
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 Kulski ... (et al).: Cambridge University Press, 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 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

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)

Holocaust survivors in long-term care; by Allen Glicksman.: Taylor and Francis, 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)

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From: http://tandfonline.com


This article provides an overview and describes major health issues affecting older Americans, coupled with potential education and health promotion interventions that the nurse practicing 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.

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


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


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

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

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.
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


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

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.

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


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

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)

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)

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.

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)

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

2016

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 downlaod: 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.
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.
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)

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From: http://www.tandfonline.com


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

The EU covenant; by Anne-Sophie Parent.: AARP International, 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


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)


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

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)

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From: wileyonlinelibrary.com/journal/hsc
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

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

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
ttraction 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

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.


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/


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

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

ISSN: 14717794

From: www.emeraldgrouppublishing.com/qaoa.htm

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


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.
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

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

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.emeraldgrouppublishing.com/qaoa.htm


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


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)
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)

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.
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)

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)

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)
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.
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: 089959420

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

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

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

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

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 what, when 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
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.
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

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.emeraldgrouppublishing.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)
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=d=8932

Factors associated with quality of life in dementia patients in long-term care; by María Crespo, Carlos Hornillos, Mónica Bernaldo de Quiros.: 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)

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From : journals.cambridge.org/aso

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)


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.


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

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

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

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/

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.

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

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

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 universalist 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

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

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.
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.
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)

From: http://www.tandfonline.com

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)

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

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)

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

2011

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)
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/hsc}


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


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


England has increasingly relied on consumerist principles to deliver greater quality and improved efficiency in the long-term care system. The Individual Budget (IB) pilots marked a step in this direction, with people eligible for state-funded support being granted direct control over the resources available for their care. This article explores the early impact of IBs on providers' services, on their workforces, and on the administrative implications for providers of managing IBs. Interviews were conducted with a sample of 16 social care providers spread across four IB pilot sites and with commissioning managers in each of seven pilot sites. The
study found that providers were positive about the opportunities for better quality services that IBs can bring about. However the participants highlighted a number of obstacles to their effectiveness, and reported a range of potentially adverse administrative and workforce consequences which have the potential to jeopardise the consumerist policy objectives of increased choice and efficiency. (JL)
ISSN: 01445596
From: http://www.wiley.com/bw/journal.asp?ref=0144-5596&site=1

Who cares?: the implications of a new partnership to fund long-term care; by Robert Fletcher (Chairman), Chartered Insurance Institute.
The report follows on from the Dilnot Commission report, 'Fairer Care Funding', published in July 2011, which set out recommendations for reforming the funding system for adult social care. This new report provides a comprehensive view of the long-term care landscape following the Dilnot Commission's landmark publication. Using research and contributions from key stakeholders, the report provides insight into the likely implications of Dilnot on both the public's experience of the care system and the role of the private sector in providing advice and funding solutions. It includes contributions from a panel of experts in the debate who together aim to tease out the main relationships between the care funding model, the market for care products and services and the drivers of consumer awareness and engagement. (JL)
From: Download report:http://www.cii.co.uk/pages/research/researchandsurveys.aspx

2010

The burden of long-term care: how Italian family care-givers become employers; by Francesca Degiuli.
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).
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 Y010 5DD. Full report can be downloaded from: http://www.york.ac.uk/inst/spru/pubs/1241

Course of neuropsychiatric symptoms in residents with dementia in long-term care institutions: a systematic review; by Roland Wetzels, Sytse Zuidema, Iepke Jansen (et al). International Psychogeriatrics, vol 22, no 7, November 2010, pp 1040-1053. Neuropsychiatric symptoms (NPS) occur frequently in residents of long-term care institutions. The aim of this study was to review the literature systematically on the course of NPS in residents with dementia in long-term care institutions. A systematic literature search was conducted using Medline, PsychInfo, Embase and Cinahl. Search terms included "dementia", "long-term care institutions", "NPS", "longitudinal", and additional related terms. All titles and abstracts were independently assessed for inclusion and for methodological quality by two researchers, and the full texts of relevant papers were retrieved. Inclusion criteria were: dementia diagnosis, long-term care institutions, NPS, and longitudinal design. The literature search revealed 1982 papers of which 18 met the inclusion criteria. The patients were predominately female and aged 75 years and over. The follow-up period ranged from three months to one year. The number of assessments ranged from two to five, and 12 different assessment instruments were used to study NPS. Aberrant motor behaviour, depression, anxiety, and euphoria showed decline over time, and psychosis remained constant whereas apathy, agitation, irritability, and disinhibition increased over time. All symptoms showed specific intermittent courses. The methodological quality of the literature was limited by the small sample sizes, short follow-up periods, and lack of comprehensive neuropsychiatric assessment instruments. In the reviewed studies, NPS in institutionalised residents with dementia showed a heterogeneous course, although methodological limitations and the diversity of the studies call for caution in interpretation. Future research should focus on large prospective cohort studies with institutionalised residents with dementia, examining a wide range of NPS. (KJ)
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From: http://www.journals.cambridge.org/ipgdoi: 10.1017/S1041610210000918

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)


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.agingsoociety.org


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

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)


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)

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Price: FOC

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


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.


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


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


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)

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From: http://www.journals.cambridge.org/cjgdoi: 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.


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 need and with no informal care, and with substantial local variation in access and means-testing for home care. It is also characterized by a mixed economy of supply of care and a mixed economy of finance. The Green Paper (Shaping the future of care together; Cm 7673) has proposed a major shift from diverse local systems to a new National Care Service, with a national entitlement to some public support for all those who are assessed as needing it. The government has also recently announced that it will make personal care at home free to those with the highest needs. If implemented, the proposals included in the Green Paper would, at minimum, introduce a 'quasi-universal' system, in which some level of assistance is provided to all those with eligible social care needs. (KJ/RH)

ISSN: 01445596


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 Tufnell Street, London SW1P 3QB. Download from website: http://www.smf.co.uk/assets/files/Shaping%20the%20Future%20FINAL%20VERSION%20FOR%20RELEASE.pdf


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

ISSN: 01445596


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

ISSN: 01445596


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)

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)


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)


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)


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)
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.


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)

ISSN: 01445596


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)

Price: download

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


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 behaviour 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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doi: 10.1017/S1041610210000608

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

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From: http://baywood.com
doi: 10.2190/HA.12.1.e

Reforming long-term care in Portugal: dealing with the multidimensional character of quality; by Silvina Santana.
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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DOI: 10.1111/j.1467-9515.2010.00726.x

Reforming long-term care policy in France: private-public complementarities; by Blanche Le Bihan, Claude Martin.
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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DOI: 10.1111/j.1467-9515.2010.00720.x

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

ISSN: 01445596


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

ISSN: 01445596


When I'm 94: how to fund care for an ageing population; by Institute for Public Policy Research (ippr); PricewaterhouseCoopers LLP (PwC): Institute for Public Policy Research (ippr), 2010, 5 pp.
The Institute for Public Policy Research (ippr) and PricewaterhouseCoopers LLP (PwC) are working in partnership to consider how the future system of social care can be based on principles of fairness, sustainability and simplicity. The work builds on 'Expectations and aspirations: public attitudes towards social care' published before the Green Paper on social care. This briefing is based on deliberative workshops that engaged people in debate about social care. It highlights that few are yet willing to face up to the challenges around costs of care. Three principles also emerged from the workshops as essential components of any future system of social care: fairness, sustainability and simplicity. These are defined and issues are elaborated upon. Based on its research to date, the partnership is developing the concept of an innovative, online deliberative tool that will engage people further in discussion about the future of social care. It will seek to understand how people make decisions around care and how to reform the social care system so that it achieves the principles of fairness, sustainability and simplicity. Using this tool, ippr and PwC will be able to generate data to enable the development of new proposals for the future of social care. (KJ/RH)

Price: free download

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

2009

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

From: Download from website (5/11/09):www.bgs.org.uk
Our population is ageing, and the need for long-term care for older people is projected to more than double over the next 30 years. One in five of the UK population will develop long-term care needs, yet the social care system is still not fit for current and future generations of older people: it is under-funded and perceived to be unfair. This report is supported by Age Concern, and makes the case for restructuring the social care system. It recommends a new role for elected local authorities in the commissioning, co-ordinating and supply side of a radically improved care offer for older people. It aims to contribute to the debate around funding in the light of the Green Paper due to be published during 2009. (RH)
Price: £15.00 (+P&P)
From: Central Books, 50 Freshwater Road, Chadwell Heath, Dagenham, RM8 1RX. NLGN website: www.nlgn.org.uk

A comparison of long-term care recipients in Japan and Sweden; by Mårten Lagergren, Noriko Kurube, Marti Parker.
There are many similarities, but also many differences, between Japan and Sweden when it comes to long-term care of older people. Do Japanese and Swedish recipients of long-term care differ, and if so to what extent and regarding which aspects? Using datasets collected in the assessment of care needs for the Japanese long-term care insurance system in Handa municipality, Japan, and data from the Swedish National Study on Ageing and Care, Kungsholmen district, the recipients of care in the two countries have been compared with regard to different variables describing needs. This article compares the allotted care and services, given these needs. The comparison shows that on average the Handa care recipients are more dependent than the Kungsholmen population. A possible explanation for this could be differences in household patterns: far fewer older people live alone in Handa than in Kungsholmen. (KJ/RH)
ISSN: 15356523
From: http://baywood.com

This is the first in a series of articles looking at continuing health care (CHC). This article looks at the historical background and key legal judgments which have influenced decision making on eligibility for CHC (the Coughlan and Grogan cases). Future articles will look at the current position under the frameworks in England and Wales and consider some specific issues in relation to people being cared for at home and in relation to children. (KJ/RH)
ISSN: 14769018
From: http://www.pierprofessional.com

The differential influence of culture change models on long-term care staff empowerment and provision of individualized care; by Sienna Caspar, Norm O'Rourke, Gloria M Gutman.
With this study the researchers set out to determine if differences exist across culture change models (CCM) in relation to formal caregivers' perceived access to empowerment structures and reported provision of individualized care. Recruitment of staff took place who were working in facilities that had implemented the Eden Alternative, GentleCare, Facility Specific Social Models of Care (FSSMOC), or no CCM. Multivariate analyses of variance (MANOVA) compared these constructs by CCM for each of three caregiver groups (Registered Nurses, Licensed Practical Nurses, and care aides). Results suggest that considerable differences exist between formal caregivers and by CCM. The greater caregivers' day-to-day contact with residents, the more CCMs appear to affect perceived empowerment and reported provision of individualized care. Findings suggest the greatest benefits existed for staff working in facilities with a FSSMOC. Conversely, in only one instance did responses from staff in Eden Alternative facilities differ from those in facilities with no CCM. (KJ/RH)
ISSN: 07149808
From: http://www.journals.cambridge.org/cjg

This is the second in a series of Local Government Association (LGA) papers on the future of social care and support. It looks at the current system of adult care funding, the current and future costs of care and support, and
 ways in which councils, working with partners, are doing their best to make the most of available resources. Councils are currently contributing nearly 40% toward total social care expenditure through council tax. This is not sustainable, given the increased demand for service. There is a need for a greater focus on prevention and early intervention, and stronger partnership working between councils and the National Health Service (NHS) to make the most of our resources. (RH)

http://www.lga.gov.uk/lga/aio/1546471

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


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

ISSN: 09660410

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

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


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

ISSN: 07334648

From : http://jag.sagepub.com

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


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

ISSN: 09583084

Price: download


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

In order to inform its contribution to the debate on the future of care and support in England, about which the Government is to publish a Green Paper in 2009, Age Concern England (ACE) commissioned Opinion Leader to undertake focus groups on the subject. The aim was to test out people's attitudes towards using assets as a
method of pooling risks against the potentially catastrophic costs of long-term care. The research tested reactions to a scheme in which people aged 65 would be automatically enrolled at a cost of about £15000, a National Care Fund, a model that has been proposed by the International Longevity Centre (ILC UK). In return for this payment, individuals would have peace of mind to know that any future care costs would be covered. This report presents findings from the six focus groups which also discussed other ways of pooling risks: National Insurance; an age 40+ income tax; or payment at death. Among key themes emerging were: a perception that the current system of funding care is unfair; support for risk pooling in principle, but that ring fencing is critical; preference for a National Insurance model; and opposition to a charge linked to ownership of assets. There was strong consensus on how the fund would work, and that the care fund should pay for every aspect of care. (RH)

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

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

ISSN: 07317115

From: http://www.tandfonline.com

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

ISSN: 01639366

From: http://www.aarpinternational.org/ théjournal

In a cross-sectional study, the authors determined whether results from the Mini Nutritional Assessment (MNA), Geriatric Depression Scale (GDS), and Katz Activities of Daily Living (ADL), were associated with nutritional status and mobility in long-term care residents. One hundred and fifteen study participants (mean [SD] age: 80.2 [10.6]) provided informed consent. Fifty eight percent (n = 66) responded to all three questionnaires: 12 were assessed as malnourished (MNA < 17) and 28 were depressed. Higher levels of depression were associated with lower serum zinc (n = 71, r = -.356, p = .001) and associated with a slower Timed Up and Go test (TUG, n = 38, r = .301, p = .030). MNA was also associated with serum zinc (n = 44, r = .307, P = .021). Non responders to questionnaires (n = 36) had a lower BMI (mean difference: -2.5 ± 1.0 kg/m2, p = .013) and serum 25(OH)D (-8.7 ± 3.8 nmol/l, p = .023) vs. responders. The GDS, in addition to the MNA, is useful in identifying poor nutritional status in residential care. Intervention programs that target depression and poor nutritional status could potentially improve overall quality of life, but it is not clear if depression is leading to poor nutritional status or if poor nutrition is leading to depression. (KJ/RH)

ISSN: 01639366

From: http://www.tandfonline.com

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

Price: foc (download)


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

ISSN: 09583084


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

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

From: Download from website:
http://www.esri.ie/publications/search_for_a_publication/search_results/view/index.xml?id=2878

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


Respite care is one of the services most frequently requested by family carers, but places are often not taken up because of carers' concerns about the quality of the respite experience. This paper describes the formation of a new respite unit at St Ita's Hospital in Western Ireland and staff's efforts to create a respite experience that more closely reflects the older person's home environment. The initial focus was on providing more choice in terms of the food served and the times of meals. The challenges of introducing even small changes to the delivery of care...
are considered, and the need for a more widespread and sustained approach to culture change is promoted. (KJ/RH)
ISSN: 14717794


During 2008 and 2009, the Department of Health (DH) conducted a major review into the funding of, and future strategy for, adult social care, in preparation for a Green Paper (‘Shaping the future of care together’, Cm 7673, July 2009). The review was also tasked with considering whether funding and service delivery arrangements should be the same for everyone with care and support needs or vary according to type of need. This paper reports on the experiences of five countries (Germany, the Netherlands, Denmark, Australia and Japan) in reforming their arrangements for funding and delivering long-term care. For each country, it presents background and context, and outlines current or recent debates and reforms. In the case of Germany, the design of its long-term care insurance scheme’s cost-containment measures and funding pressures are noted. None of the five countries has, or is considering developing for the future, private, long-term care insurance. Moreover, nor are individuals’ assets or housing equity used for funding long-term care. Lessons for the reform of care and support in England are discussed. (RH)
From: SPRU, University of York, Heslington, York Y010 5DD. http://www.york.ac.uk/spru Full report can be downloaded from: http://www.york.ac.uk/spru/research/pdf/LTCare.pdf


Personalised care planning is concerned with providing for an individual’s full range of needs that takes health, personal, family, social, economic, educational, mental health, ethnic and cultural background or circumstances into account. This document aims to provide commissioners of health and social services with the information and support they need in order to fulfil their obligation to embed personalised care planning in their localities. The guidance is focused on integrated care planning for all people with a long term care condition, and has resulted from feedback from the ‘Our health, our care, our say’ consultation on community services and feedback during the NHS Next Stage Review consultation. The document lists the potential benefits that would be expected from care planning. An annex lists linked policies and initiatives, with weblinks where further information can be found. (RH)
From: DH Publications Orderline, PO Box 777, London SE1 6XH. Email: dh@prolog.uk.com Tel 0300 123 1002. Download from website: http://www.dh.gov.uk/en/Healthcare/Longtermconditions/DH_093359

2008

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

What we label as affordable clustered housing care options are making it increasingly possible for poor and frail older Americans to age in place comfortably and securely in residential-like settings combing both affordable
shelter and long-term care. The hallmark of these housing arrangements is their sizeable population clusters of low-income frail people in need of supportive services. Despite their greater availability and the competing factors underlying their growth, the diversity of their supportive services and operations cloud their identity, resulting in uncertainty as to whether they have a common mission. In response to the need for a more careful delineation of this ageing in place option, this paper describes the distinguishing features of these hybrid settings and constructs a typology of their representative exemplars or prototypes. (RH)

Assessing experts' views of the future of long-term care; by Edward Alan Miller, Mark Booth, Vincent Mor. Research on Aging, vol 30, no 4, July 2008, pp 450-473. Consensus is growing that long-term care delivery, regulation and functioning are no longer viable, a concern that will grow more salient as the population ages. The authors interviewed experts regarding the current status of long-term care in the US, the attributes of an ideal long-term care system, and potential areas for reform. The findings highlight the problems of maintaining an adequate workforce despite changing demographics. They also identify commonly agreed upon attributes of an ideal system - person-centred, professionally rewarding, integrated, affordable, accountable, community-based, and consumer directed - in addition to less commonly identified attributes - supportive, comprehensive, dignified, culturally appropriate, innovative, responsible, and safe and secure. Areas for reform include: workforce recruitment and retention; financing and insurance; quality improvement and regulation; health; information technology; and organisational change and innovation. The challenges facing long-term care must be addressed by both government and private citizens alike if long-term care recipients' lives are to improve and the increased demand for services is to be met. (RH)

Care and support: a community responsibility?; by David Brindle, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, November 2008, 12 pp. Any new settlement on long-term care and support must address the apportionment of responsibility for its delivery as well as its funding. With the state's capacity limited and family input likely to decline, the wider community must expect to play a growing role. David Brindle of The Guardian argues that this offers an opportunity to end social care's marginalisation. Different sorts of social support and social capital - for example timebanking - are suggested. (RH)

Clinical heroes: pushing up standards in long-term care; by Paul Whitby. Journal of Dementia Care, vol 16, no 3, May/June 2008, pp 28-32. In the second of two articles, the author answers the critical question, how can we change the culture of a ward or care home for the better? Clinical heroes - leaders with passionate vision as well as power and influence - are needed as managers, along with a competent staff team and a facilitating work culture or environment that achieves high standards of care. (RH)

Counting the real cost of continuing care; by Richard Bartholomew. Professional Social Work, December 2008, pp 20-21. Research undertaken by the author on behalf of a local authority and a primary care trust (PCT) reveals the potential scale of the continuing social care costs if eligible learning disabled adults were to be given the sort of funding consideration that it is now widely accepted that older people people should receive. Examples of case law convinces the author that the law has not been fairly applied in respect of human rights issues in the way in which the National Health Service (NHS) permits the funding of care (e.g. the Coughlan judgment, Barbara Pointon, and Maureen Grogan). The author analysed the case files of 31 people with learning disabilities who had not received continuing health care (CHC) funding. 13 would have had a high likelihood of 100% NHS funding, 11 substantial likelihood of 100% funding, and 5 were unlikely to be eligible for 100% funding. He concludes that many service users with learning disabilities and their families are being forced to spend money on care, but that the local council and PCT concerned were making provision for payments to be made to services users if found to be eligible for CHC funding. (RH)
Do we have the means?: [funding and provision of adult services]; by Andrew Mickel. Community Care, issue 1743, 16 October 2008, pp 28-29.

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

ISSN: 03075508
From : http://www.communitycare.co.uk


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

ISSN: 09598138
From : www.bmj.com

Free personal and nursing care: Public Audit Committee report, 4th report, 2008 (Session 3); by Public Audit Committee, Scottish Parliament. [Edinburgh]: Scottish Parliament, 2008, (SP Paper 183). The Audit Scotland report, 'A review of free personal and nursing care' scrutinised the implementation of FPNC in Scotland, which this report considers along with issues raised by Lord Sutherland's Independent Review of Free Personal and Nursing Home Care in Scotland (April 2008). While the Public Audit Committee supports the concept of regarding FPNC as a mainstream element of provision for older people, it also notes that Lord Sutherland also highlighted the importance of ensuring that costs are adequately monitored and reported. The Committee endorses Audit Scotland's recommendations that local authorities should work with local health partners to evaluate the long term consequences of older people receiving domestic home care services. Annex C lists the key recommendations from the Audit Scotland report, also those arising from Lord Sutherland's independent review. (RH)

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

Funding long-term care: the building blocks of reform; by James Lloyd, International Longevity Centre UK - ILC UK. London: International Longevity Centre - ILC-UK, December 2008, 30 pp. There is widespread agreement that the UK long-term funding system requires significant reform. This reports sets out the core tasks required of that reform, and provides an accessible introduction and overview of the wide range of available funding options that could be applied to the long-term care system: the "building blocks of reform". The report identifies the different basic models of long-term care funding available, briefly summarising and evaluating each "building block", and exploring how these different models can be integrated and combined. The "building blocks" derive from three funding sources: the state (through general taxation); people of working age (through specific contributions); and retirees (through state and/or personal pension, liquid assets, or property wealth). (RH)

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

The future of care funding: time for a change; by Caring Choices Coalition.: Electronic format, 2008, 35 pp. Caring Choices is a coalition of 15 organisations from across the long-term care system, led by the King's Fund, Joseph Rowntree Foundation (JRF), Help the Aged and Age Concern England (ACE). Throughout 2007, the coalition engaged with more than 700 older people, carers, care providers and others involved in the long-term care system at events across England and Scotland and through an interactive website, to discuss who should pay for long-term care, and how. This paper gives an overview of their discussions, which found five important
areas of agreement: the present system of funding long-term care is not fit for purpose; more money will be required to meet growing need; there should be a universal element of long-term care funding; funding of long-term care should be shared between the state and the individual; and better support for unpaid carers is crucial. Two related reports are referred to, which also concluded that the current funding system is unsustainable: Sir Derek Wanless ’Securing good care for older people’ (King’s Fund, 2006); and ’Paying for long term care: moving forward’ (JRF, 2006). Participants offer different perspectives on the design of a new system, but something that is fair and equitable. (RH)


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

ISSN: 08959420
From: http://www.tandfonline.com

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

ISSN: 00169013
From: http://www.geron.org

How much will pensions and long-term care cost in the future?; by Pensions Policy Institute - PPI; New Dynamics of Ageing programme (NDA): Pensions Policy Institute - PPI (Electronic format only), April 2008, 4 pp (PPI Briefing note no 46).
To help improve our understanding of the complex relationship between pensions and long-term care, the New Dynamics of Ageing programme (NDA) is funding the Modelling Ageing Populations in 2030 Research Group, an interdisciplinary team, bringing together the Pensions Policy Institute (PPI) with experts from the London School of Economics (LSE), the University of East Anglia (UEA), the University of Leicester and the London School of Hygiene and Tropical Medicine (LSHTM). In order to inform public debate and the development of future policy, the project aims to produce long-term projections of expenditure on pensions and long-term care up to 2030 and beyond, on a consistent basis. This Briefing Note sets out some preliminary results, and highlights the importance of considering both policy areas together. (RH)

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

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

ISSN: 10795014
From: http://www.geron.org


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

ISSN: 17501679
From: http://www.henrystewart.com


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


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

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

ISSN: 13607863
From: http://www.tandfonline.com


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

ISSN: 14717794

From: http://www.pavpub.com


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

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


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

From: Electronic PDF format only; download at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084579

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


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


The Welsh Assembly Government is running this consultation on the system of paying for care, in parallel with one taking place in England. The consultation considers devolved issues such as continuing care, NHS funded nursing care, residential care, and home and support services, as well as non-devolved issues such as the benefit system. The document looks at who currently receives care in Wales, and why changes are needed to the system of paying for care. The main questions asked relate to sharing the responsibility for paying for care; who should contribute more to care in the future; and how should rules for financial support be set in the future? The
Restructuring the welfare state: reforms in long-term care in Western European countries; by Emmanuele Pavolini, Costanzo Ranci.
Faced with problems associated with an ageing society, many European countries have adopted innovative policies to achieve a better balance between the need to expand social care and the imperative to curb public spending. Although embedded within peculiar national traditions, these new policies share some characteristics. First, a tendency to combine monetary transfers to families with the provision of in-kind services. Second, the establishment of a new social care market based on competition. Third, the empowerment of users through their increased purchasing power. Lastly, the introduction of funding measures intended to foster care-giving through family networks. This article presents the most significant reforms recently introduced in six European countries (France, Germany, Italy, the Netherlands, Sweden and the UK) regarding long-term care. It analyses the impact at the macro- (institutional and quantitative), meso- (service delivery structures) and micro-level (families, caregivers and people in need). As a result, the authors find a general trend towards convergence in social care among the countries, and the emergence of a new type of government regulation designed to restructure rather than to reduce welfare programmes. (RH)
ISSN: 09589287
From: http://esp.sagepub.com

Spanish Dependency Act: characterizing dependency levels and need for services; by Iciar Ancizu, Albert Navarro, Luciano Literas (et al).
The current context of long-term care in Spain is marked by the recent approval of the Dependency Act (in force from January 1, 2007). This article is aimed at defining the three levels of dependency ascertained in the Dependency Act and the care scenarios to allocate services to the profiles identified. The sample comprises 636 older people admitted to long-term care facilities in six different Spanish Autonomous Communities. Old persons' autonomy is established from nine variables of the Minimum Basic Data Set (MBDS RAI 1.0), whereas the intensity of care required is measured through the nursing care time (RUG-III). K-means cluster analysis is performed to characterize the three groups of dependency. In a second stage, care scenarios are assessed through the qualitative analysis of 60 randomly selected socio-personal and clinical records (20 per group). Results show that there are significant differences in care complexity as dependency increase,s and that the formal caring resources assigned would not be sufficient to meet growing needs for assistance. (KJ/RH)
ISSN: 15356523
From: http://baywood.com

The Deputy Minister for Social Services, Welsh Assembly Government gave the keynote address at the Annual Care Conference for Wales 2007. This article is the text of her address which provides an overview of the Welsh Assembly Government’s perspective on the direction of the long-term residential care sector in Wales, and how this should be facilitated with partner organisations. She refers to progress with the 'Strategy for older people in Wales' (2003) and its next phase; the appointment of a Commissioner for Older People in Wales; and establishing a Care and Social Services Inspectorate for Wales in 2007. Among future work is a Dignity and Respect in Care programme, which will raise awareness and understanding of the key issues relating to dignity. (RH)
ISSN: 17501679
From: http://www.henrystewart.com

TigerPlace, a state-academic-private project to revolutionize traditional long-term care; by Marilyn J Rantz, Rosemary T Porter, Debra Cheshier (et al.).: The Haworth Press, Inc., 2008, pp 66-85.
The Aging in Place Project at the University of Missouri (MU) required legislation in 1999 and 2001 to be fully realised. An innovative home health agency was initiated by the Sinclair School of Nursing, specifically to help older adults age in place in the environment of their choice. In 2004, an innovative independent living environment was built; which is operated by a private long-term care company as a special facility where residents can truly age in place and never fear being moved to a traditional nursing home, unless they choose to
do so. With care provided by the home care agency with registered nurse care coordination services, residents receive preventative and early illness recognition assistance that has markedly improved their lives. Evaluation of ageing in place reveal registered nurse care coordination improves outcomes of cognition, depression, activities of daily living (ADLs), incontinence, pain and shortness of breath, as well as delaying or preventing nursing home placement. Links with MU students, family and nearly every school or college on campus enriches the lives of the students and residents of the housing environment. Research projects are encouraged, and residents who choose to participate are enjoying helping with developing cutting edge technology to help other seniors to age in place. (RH)

ISSN: 02763893
From: http://www.tandfonline.com

The Resolution Foundation aims to improve the well-being of low earners, and to deliver change in areas where this income group is disadvantaged. The Foundation has chosen to focus on issues of residential and domiciliary long-term care for older people, because: long-term care presents particular challenges for low earners; it has a complex mixed market of funding and delivery; and is becoming increasingly important as a government priority. This report describes and assesses the long-term care market, based on analysis conducted for the Foundation by Deloitte. It describes and explains the market functions of long-term care in a mapping exercise; assesses how well it operates according to the criteria of efficiency and fairness; and reflects on some key developments that will have a significant impact on the market in the near future. (RH)
From: The Resolution Foundation, 2 Broomhouse Lane, London, SW6 3RD.Email: info@resolutionfoundation.orgDownload at: http://www.resolutionfoundation.org

2007

The initial focus of this issue is active ageing and the European Employment Strategy, including an article on the Zimmers, the world's oldest rock band as an example. Other themes covered are long term care and livable communities; economic security and work; and issues around health and its affordability. The Journal is available in electronic format only from website link given. (KJ/RH)
From: Posted on website (1 Dec 2007):http://www.aarpinternational.org

Adaptation to chronic vision impairment: does African American or Caucasian race make a difference?; by Charla A McKinzie, Joann P Reinhardt, Dolores Benn.
The purpose of this research was to determine whether race had a significant unique impact on adaptation to a common late-life impairment, age-related vision loss, after accounting for socio-demographic, health, functional disability, and personal and social resource variables. Older visually impaired African American (n=61) and Caucasian (488) applicants for vision rehabilitation service were interviewed in their homes. The results demonstrated that race accounted for unique variability in the domain-specific indicator of adaptation to age-related vision loss. The results support the importance of further work examining race differences in adaptation to specific chronic impairments in later life. (RH)
ISSN: 01640275

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

ISSN: 02703181


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

Price: FOC

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


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

ISSN: 01419889

From: http://www.blackwellpublishing.com


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

ISSN: 08856230

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


If we are to be able to reflect the cost implications of change in the nature, quality and productivity of long-term care interventions in future projections, we need an approach to measurement that reflects the value and quality
of care. This paper describes a theoretically based but pragmatic approach to identifying the welfare gain from
government expenditure on social care, and illustrates an application in projecting the costs of long-term care
used in the Wanless review of future needs of social care for older people in England. (RH)
ISSN: 14747464
From: http://www.journals.cambridge.org

2007, pp 33-41.
Population ageing will intensify the distributional dilemmas related to provision and funding of long-term care
(LTC). Several OECD countries have recently reformed their LTC systems, but as yet there is a paucity of
evidence on how different reform options affect the financial position of different socioeconomic groups.
Another neglected issue is how individuals adapt to changes as a result of LTC policy reform. One complication
in the analysis of LTC reform is the great uncertainty in projections, largely due to the long planning horizon
needed and the nature of LTC services themselves. This paper reviews two contrasting contributions to the
literature: "Paying for long-term care for older people in the UK: modelling the costs and distributional effects
of a range of options" by Ruth Hancock et al (LSE PSSRU discussion paper 2336, 2006); and "Future costs for
long-term care: cost projections for long-term care for older people in the United Kingdom", by Karlsson et al
(Health Policy, 80, 2007). Particular emphasis is placed on the policy implications of their findings. (RH)
From: Download only from: http://www.ageing.ox.ac.uk/ageinghorizons

Evaluation of the operation and impact of free personal care; by Paolo Vestri, Hexagon Research and
Consulting; Health and Community Care, Scottish Executive Social Research. Edinburgh: Scottish Executive
The main aim of free personal care (FPC) is to remove discrimination against older people who have chronic or
degenerative illnesses and need personal care, bringing such care into line with medical and nursing care in the
NHS based on need. This evaluation examined the four key stages of the operation of FPC across Scotland: the
application process; the assessment process; the provision of FPC and care services; and reviewing and
monitoring FPC. A further objective was to evaluate the impact that FPC policy has on: informal care; the
balance of care; care providers, the broader care sector and the range and availability of care services; and the
quality of care received. (RH)
Price: £5.00
From: Blackwell's Bookshop, 53 South Bridge, Edinburgh EH1 1YS. email:
business.edinburgh@blackwell.co.uk Scottish Executive Social Research website:
http://www.scotland.gov.uk/socialresearch

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

Free personal care for older people in Scotland: issues and implications; by Alison Bowes, David Bell.
Drawing on recent quantitative and qualitative research, the authors consider lessons of the Scottish policy of
free personal care for older people. The policy is embedded in political debates about devolution and interests
with various changing policies on care and support for older people. Evaluation is complicated by these
interactions and by gaps in relevant data, especially those concerning costs. Operationally, policy
implementation has presented varying difficulties for local authorities. For clients and informal carers it remains
popular, but is part of a service-led model of provision which does not reflect their own views of their care and
support needs. (RH)
Free personal care in Scotland: a narrative review; by Helen Dickinson, Jon Glasby, Julien Forder (et al).
The advent of free personal care for older people was a defining moment in the development of UK political devolution. After all the controversy surrounding the 1999 Royal Commission on Long Term Care, Scotland’s decision to implement its main recommendations was a decisive break from Whitehall’s approach, and seemed to offer a key opportunity to learn from the implications of this policy for an English context. Against this background, this paper summarises the origins, nature and impact of free personal care, providing a narrative review of the policy to date. (RH)

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

Living with Dementia, insert, September 2007, 8 pp.
The Alzheimer's Society is campaigning for an end to the unfair system of charging for care. As part of this campaign, people are being encouraged to examine whether they have been wrong charged for care and if so, to seek redress. This leaflet explains how to do so. (KJ/RH)

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

Healthcare consumption in men and women aged 65 and above in the two years preceding decision about long-term municipal care; by Jimmie Kristensson, Ingalill Rahm Hallberg, Ulf Jakobsson.
Early detection and preventive interventions to those at a transitional stage of becoming increasingly dependent on continuous care and services seems urgent to prevent escalating acute healthcare consumption. This study comprised 362 people (aged 65+), all subject to a decision about municipal care and/or services during 2002-2003, drawn from the Swedish National Study on Aging and Care (SNAC). Data were collected from three existing registers in Sweden. About 50% of the acute hospital stays (n=392) occurred within 5 months prior to municipal care. The 115 men (mean age 80.8) had significantly longer stays in hospital, more diagnoses and contacts with other staff groups beside physicians in outpatient care compared to the 247 women (mean age 83.8). The regression analysis showed heart conditions, cancer, musculo-skeletal problems, genito-urinary diseases, injuries and unspecified symptoms to be significantly associated with various kinds of healthcare
consumption. The findings indicated a breakpoint in terms of hospital admissions about 5 months prior to municipal care and service and a share of 15% having several admissions to hospital. (KJ/RH)

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


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

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


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

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


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

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


The government has still not answered crucial questions over its plans for long-term care for older people. With an ageing population, how will it fund a system that is likely to cost a lot more? And will people still have to sell their homes? This article notes that the 2007 Pre-Budget report and Comprehensive Spending Review (Cm 7227; p 100) includes passing reference to a new way of financing and providing adult long-term care. Representatives from leading charities, primary care trusts (PCTS) and local councils comment on this proposal in the light of the 2005 Green Paper, "Independence, well-being and choice". (RH)
Improving equity and sustainability in UK funding for long-term care: lessons from Germany; by Caroline Glendinning.
This paper argues for a transformation of arrangements for accessing and allocating public resources for long-term care in the UK. Currently, these arrangements are fragmented, inequitable and not always well targeted. While not necessarily advocating a social insurance approach, the experience of Germany nevertheless shows how simplicity, transparency and equity of access can be combined with strong cost control levers and political sustainability. An opportunity to transform ways of accessing and distributing public resources for long-term care arises with the piloting of individual budgets in 13 English local authorities from 2006. The paper argues that the principles underpinning individual budgets should be extended, with the UK government taking a strong national lead. (RH)
ISSN: 14747464
From: http://www.journals.cambridge.org

Improving the quality of long-term care services in England; by Juliette Malley, European Observatory on Health Systems and Policies.
Approaches to measuring the quality of long-term care (LTC) in England have developed within the context of public service reform, for which improving the quality of LTC has been a specific goal. This article outlines the Government's approach to public sector reform post-1997 based upon four tenets: greater competition and contestability in the provision of public services; growth in top-down performance management; enhanced consumer choice and participation; and strengthened capability and capacity of civil and public servants and officials to deliver improved public services. Quality improvement structures are then outlined: Best Value Regime, the Personal Social Services Performance Assessment Framework (PAF), the Care Standards Act 2002, and the work of the Commission for Social Care Inspection (CSCI). (KJ/RH)
ISSN: 10207481
From: Download from website:http://www.euro.who.int/observatory/Publications

Is this the answer to the age-old question of social care funding?; by Niall Dickson.
The current adult social care system penalises people who have saved all their lives, but how will the government rectify this without breaking the bank? The Chief Executive of the King's Fund explains how a coalition of 15 bodies, Caring Choices, has sought to stimulate debate and encourage the government to take action. The coalition has identified three important questions. First, who should pay for personal care? Second, how do we encourage people to contribute to care costs. Third, how do we support the provision of informal care? (RH)
ISSN: 09522271
From: http://www.hsj.co.uk

Leading the way to quality long-term care : lessons from the past, strategies for the future: [introduction to special section]; by Darryl Wieland, Susan Hedrick.
The Veteran Health Administration (VA) is the largest health care system in the US. The VA's Health Services Research and Development Service organised a State of the Art Conference on "Leading the way to quality long-term care : lessons from the past, strategies for the future" in September 2003 in conjunction with the Geriatrics and Extended Care Strategic Healthcare group. This short article introduces three papers that stem from the conference and outlines the aspects of long-term care that were considered. (RH)
ISSN: 00169013
From: http://www.geron.org

Long-term care and dementia services: an impending crisis; by Alastair Macdonald, Brian Cooper.
Since the transfer of long-stay care to the independent sector, provision of places in care homes in the UK has varied in response to market trends, and has shown a constant fall in the past 10 years. People with dementia constitute the largest diagnostic group affected by these changes, and are also likely to be the group that will determine future need. The authors set out to estimate, from institutional and prevalence survey data, what proportion of people with dementia in the UK are in long-stay care. Despite a falling trend in the number of places available in care homes, just over half of all such cases are to be found in care homes. Taking the proportion of 50% as standard, they estimated future need for places in care homes on the basis of the rising figures for dementia and three different projection scenarios from 2005 to 2023. The present trend indicates an
increase of around 50%, a policy shift of 10% in favour of community care could reduce this to around 35%, and combining the community care with increased specialisation in the homes for dementia care further reduces it to 20%. They suggest the latter 20% limited increase could prove sufficient, but only if better regulation, staff training and support in dementia care for homes are provided. (RH)

ISSN: 00020729
From : http://www.ageing.oupjournals.org

Long-term care policies in Italy, Austria and France: variations in cash-for-care schemes; by Barbara Da Roit, Blanche Le Bihan, August Osterle.
Cash benefit provisions have been at the core of many reforms in the long-term care sector in Europe. However, the respective schemes vary widely in terms of the definition of entitlements, the level of benefits, and the ways in which benefits can be used by recipients. This article investigates cash-for-care schemes in three European countries: Italy, Austria and France. It asks whether the diversity of these schemes indicates different paths or just differences in the pace at which the respective policies address the risk of dependency. A characterisation of the three schemes and a discussion of the implications for care work arrangements lead to the conclusion that the context and timing of long-term care reform processes are in fact quite variegated. All three countries have histories of cash schemes and of applying the cash approach to support - and to some extent relieve - traditionally strong family obligations. Differences predominate in terms of linking cash to employment, although some convergence is apparent in the effects on qualifications, working conditions and wages in care work. (RH)
ISSN: 01445596

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

Public funding of long-term care services in Spain has been limited; traditionally there has been a reliance on family members to provide informal unpaid care. The ageing of the population, coupled with changing family structures, have raised the issue of long-term care up the policy agenda. A new law, guaranteeing the right to long-term care services, funded through taxation but subject to means testing, has now come into effect. While increasing public coverage for long-term care services, this new legislation raises challenges in respect of coordination and delivery of services within and across the seventeen Autonomous Communities that are responsible for the provision of social care services. (KJ/RH)
ISSN: 13561030
From : http://www.lse.ac.uk/LSEHealth/eurohealth@lse.ac.uk

Measuring family perceived involvement in individualized long-term care; by R Colin Reid, Neena L Chappell, Jessica A Gish.
Dementia: the international journal of social research and practice, vol 6, no 1, February 2007, pp 89-104.
Although family involvement is considered an important aspect of care for residents with dementia in long-term care facilities, measurement is lacking. The purpose of this study is to present a multi-item reliable measurement instrument assessing family perceived involvement. Literature reviews, observations within facilities, iterative consultations with an expert panel and extensive pilot testing of items for family perceived involvement were undertaken, to establish face and content validity. Two scales were developed: family perceived involvement, and family assessment of importance of their involvement in individualized care for their resident relative. Strong evidence of face and content validity, internal consistency and test-retest reliability were established for both scales. Short versions of the original scales were derived via factor analysis. These instruments provide researchers and facilities with the ability to measure both degree of family perceived involvement and the importance the family places on that involvement using a relatively brief set of statements. (KJ/RH)

As the numbers of older people in Europe increase, the importance of long-term care services in terms of numbers of users and expenditures can be expected to grow. This article examines the implications for expenditure in four countries of a national entitlement to long-term care services for all older people, based on assessed dependency. It is based on a European Commission-funded cross-national study, which makes projections to 2030 of long-term care expenditure in Germany, Italy, Spain and the UK. The policy option investigated is based on the German long-term care insurance scheme, which embodies the principle of an entitlement on uniform national criteria to long-term care benefits. The research models this key principle of the German system on the other three participating countries with respect to home care services. The study finds that, if all moderately or severely dependent older people receive an entitlement to formal (in-kind) home care, the impact on expenditure could be considerable, but would vary greatly between countries. The impact on long-term care expenditure is found to be the least in Germany, where there is already an entitlement to benefits, and the greatest in Spain, where reliance on informal care is widespread. The policy implications of these results are discussed. (RH)

ISSN: 09589287

From: http://esp.sagepub.com

The national framework for NHS continuing healthcare and NHS-funded nursing care; by Social Care Policy and Innovation (System Reform), Department of Health - DH.: Electronic format only, 26 June 2007, 38 pp (Gateway ref: 8427).

This guidance sets out the principles and processes of the National Framework for NHS Continuing Healthcare and NHS funded Nursing Care, for which an implementation date of 1 October 2007 is set. It follows on from the June 2006 consultation document and draft guidance. It concentrates mainly on the process for establishing eligibility for NHS continuing healthcare and principles of care planning and dispute resolution relevant to that process, rather than specifying every aspect of planning for NHS continuing care. Eligibility assessments for care should be carried out by a multi-disciplinary team in line with the Core Values and Principles section and taking into account other existing guidance. There are five Annexes, two of which outline key court cases about continuing care which have influenced the policy now formulated: the Coughlan judgment (R v North and East Devon Health Authority ex parte Pamela Coughlan); and the Grogan judgment (R v Bexley NHS Care Trust ex parte Grogan). The other three annexes are: a Glossary; Determining the need for registered nursing care; and Independent Review Panel procedures. This guidance is being circulated to lead officials for continuing care in Strategic Health Authorities (SHAs), Primary Care Trust (PCTs) and councils with social services responsibility. Until the implementation date, the DH advises that it should be treated as best practice guidance. This guidance supersedes circular documents HSC 2001/15 and LAC 2001(18). (KJ/RH)

Price: foc

From: Download pdf from website (9/7/07) : http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_076288


It is argued in this chapter that older people who need long-term care are most likely to be physically or mentally frail, requiring involvement of multiple care services. It is for this reason that the power and autonomy of dependent older people is essential to ensure that quality of care is maintained. This chapter explores some solutions, focusing on the entire long-term care framework; England, the Netherlands and Taiwan are selected as representative of different welfare arrangements. It also highlights older people's experiences of social and personal barriers that are inhibiting them from becoming more actively socially and politically while in care. Further, it seeks to understand how their experiences of autonomy have affected their care and well-being. (RH)

From: The Policy Press, University of Bristol, Fourth floor, Beacon House, Queen's Road, Bristol BS8 1QU.


A static-component projection model using age, function and other covariates was constructed. Enrollee projections were obtained from the Veterans Health Administration (VHA) and were combined with nursing home and community long-term care service use rates from the 1999 National Long-Term Care Survey and the
2000 National Health Interview Survey. In the US over the next decade, the number of oldest veterans (aged 85+) will increase sevenfold. This will result in a 20%-25% increase in use for both nursing home and home- and community-based services. VHA currently concentrates 90% of long-term care resources on nursing home care. However, among those who received long-term care from all formal sources, 56% receive care in the community. Age and marital status are significant predictors of use of either types of formal long-term care service for any given level of disability. VHA's experience with the mandatory nursing home benefit suggests that even when the cost to the veteran is near zero, only 60-65% of eligibles will choose VHA-provided care. Assisted living represents nearly 15% of care provided during the past decade to individuals in nursing homes, and around 19% of veterans using nursing homes have disability levels comparable to those of men in supported living. As most of the increased projected use for long-term care will be for home- and community-based services, VHA will need to expand these resources. Use of VHA resources to leverage community services may offer new opportunities to enhance community-based long-term care. (RH)
ISSN: 00169013
From: http://www.geron.org

Rationale, design and sustainability of long-term care insurance in Japan - in retrospect; by Naoki Ikegami.
When Japan introduced a new public, long-term care insurance in 2000, the eligibility criteria and benefits were designed so that those who had been receiving services would be able to continue to do so. Five years later, benefits were reduced to a partial levying of hotel costs in institutional care, and restricting the provision of instrumental activities of daily living (IADLs) support services in community care for those requiring only light care. Whether these revisions are objective in containing costs and whether a decision should be made to cover all ages and all disabilities are the issues for the future. (RH)
ISSN: 14747464
From: http://www.journals.cambridge.org

Research on the costs of long-term care for older people: current and emerging issues; by Alison Bowes.
This review explores debates concerning the costs of long-term care for older people. It aims to give an overview of the recent and current research agenda in this area, and refers primarily to work published from 2000 to 2006. The focus of much work is on the identification of costs, their distribution, and the contents of policy and delivery of services in which these operate. Ongoing debate concerns future costs, their control and related issues of social justice and equity. A particular focus of recent work has been lessons internationally (e.g. cross-national surveys published by the Organisation for Economic Co-operation and Development - OECD) or from other countries. The most fruitful considerations to date have involved countries more similar in terms of economic development, and this review focuses on OECD countries. In low-income, less-developed economies, issues are significantly different. (RH)
ISSN: 14747464
From: http://www.journals.cambridge.org

Resident satisfaction with long-term care services; by Farida K Ejaz, Nicholas G Castle (eds).
This special issue of Journal of Aging & Social Policy focuses on developments in the US in evaluating care mainly from the perspective of nursing home residents. It starts with a literature review on satisfaction instruments used in long-term care settings. The next article examines the role of public and private initiatives on using consumer satisfaction as part of quality improvement systems in ensuring quality long-term care. This is followed by consideration of development of the CAHPS instrument (the Consumer Assessment of Healthcare Providers and Systems) for nursing home residents (NHCAHPS). Two articles on the Ohio Nursing Home Resident Satisfaction Survey (ONHRSS) cover first its development, and second, its statewide implementation and results. Lastly, the relationship between organisational factors and resident satisfaction with nursing home care and life is examined. (RH)
ISSN: 08959420
From: http://www.tandfonline.com

Two key features of "Securing good care for older people" (the Wanless report) are explained and evaluated. One is the new elements for the methodology for evaluating the alternatives, which Davies considers focuses attention on what are really the core issues: the means and ends which are the unique foci of long-term care, and
estimates of the consequences of the alternatives. By doing so, the report faces politicians, policy analysts and research communities with a formidable challenge: to master and contribute to the development of the new framework and evidence. Failure to meet the challenge will increase the risk that the policy system will reinforce rather than weaken causes of gross inequity and inefficiency caused by the under-funding of long-term care seemingly unanswerably demonstrated by the report. The second key feature is the type of funding model Wanless recommends, given expected changes in the balance between demands and public expenditure. Davies argues that the report’s analysis as successfully transforms the state of the argument about this as much as about the framework, methodology and evidence in evaluating alternatives demonstrating the relative weaknesses of models advocated a decade ago. (RH)

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

Staff-based measures of individualized care for persons with dementia in long-term care facilities; by Neena L Chappell, R Colin Reid, Jessica A Gish.
Although individualized care for persons with dementia in long-term care institutions has become accepted as best practice, there have not been easy to use, multi-item reliable measures of the concept for scientific research or for administrative use. Following review of the literature, consultation with experts in the field, and direct observation within long-term care facilities, three domains of individualized care (knowing the person/resident, resident autonomy and choice, communication - staff-to-staff and staff-to-resident) were chosen as appropriate for the development of multi-item paper and pencil staff completion scales. These scales are presented in this article, including where appropriate, shorter scales derived from factor analyses. The findings suggest that these domains of individualized care lend themselves to brief multi-item measures and that not all conceptual domains of individualized care co-occur in practice. Further, supplemental staff training in individualized care practice may be warranted. (KJ/RH)
ISSN: 14713012
From : http://idem.sagepub.com/

Themed section on the costs of long term care for older people: introduction; by Alison Bowes.
This issue of Social Policy & Society includes a themed section on the costs of long term care for older people (pp 349-466). Nine other articles variously bring together complementary work from economics, social policy or sociology, using quantitative and qualitative methodologies. The guest editor draws attention to some of the themes that are discussed. (RH)
ISSN: 14747464
From : http://www.journals.cambridge.org

Time to sort out how we pay for long-term care; by Christopher Kelly, Joseph Rowntree Foundation - JRF.: Joseph Rowntree Foundation - JRF, February 2007, pp 30-33.
Search, no 45, February 2007, pp 30-33.
This report highlights the need for more clarity about funding long-term care, which our welfare state was never envisaged to fund. There are some 300,000 older people in care homes, of whom only about 20,000 have their fees paid by the National Health Service (NHS). The rest have to use most of their own housing capital and pension income to pay for care before receiving help from local authorities. The NHS pays only a contribution to nursing elements of care home fees. This situation it is argued is untenable and "has raised ever more obvious difficulties and resentment": there must be a "clear-cut, common system of assessing needs". The Joseph Rowntree Foundation (JRF) has concluded that the present funding system is unfair, incoherent and inadequate to meet future needs. Three costed proposals for the short term have been suggested in various JRF reports. Further work by JRF will be in partnership with the King’s Fund, supported by Age Concern and Help the Aged to test consumer policy solutions for the funding of long-term care for older people. Also, lessons learned from Hartrigg Oaks, the first continuing care retirement community in the UK are being taken forward in two new Extracare schemes, Hartfields in Hartlepool and Plaxton Court in Scarborough. (KJ)
ISSN: 09583467
From : http://www.jrf.org.uk

The value of spirituality as perceived by elders in long-term care; by Lori Schwarz, Rita P Fleming Cottrell.
Spirituality is a context inherent in the individual that influences all aspects of life. This paper presents the results of a qualitative study that explored the perspectives of five elders regarding the integration of spirituality by their occupational therapist into their rehabilitation services. Multiple in-depth interviews were used to collect data. Although reflections on spirituality were unique to each person, there were commonalities in the
narratives. Qualitative analysis identified six themes: meaning and purpose; coping and positive outlook; reliance and dependence; comfort and consolation; hope for recovery; and therapeutic rapport. Participants reviewed spirituality as pivotal during their rehabilitation. Implications for practitioners who consider this phenomenon in practice are presented. (RH)


Winners and losers: assessing the distributional effects of long-term care funding regimes; by Ruth Hancock, Ariadna Juarez-Garcia, Adelina Comas-Herrera (et al).
Using two linked simulation models, the authors examine the public expenditure costs and distributional effects of potential reforms to long-term care funding in the UK. Changes in the means tests for user contributions to care costs are compared with options for the abolition of these means tests (free personal care). The latter generally cost more than the former and benefit higher income groups more than those on lower incomes (measuring income in relation to the age-specific income distribution). Reforms to the means tests target benefits towards those on lower incomes. However, the highest income groups are net losers if free personal care is financed at a higher tax rate on higher incomes and the effect on the whole population considered. (RH)

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

The Department of Health (DH) proposes to have a national framework for continuing NHS health care (or fully funded NHS care), with one national decision support tool to aid consistent decision making. This is a summary of recommendations by Age Concern England (ACE) in response to the consultation, focusing on: the continuing care policy, administration and responsibility, the screening tool, assessment, information about resolving disputes, funding, and the nursing pay band. A full version of the response is available on ACE's website. (RH)

Price: FOC

This is the last of three papers in a collection based on presentations made at the Third International Conference on Ageing and Spirituality. The conference aimed to: explore the growing knowledge and practice base of ageing and spirituality; bring researchers and practitioners together to examine spirituality in later life and strategies for providing best practice in aged care; and examine the latest developments in palliative care and ageing. These papers have a palliative care approach, and focus on providing appropriate care for older people who are dying. This issue of the Journal of Religion, Spirituality & Aging comprises part of a monographic separate simultaneously co-published by the Haworth Pastoral Press in 2006. (RH)

ISSN: 15528030
From: http://www.tandfonline.com

The battle for justice: [continuing care funding]; by Richard Bartholomew.
With the imminent publication of the Government's revised framework on continuing healthcare, the chair of a strategic health authority (SHA) appeals panel sets out why two court judgments should pave the way for much greater access to funding than potential new statutory guidance. Both rulings concern how continuing health care (CHC) eligibility criteria were incorrectly applied: the Coughlan judgment (R v North and East Devon Health Authority ex parte Pamela Coughlan) in the Court of Appeal in 1999; and the Grogan judgment (R v Bexley NHS Care Trust ex parte Grogan) in the High Court in 2006. (RH)


Cardiopulmonary resuscitation is rarely successful in people who are old or frail, but current policy guidance fails to take this into account. Indeed, the potential benefits of CPR are not the same for everyone, and CPR will be unsuccessful with most people in care homes and community hospitals. Applying the guidelines could also mean that staff time and resources are being diverted away from core elements of care, so the cost of providing resuscitation to all requires scrutiny. When a treatment is unlikely to succeed, a presumption of intervention is inappropriate. The authors question whether it is ethically appropriate to require all institutions to provide resuscitation, and they call for the guidelines to be reviewed. (RH)

ISSN: 09598138

From : http://www.bmj.com


The three main areas of inquiry were free personal care for older people, regulation of care for older people, and direct payments. The Committee concluded that the policy of free personal care introduced by the Community Care and Health (Scotland) Act 2002 has been a success, and has been widely welcomed. On the regulation of care, the Committee recommends that the Scottish Executive should continue to develop the Care Commission as the primary agency for that purpose. On direct payments, these should be promoted and made available more proactively. Annexes include a report to the Committee on “The implementation of direct payments for people who use care services. (RH)

ISBN: 1406123110
Price: £22.20 (+ p&p)
From : Blackwell's Scottish Parliament Documentation, Blackwell's Bookshop, 53 South Bridge, Edinburgh EH1 1YS. tel. 0131 622 8222. e-mail: business.edinburgh@blackwell.co.uk Health Committee Weblink: http://www.scottish.parliament.uk/business/committees/health/index.htm


Oral evidence and associated written evidence gathered by the Committee, February to May 2006 on the report's three main areas of inquiry: free personal care for older people; regulation of care for older people; and direct payments. (RH)

ISBN: 1406123126
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Change in care regimes and female migration: the "care drain" in the Mediterranean; by Francesca Bettio, Annamaria Simonazzi, Paola Villa.


Concern over the need to provide long-term care for an ageing population has stimulated a search for new solutions that can ensure financial viability and a better balance between demand and supply of care. At present, there is a great variety of care regimes across industrial nations, with Mediterranean countries forming a distinctive cluster where management of care is overwhelmingly entrusted to the family. In some of these countries, care of older people has recently attracted large flows of care migrants, ushering in a new division of labour among family carers (mainly women), female migrants and skilled native workers. The article explores the interconnections between the feminisation of migration on the one hand, and ongoing change in the Southern European care regimes (in Italy, Spain, Portugal and Greece) on the other hand. Different strands of the literature are brought together and reviewed to illustrate ongoing developments. One main objective is to identify issues of efficiency, equity and sustainability raised by this new "model" of care. The results of recent surveys of provisions and costs of long-term care are accordingly reviewed to set the stage for discussion on the optimal mix of long-term care provisions in place of traditional family care. (RH)

ISSN: 09589287
From : http://esp.sagepub.com
This issue of the Journal of Aging & Social Policy is simultaneously being published by the Haworth Press as a monographic "separate". Papers are mostly concerned with the role of the family in providing long-term care; and all but one are about aspects of caregiving. 11 articles focus on elder care, while another deals with grandparents caring for their grandchildren. The volume begins with articles on Sweden, Denmark, Singapore and Canada, which illustrate the universality of the tension between family and public responsibility for elder care. However, in each of these countries, families willingly play the major role in long-term care. In contrast to the "international view" of the first few papers, the remainder deal with caregiving in the US, starting with a commentary on the Family and Medical Leave Act 1993 (FMLA) and its provision for unpaid leave for up to 12 weeks in any one year. Other papers deal with: employment and elder care; respite care; the implications for policy of community-based care programmes; intergenerational housing; assisted living; and the changes in State rules during the 1990s on inheritance issues and Medicaid eligibility. (RH)  
ISSN: 08959420  
From: http://www.tandfonline.com

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ISBN: 0789033747  
Price: US$19.95 (hdbk $39.95)  
From: The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA.  
http://www.HaworthPress.com

Future long-term care expenditure in Germany, Spain, Italy and the United Kingdom; by Adelina Comas-Herrera, Raphael Wittenberg, Joan Costa-Font (et al).  
Findings are reported from the European Study of Long-Term Care Expenditure, a European Union (EU) funded study. This has investigated factors that are likely to affect future expenditure on long-term care services in Germany, Spain, Italy and the United Kingdom (UK). Macro-simulation (or cell-based) models were used to make comparable projections based on a set of common assumptions. The paper investigates the sensitivity of these projections to variant assumptions about future trends in life expectancy, trends in functional dependency, trends in the future availability of informal care, and trends in unit costs of services. The project also investigated the sensitivity of the projections to other factors, such as the trends in the structure of formal long-term care services and patterns of provision. The projected future demand for long-term care services for older people is sensitive to assumptions about the future number of older people, the prevalence of dependency, and the availability of informal care. For the purposes of planning, it is important to recognise the considerable uncertainty about future levels of long-term care expenditure. (RH)  
ISSN: 0144686X  
From: http://www.journals.cambridge.org/jid_ASO

The great care divide: only a new funding regime can address the uneven provision of care in different parts of the UK; by Donald Hirsch.  
Community Care, no 1652, 7 December 2006, pp pp 32-33.  
This article considers two recent studies published by the Joseph Rowntree Foundation (JRF) mapping the availability of informal care and of residential care homes in the UK. The studies identify an uneven supply of care, with deprived groups often better able to provide informal care, but with inferior access to care homes. The article argues that a new funding regime should aim to provide greater consistency. The two studies involved are: "Facing the cost of long-term care - towards a sustainable funding system" (2005) by Donald Hirsch (2005); and "Care providers, care receivers : a longitudinal perspective", by Harriet Young, Emily Grundy and Mark Jitlal (2006). (KJ/RH)


Much has changed in the long-term care in the US in the last 10 years or so, with greater emphasis on home and community services probably at the expense of nursing home use. The author discusses those issues that continue to dominate: service delivery, quality assurance and finance. He concludes that "the elephant in the room" still not receiving enough attention is the workforce and the problems of shortages, low pay, and poor job prospects. (RH)


The University of Stirling has carried out research into the funding and operation of long-term care policy in Scotland with wider lessons for the UK as a whole, focusing particularly on the policy of free personal and nursing care. This project sought views from clients and those involved in implementing the policy, using both interviews and focus discussion groups, which are outlined in these findings. The extent to which the policy is replicable and sustainable is also discussed. The full report, "Financial care models in Scotland and the UK" by David Bell and Alison Bowes, is published by the Joseph Rowntree Foundation (JRF). (RH)

Local culture, globalization and policy outcomes: an example from long-term care; by Gail Wilson.


It is argued that the impact of globalisation and global ideologies on social policy can depend on the ways that local cultures reinforce or combat global ideologies and pressures. The article discusses the importance of local policy factors in shaping responses to globalisation. It takes as an example the way in which global forces have affected outcomes for older people needing long-term care in one marginalised province of a rich country. Local political, economic and sociocultural factors can reinforce global pressures for neo-liberal policies and rising individualism, and overwhelm the global ideologies of democracy and human rights (including gender rights and anti-ageism) that might lead to better outcomes for older people and their caregivers. In New Brunswick province, Canada, traditional cultural values can be seen as one factor allowing politicians to make sub-optimal social policy choices in respect of home support and nursing homes. (KJ/RH)

Long-term care planning study: strengths and learning needs of nursing staff; by Kathleen E Cruttenden.


Nurses practising in nursing homes can and must take an active role in decision making for their learning. This planning study was designed and conducted in the predominantly rural Canadian province of New Brunswick. Participants included directors of care, registered nurses, licensed practical nurses, and resident attendants. The nursing homes ranged in size from 38 to 196 beds and were located throughout the province. In health and planning studies, ethnography conveys a coherent statement of people's local knowledge as culture sharing groups. The study derived information from the Nursing Home Act reports, the literature, key informants, and direct observations of, and interviews with, participants. Leadership strengths defined the roles for categories of staff and supported the capacity of each category to identify their learning needs. (RH)
Means testing and the heterogeneity of housing assets: funding long-term care in Spain; by Joan Costa-Font, Oscar Mascarilla-Miro, David Elvira.
The access to publicly funded long-term care (LTC) in Spain has been traditionally rationed through the use of means tests based on individuals' current income and needs. However, individuals' wealth - primarily housing assets - is progressively taken into account. In parallel, the responsibilities for the organisation of LTC services have been devolved to region states - autonomous communities (ACs) - giving rise to some regional heterogeneity, though limited credence has been reported as the underlying determinants. This paper examines the current role of housing assets in determining public and private funding for LTC in Spain. Secondly, the authors present a qualitative and quantitative examination of the regional heterogeneity in the processes of public funding criteria determining eligibility to public support for LTC. Finally, they report survey evidence on the individual's willingness to sell (WTS) their housing assets in order to either totally or partially finance access to LTC. Their findings suggest that housing assets are the main source of wealth accumulation at old age. If there is significant regional heterogeneity in the access to LTC resulting from regional differences in the means testing criteria. Progressively, all ACs are considering housing assets in the means testing criteria. Interestingly, individuals' willingness to sell their housing assets declines with age and is more common among less skilled and widowed individuals. (RH)
ISSN: 01444596
From: http://www.blackwell-synergy.com

National framework for NHS continuing healthcare and NHS-funded nursing care in England: Consultation document; [accompanied by]: Core values and principles; Partial public sector Regulatory Impact Assessment; Public information leaflet; and covering letter; by Department of Health - DH.: Department of Health (Electronic format only), 19 June 2006, Various (Ref: 6507).
The documents in this consultation detail the proposals for a National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care in England. This National Framework has two main purposes. Firstly, it sets out a single policy on who should receive NHS funding, be that fully funded NHS continuing healthcare (where the NHS funds the whole care package), or NHS-funded nursing care (where the NHS is responsible for the nursing required from a registered nurse in a care home). Secondly, it proposes a standard process for assessing eligibility for these services, to help support consistent decision-making. Responses to the consultation (which ends on 22 September 2006) should be sent to: Simon Medcalf,Department of Health, Room 116, Wellington House,133-155 Waterloo Road, London SE1 8UG. (Fax 020 7972 4202; Email national.continuing.care@dh.gsi.gov.uk). This consultation document and accompanying items can be downloaded from the Department of Health (DH) website. Also available are: a slide show presentation (powerpoint); a decision support tool; and Public consultation events schedule. (KJ/RH)

A national template: [continuing care framework]; by Melanie Henwood.
The distinction between fully funded NHS continuing care and means-tested social care has become increasingly blurred. This has been marked by a string of legal challenges and by recurrent involvement of the Health Services Ombudsman. The Department of Health (DH) has issued a consultation on a national framework for continuing care and NHS funded nursing care. This article evaluates whether the framework addresses the key failings of the current system, and whether it will resolve the long-standing inequities, complexity and confusion. (RH)
ISSN: 03075508
From: http://www.communitycare.co.uk

Out of the shadows: envisioning a brighter future for long-term care in America; by Vincent Mor, Edward Alan Miller, Brown University Center for Gerontology and Health Care Research, USA; National Commission for Quality Long-term Care, US. Providence, Rhode Island: Electronic format only, 2006, 100 pp.
The National Commission for Quality Long-Term Care was established in 2004 to evaluate the quality of long-term care in the United States; to identify factors influencing the ability to improve quality of care; and to recommend national goals for quality improvement in long-term care. This report is the product of an in-depth examination of the literature, statistical analyses of data, and testimony provided to the Commission by outside parties. It is also informed by interviews conducted with 39 individuals including 14 commissioners. In addition to describing the current state of the problem, the report examines six areas of concern to policymakers: financing and insurance; supporting and educating caregivers; the challenges of changing the physical and organizational environments in which services are delivered; recruiting and retaining a qualified workforce; designing a more effective regulatory control system; and adapting and integrating health information.
technology to long-term care. Additional information may be found at the website of the New School for Social Research in New York, which assumed administrative responsibility for the Commission in Spring 2006 (www.qualitylongtermcarecommission.org). (KJ/RH)

From: Download (11/6/07) from website:http://www.chcr.brown.edu/ContactFrameset.htm

The UK has not yet found a clear, fair and adequate system for financing the growing demand for long-term care as the population ages. In the 1990s, successive governments shied away from major reform which would have secured a sustainable and rational financing structure, as implemented in some other countries and recommended by many in the UK. The Joseph Rowntree Foundation (JRF) has been leading a debate on how to start moving towards better funding arrangements. While the need for big change over the long term has not gone away, important steps could be taken now to reduce the difficulties in the present system. This Foundations reviews the evidence and arguments brought forward and concludes this JRF programme of work by presenting some costed options for reforms. A summary sheet, “Testing consumer views on paying for long-term care”, is also available. (KJ/RH)

ISSN: 13665715
Price: FOC

Paying for long-term care for older people in the UK: modelling the costs and distributional effects of a range of options; by Personal Social Services Research Unit - PSSRU, University of Kent; University of Essex; Nuffield Foundation. Canterbury: PSSRU, University of Kent, October 2006, unnumbered (PSSRU Research summary 40).
Around one in two women and one in three men aged 65+ will require intensive long-term care in late old age. How this care is to be funded is an important issue, which continues to provoke lively debate, since it will affect many of us and our families. This summary presents the findings of a research study (same title) funded by the Nuffield Foundation (and published as PSSRI Discussion paper 2336, available on the PSSRU website). Raphael Wittenberg, Linda Pickard, Adelina Comas-Herrera, Derek King and Juliette Malley from the PSSRU, LSE Health and Social Care at the London School of Economics, Ruth Hancock from the University of Essex, and Ariadna Juarez-Garcia from the University of Birmingham used two simultaneous models to model the cost and distributional effects of a range of options for reforming the system for funding long-term care. The options examined included: changes to the capital limits in the means test; increases to the personal expenses allowance; a lifetime limit on private payments for care; and free personal care. (RH)
From: PSSRU, Cornwallis Building, University of Kent, Canterbury, Kent CT2 7NF.
http://www.PSSRU.ac.uk

Professional perspectives on decision making about the long-term care of older people; by Brian J Taylor, Michael Donnelly.
With the increasing pressure on social and health care resources, professionals have to be more explicit in their decision-making regarding the long-term care of older people. This grounded theory study used 19 focus groups and 9 semi-structured interviews (96 staff in total) to explore professional perspectives on this decision making. Participants and interviewees comprised care managers, social workers, consultant geriatricians, general practitioners (GPs), occupational therapists and hospital discharge staff from 11 Trusts in Northern Ireland. The emerging themes spanned context, clients, families and services. Decisions were often prompted by a crisis, hindering professionals seeking to make a measured assessment. Fear of burglary and assault, and the willingness and availability of family to help were major factors in decisions about living at home. Service availability, in terms of public funding for community care, the availability of home care workers and workload pressures on primary care services influenced decision “thresholds” regarding admission to institutional care. Assessment tools designed to assist decision making about the long term care of older people need to take into account the critical aspects of individual fears and motivation, family support and the availability of publicly funded services as well as functional and medical needs. (RH)
ISSN: 00453102
From: http://bjsw.oxfordjournals.org
Risk management paradigms in health and social services for professional decision making on the long-term care of older people; by Brian J Taylor.


Risk management systems and structures are developing rapidly within UK health and personal social services. However, the risk management strategies of organizations need to take into account the conceptual frameworks used by professionals. This grounded theory study used data from nineteen focus groups and nine semi-structured interviews (99 staff in total) to explore perspectives on risk and decision-making regarding the long-term care of older people. Focus group participants and interviewees comprised social workers, care managers, consultant geriatricians, general medical practitioners, community nurses, occupational therapists, home care managers and hospital discharge support staff from 11 Trusts in Northern Ireland. Social work and health care professionals conceptualised risk and its management according to six paradigms that appeared to be in a state of reciprocal tension: identifying and meeting needs; minimising situational hazards; protecting this individual and others; balancing benefits and harms; accounting for resources and priorities; and wariness of lurking conflicts. The effective translation into practice of risk management strategies needs to address the complex and often contradictory issues facing health and social services professionals. (KJ/RH)

ISSN: 00453102
From: http://bjsw.oxfordjournals.org


In "Facing the costs of long-term care" (JRF, 2005) Donald Hirsch tested four key ideas with people of differing ages across the UK, including carers, people with disabilities, and people from minority ethnic groups. This summary draws together recently tested consumer views on policy proposals to pay for long-term care being explored by the Joseph Rowntree Foundation (JRF). The four key ideas are: standardised assessment and means testing of domiciliary services; repackaging Attendance Allowance into a standardised care payment; increasing support of informal carers through resources and/or formal help; and the potential of equity release schemes to pay for domiciliary care costs. The main points from discussions are: the state is still expected to play a major role in funding long-term care in the future; people are receptive to change; the notion that thrift is penalised is eroding confidence in the social welfare system; any changes must be perceived to be equitable; an apparent willingness to accept tax increases; and a need to promote wider acceptance that individuals must contribute more. (RH)

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


There is continuing debate about the future affordability of long-term care for older people. This summary presents a range of projections of future expenditure on long-term care as a contribution to the debate. Adelina Comas-Herrera, Derek King, Juliette Malley, Linda Pickard and Raphael Wittenberg from the PSSRU, LSE Health and Social Care at the London School of Economics, and Robin Darton from the PSSRU, University of Kent, used a long-term care projections model to examine a range of different scenarios. They found that projections of future expenditure were sensitive to assumptions about trends in mortality, disability, informal care, and unit costs of care. The discussion paper summarised here is part of a wider project funded by the Department of Health (DH), which is investigating long-term care finance. (RH)

From: PSSRU, Cornwallis Building, University of Kent, Canterbury, Kent CT2 7NF.
http://www.PSSRU.ac.uk


This retrospective study was designed with three identical cross-sectional samples originating from the same long-term care facilities, and collected 1-July to 31 December in 2001, 2002 and 2003 in Finland. These were extracted from the Resident Assessment Instrument (RAI) database, based on Minimum Data Set (MDS) assessments. Of the data providers, 16 were hospital-based institutions and 25 residential homes. Each of the data sets included 3662-3867 resident assessments. The prevalence use of one or more antipsychotic decreased from 42% in 2001 to 39% in 2003. However, while use of antipsychotics decreased in residents who had wandering as a behavioural problem, it increased in residents with concomitant use of anxiolytic medications. The use of antipsychotic medications among residents in long-term institutional care was common, and the caring patterns were quite stable during the observation period. Adequate indications may not have been

The purpose of this study of needs assessment agencies (RIOs) in the Netherlands was to determine what client, needs assessors and agency factors explain variation in decision-making by long term care needs assessors concerning clients requesting admission to a residential home. Hypothetical case vignettes were sent to needs assessors allocating services to older people. Multilevel logistic regression analysis provided random and fixed effects. The authors found random effects of the level of needs assessors are negligible, of the level of agencies small though statistically significant, with clients receiving the largest relative share of the variance. The amount of care already present appeared most important in the decision. Needs assessors were willing to support their clients' wishes only when they were clearly motivated. Policy implications considering the tension between clients' preferences and equity are discussed. (RH)


Making good consumer decisions requires having good information. This US study compared long-term care recommendations made by various types of health professionals. 211 professionals from varying disciplines and work locations were given randomly varied scenarios and asked to recommend the appropriate forms of long-term care. Although respondents used the full spectrum of options offered to them, some tended to favour the sector they worked in. Advanced practice nurses recommended day care and homemaking more and adult foster care less. Gerontologists used skilled nursing facility placement more actively, and rehabilitation, homemaking and home health care less actively. Geriatricians and primary care physicians both favoured rehabilitation and skilled nursing facility care; both groups were less enthusiastic about assisted living, homemaking and informal care, but the geriatricians favoured day care more than did the physicians. Registered nurses were highly supportive of assisted living, adult foster care, homemaking, and home health care, but opposed skilled nursing facility care. Social workers were less likely than other participants to endorse rehabilitation and adult foster care. In relying on an expert judgement, clients should be aware that the expert's background, experiences and beliefs may influence recommendations made. (RH)


This report presents results of qualitative research which explored the views of current and future older people on paying for care in later life. Six focus groups were conducted in the north and south of England with people from a mix of socioeconomic and age groups (45-59, 60-74, 75+). The groups were given information about the current charging system for care and discussed two case studies. Overall, the findings show that people are still strongly of the view that the state should provide for care in old age: there is a reluctance for individual wealth to be taken into account. The report defines personal care and health care; and examines people's understanding of care charges, payment for care services and care in different settings. Also discussed are the role of family care; use of one's own wealth to pay for care; and issues about quality of care. (RH)

2005


The House of Commons' Health Committee's sixth report of session 2004/05, "NHS continuing care" made a number of recommendations which are similar to those made by Age Concern in its written evidence. This
summary of recommendations is an outline of that evidence to the Committee (which included evidence from Age Concern Oxfordshire based on its experience of providing an advocacy service to people trying the access NHS continuing care). Comments cover policy, the complaints process, past cases, and training and information. Recommendations made by the Committee in its report and not covered in Age Concern's submission are also listed. A full version of evidence to the Committee can be found on the Age Concern website. (RH)

Price: FOC

Clearer care criteria: a national approach to continuing care aims to improve consistency of delivery and to make the process more easily understandable; by Melanie Henwood.

Community Care, no 1560, 24 February 2005, pp 36-37.

The disputed responsibilities between health and social care are epitomised in many of the difficulties that arise around NHS continuing health care. A written statement by Stephen Ladyman (minister at the Department of Health) in December 2004 hinted at a "national approach to continuing care to improve consistency and ease of understanding", something called for by the House of Commons Health Committee in its report on palliative care. This article looks at the implications of the proposed new national framework, and the need to improve consistency and to make criteria more easily understood. It draws on the findings from several reviews into the experience of continuing health care in strategic health authorities (SHAs) in England. (RH)

ISSN: 03075508
From: http://www.communitycare.co.uk


This paper reports the detailed results of research on choice carried out as part of the long-term care study under the OECD Health Project. One of its main aims is to categorise and analyse different types of arrangements allowing home-care users more choice. Another is to review outcomes in terms of flexibility, care quality, satisfaction and conditions for caregivers. The implications for employment and sustainability are complex. While a public supply of formal care services would allow relatives of older people in need of care to maintain their attachment to the normal labour market, a system of payments for informal care could make it difficult for informal caregivers to get back into paid work. The answer may lie with the the growing number of healthy retired people who represent a potentially valuable resource as informal caregivers. (RH)


The design of the long-term care system in Spain: policy and financial constraints; by Joan Costa-Font, Concepció Patxot.


The provision and financing of long-term care (LTC) in Spain has only recently become a policy concern. However, welfare policy reforms show the need to anticipate the effects of a transition for the traditional "family-based" model of care (78% of Spanish older people who are disabled) are treated by their own families to a modern "community-based" model. This paper examines the current models of providing and funding long-term care in Spain, and on the basis of the empirical evidence, evaluates the prospects for the future organisation and funding of the system. (RH)

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The final decision on whether an older person should enter long-term care should be taken after screening for irreversible disability, and ideally prior to admission to a long-stay institution. An exercise carried out on applicants to Malta's largest long-term institution (St Vincent de Paule Residence - SVPR) found that 22% of applicants could have been supported in the community, 21 required rehabilitation, with only 57% requiring long-term care. Post-admission multidisciplinary assessment is being carried out at SVPR. This article presents
case reports on two women, illustrative of successful post-admission assessment and rehabilitation at SVPR, and resulting in successful discharge back into the community. (RH)

ISSN: 10165177
From: http://www.inia.org.mt

Elderly and disabled waiver services: important dimensions of personal care from the client's perspective; by Anne P Glass, Pamela B Teaster, Karen A Roberto (et al.). Haworth Press, 2005, pp 59-78.

Twenty-five interviews were conducted (18 clients and 7 family caregivers) to identify what clients and caregivers considered to be the most important dimensions of personal care provision. Respondents were generally satisfied with their current aides (care assistants). However, there are unmet needs, including care at additional times of the day or week, also problems, particularly aides arriving late. The most common problems reported from past experience with previous aides included those who arrive late, did not show up, or who were viewed as "lazy". Eight important dimensions were identified, including having aides who are reliable, honest, easy to be around, and who possess a good knowledge base. (KJ/RH)

ISSN: 01621424
From: http://www.tandfonline.com

Eligibility for long-term care in The Netherlands: development of a decision support system; by Crétien van Campen, Edwin van Gameren.
In the Netherlands, eligibility for subsidised long-term care services is assessed by regional governmental assessment agencies. The authors examined which factors predict eligibility for long-term care alternatives, ranging from a variety of arrangements for care at home to admissions to residential and nursing homes. Data are from a sample of the regional assessment agencies, mostly for 2000. The model shows that not only disease and disability, but also age, household composition, current housing situation, and use of health care services determine the choice between long-term care alternatives. On the basis of this model, a decision development system was developed, which predicts eligibility for long-term care alternatives on the basis of applicant characteristics, and can support needs assessors in making decisions on individual applicants' eligibility. The system is used for standardisation of intake processes and development of protocols for needs assessors. At the population level, it may provide information for managers and policy-makers on the distribution of demand for long-term care in the near future. (RH)

ISSN: 09660410
From: www.blackwellpublishing.com/hsc

Emerging paradigms in long-term care: [editorial]; by Robert B Hudson.
Articles in this issue of Public Policy & Aging Report are based on papers by individuals affiliated to the Scripps Gerontology Center, University of Miami, Ohio, and a conference on "Changing Spaces: New Models of Long Term Caring". This editorial sets the context of innovation, including technology innovation. (RH)

ISSN: 10553037
From: http://www.agingssociety.org

Eyes shut to social care: [management of long-term conditions]; by Mark Hunter.
Community Care, no 1559, 10 February 2005, pp 24-25.
The role of community matrons, as described in recent Department of Health documentation on "Supporting people with long-term conditions", is questioned. Although they will work across health and social care services, only those with nursing qualifications will be eligible. The author reports that while organisations such as the Long-Term Medical Conditions Alliance welcome the idea, the focus on keeping people out of hospital may be to the detriment of having access to other health and social care services. (RH)

ISSN: 03075508
From: http://www.communitycare.co.uk

Facing the cost of long-term care: towards a sustainable funding system; by Donald Hirsch, Joseph Rowntree Foundation - JRF.
Over the past decade, it has become ever clearer that the UK lacks an adequate, coherent and fair basis for paying for long-term care for older people. As a result, services are already under strain, not all needs are being met, and we are ill-prepared to meet future challenges as the population continues to age. This paper is intended as a discussion document, bringing together evidence and discussions assembled by the Joseph Rowntree
Foundation (JRF) Long-Term Care Advisory Group, arguing that the present system is not working. It identifies some key challenges, reported in the 1980s and only partially implemented, but which did not solve the underlying problems. Six core principles for a system of long-term care funding are suggested: be fair and be seen to be fair; support preventative measures; recognise the diversity of needs and allow recipients of care to retain their dignity; promote personal and family responsibility; be sustainable (by being responsive to demographic, medical, economic and other changes); and encourage an efficient supply response. While it deliberately avoids proposing a radical redesign of the whole system, the report explores other ways of using existing public funding. (RH)

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Studies that examined family involvement in various long-term care venues were identified through extensive searches of the literature. Further research and practice must consider the complexity of family structure, adopt longitudinal designs, provide direct empirical links between family involvement and resident outcomes, and offer rigorous evaluation of interventions in order to refine the literature. (RH)

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From: http://www.tandfonline.com

Following publication of the National Service Framework for People with Long-Term Conditions (NSF), the (now defunct) NHS Modernisation Agency commissioned Matrix to identify and report on the key elements of good care planning for people with long-term conditions. This document is intended to contribute to and link with other initiatives such as the Single Assessment Process (SAP). It outlines the potential benefits of care planning and barriers to its implementation. Appendices include a self-assessment toolkit, and three case studies illustrating how care planning approaches have been successfully implemented: Shared Care Plan, Hounslow; Nottingham City PCT integrated rehabilitation and intermediate care service; and general practice in Hexham, Northumberland, for people living with diabetes. The key objective has been to produce user-friendly guidance and tools to assist local health and social service providers to implement evidence-based, person-centred care planning for people with long-term conditions. (RH)


Health care and long-term care: preliminary report by Finland; by Ministry of Social Affairs and Health, Finland.: Electronic format, 30 May 2005, 23 pp.
The main features of the Finnish health care and long-term care system are highlighted, and two ongoing national action plans are described in general. Three broad principles for the Finnish system and their solutions are suggested: accessibility, quality and financial sustainability. The report was discussed in two European Union sections (Health and Social Affairs), and uses the common objectives set out in COM(2004) 304 as guidance. (RH)

Improving the funding system for long-term care; by Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, [September 2005], 2 pp.
Findings, 0457, [September 2005], 2 pp.
Over the past decade, it has become ever clearer that the UK lacks an adequate, coherent and fair basis for paying for long-term care for older people. With an ageing population, more public and private resources will eventually need to be mustered to cover growing demand. More immediately, inadequacies in the present system will need to be addressed. In a discussion paper summarised here, the Joseph Rowntree Foundation (JRF) has brought together evidence and arguments to identify some key improvements needed in the ways we pay for long-term care, in order to create a system that people understand and in which they have confidence. These findings outline the problem and the challenges in designing solutions. The full paper, "Facing the cost of long-term care: towards a sustainable funding system", by Donald Hirsch, draws on the work of JRF's Long-Term Care Advisory Group, and is published by York Publishing Services on behalf of the Foundation. (RH)

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Price: FOC
The Royal Commission for Long-term Care of the Elderly considered removing the domestic home from all assessment of capital in matters of older people paying for their long-term care. In responding to the Royal Commission's recommendations, the Scottish Executive acknowledged that "one of the great worries facing older people is that of selling their home to pay for care". John Swinburne MSP intends to introduce a Bill in the Scottish Parliament to abolish inclusion of a person's home in the financial assessment to pay for long-term care, and seeks views (by 12 January 2006) as part of the consultation process. Arthur Midwinter of the Institute of Public Accounting Research, University of Edinburgh was commissioned to provide an analysis of the financial implications and to outline how residential care for older people in Scotland is currently funded. (RH)

Price: FOC
From: John Swinburne, MSP, The Scottish Parliament, Edinburgh EH99 1SP. E-mail: John.Swinburne.msp@scottish.parliament.uk

The Israeli long-term care insurance law: selected issues in providing home care services to the frail elderly; by Hillel Schmid.
The goals and principles of Israel's Long-Term Care Insurance Law (1988), which mandates the provision of home care services to frail older people, are presented. The paper describes and analyses selected issues related to the provision of services following the Law, and evaluates the Law's contribution toward enhancing older clients' well-being. Several major dilemmas that arose following the Law's implementation are analysed and evaluated in comparison with other countries that have enacted and implemented similar laws. These dilemmas are: community vs institutional care; services in kind vs monetary allowances; service provision through contracting out with non-governmental agencies; unstable and unskilled labour force; and service quality. Policy implications are discussed concerning investment in human resources as a condition for achieving high service quality, and the need for co-ordination between the agencies that provide long-term care for older people. (RH) ISSN: 09660410
From: www.blackwellpublishing.com/hsc

This annual directory lists the public and private companies, not-for-profit providers, partnerships and individuals operating three or more care homes, providing long term care for older people and people with physical disabilities. The aim is to map corporate activity in the long term sector in independent nursing and residential care and to document ownership trends. The directory has two sections (in more recent editions only), separate details of providers of care for either older or physically disabled people; and providers for those with learning disabilities and those who are mentally ill (which includes drug and alcohol addiction). Each directory has topical comment and there is an index of advertisers. (KJ) ISBN: 1854401045
Price: £170.00
From: Laing and Buisson, 29 Angel Gate, City Road, London EC1V 2PT.

Long-term care challenges for an aging America: improving technology and changing the system's culture as critical parts of the solution; by Robert A Applebaum, Jane Straker.: National Academy on an Aging Society, Fall 2005, pp 1-7.
Providing ongoing services and supports to individuals experiencing chronic disability has become one of the the greatest challenges facing American domestic policymakers. Because most long-term care services are administered, financed and regulated at state level, in many ways, long-term care has become very much a state issue. In many states, the problems associated with the provision of long-term care are among the top issues faced by government; and all evidence suggests that without major changes, the current approach will not work in the future. In introducing the theme of this issue of Public Policy & Aging Report, "Emerging paradigms in long-term care", the authors document current and expected challenges faced by the long-term care system. They suggest potential opportunities for improving the current approach through innovative changes in the culture of service provision and through the use of technology to alter how assistance is currently conceptualised and provided. (RH) ISSN: 10553037
From: http://www.aging society.org

This paper has been prepared for the Institute for Public Policy Research (IPPR) as a contribution to their wider study for the Disability Rights Commission (DRC). It presents projections to 2022 on the numbers of older disabled people in Great Britain, the numbers of older clients of long-term care services, and associated public and private expenditure. These projections are intended as important background to discussion about the services needed for future cohorts of older disabled people. The paper describes the PSSRU long-term care projection model, focusing on the parts of the model concerned with disability and informal care. It describes the key projections, produced under a set of the base care assumptions. It looks at what happens when these assumptions change. First, it reports on scenarios based on varying the assumptions around factors exogenous to long-term care policy, including disability and unit costs. Second, it describes scenarios based on varying patterns of care, which include two scenarios that make changes to the patterns of formal care. (RH)

From: Download: http://www.pssru.ac.uk/pdf/dp%202252.pdf PSSRU, Cornwallis Building, University of Kent, Canterbury, Kent CT2 7NF. http://www.PSSRU.ac.uk


The study of long-term care was one of the major components of the OECD Health Project carried out from 2001 to 2004. In OECD countries, there is a trend towards more universal public provision of long-term care services for such care. This study reports on the latest trends in long-term care policies in 19 OECD countries: Australia, Austria, Canada, Germany, Hungary, Ireland, Japan, Korea, Luxembourg, Mexico, the Netherlands, New Zealand, Norway, Poland, Spain, Sweden, Switzerland, the UK and the US. It studies lessons learnt from countries that have undertaken major reforms in the last 10 years. Trends in expenditure, financing and the number of care recipients are analysed based on new data on cross-country differences. The report examines co-ordinated approaches to providing a continuum of care that is more responsive to individuals' needs. Other issues covered are: consumer direction and choice in long-term care; monitoring and improving the quality of long term care; and paying for long term care. (RH)

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Price: £20.00
From: TSO, PO Box 29, Norwich NR3 1GN. OECD website: www.oecd.org


This is the fourth issue of the BMJ dedicated to this topic and given recent Government initiatives, it was timely to focus on the problem of managing long term chronic conditions. However, this issue provides an international look at this problem which now is the main cause of death and disability worldwide. According to the World Health Organization (WHO), non-communicable conditions account for 46% of the global burden of disease, that is 59% of the annual 57 million deaths. The articles in this issue look more closely at what comprises high quality care and the challenges that lie ahead for all health professionals to manage and learn from their patients. (KJ/RH)

ISSN: 09598138
From: http://www.bmj.com


This national service framework (NSF) sets eleven quality requirements for health and social care services for people with long-term neurological conditions to live as independently as possible. Much of the guidance in this document can also apply to anyone living with a long-term condition. The quality requirements are: a person-centred service; early recognition, prompt diagnosis and treatment; emergency and acute management; early and specialist rehabilitation; community rehabilitation and support; vocational rehabilitation; providing equipment and accommodation; providing personal care and support; palliative care; supporting family and carers; and caring for people with neurological conditions in hospital or other health and social care settings. This NSF is supported by a web-based NSF good practice guide, an NSF information strategy, a leaflet for the public and glossary of terms (see www.dh.gov.uk/longtermnsf). (RH)

Price: FOC
From: DH Publications Orderline, PO Box 777, London SE1 6XH. Tel 08701 555455. E-mail: dh@prolog.uk.com Also available in Braille, audio cassette tape, disk and large print (ref 265109).
Improving the management of long-term conditions has the potential both to reduce hospital bed occupancy and improve the quality of life for patients. The Department of Health document, "Supporting people with long-term conditions: an NHS and social care model to support local innovation and integration" (DH, 2005) outlines a model of care to proactively manage those with long-term conditions and encourage self-care, which this article considers. (RH)


The term NHS continuing care means fully funded care for people who do not require care in an NHS acute hospital, but who nevertheless require a high degree of ongoing health care. This report identifies some key problems and issues: the separation of health and social care; the need for a set of national eligibility criteria; and the existing continuing care eligibility criteria and their implementation. Specifically, there are problems in translating policy into practice. For example, the Single Assessment Process (SAP) was intended to integrate assessment processes across health and social care, to ensure that older people were given a high-quality multi-disciplinary assessment of their needs. Evidence to the Committee suggests that SAP is not being implemented consistently. The report also covers the retrospective review of funding decisions (following the Ombudsman's 2002 recommendations) and the Registered Nursing Care Contribution (RNCC) system. The Committee recommends that, in the forthcoming review of the system of NHS continuing care funding, not only should the views of NHS bodies and local authorities be taken into account, but also those of patients, carers and professionals. (RH)


Long-term care provision in the United Kingdom has been the subject of much debate and analysis over the past decade, yet the issue of how to fund the cost of that care for future generations remains unresolved. Much of the debate has revolved around how the State should address the problem. As a consequence, the general public are unsure as to where their responsibilities and liabilities lie. There is a perceived unfairness around the current system which leaves significant financial responsibility resting with the individual above basic income and asset levels. These findings review the current options which are further explored in the full report, "Private funding mechanisms for long-term care" by the author, Sandy Johnstone. (KJ/RH)


The physical, symbolic and experiential aspects of receiving long-term care are examined in this paper using Pierre Bourdieu's concepts of habitus and field (as in his "The logic of practice", 1990). The authors use data from the Hitting Home project, an ethnographic study of home care in 16 homes in urban, rural and remote locations in Ontario, Canada. Across all cases, data about domestic and caregiving routines were gathered.
through observation, interviews with clients and/or the primary family caregiver, interviews with service providers, and videotaped tours of the home. Based on an analysis of these data, the authors argue that a transposition of logics and practices occurred when the domestic and health care fields were superimposed within the spaces of the home. Although all of the care recipients and their family caregivers indicated a strong preference for home care over institutional care, their experiences and practices within their homes were disrupted and reconfigured by the insertion of logics emanating from the healthcare field. These changes were manifested in three main themes: the politics of aesthetics; the maintenance of order and cleanliness; and transcending the limitations of the home. In each of these dimensions, it became apparent that care recipients engaged in improvisational social practices that reflected their ambiguous and changing habitus or social location. The material spaces of their homes signified, or prompted, altered or changing social placement. (RH)

From : http://www.blackwellpublishing.com


Long-term care provision in the UK has been the subject of much debate and analysis in the last ten years, and yet the issue of how to fund the cost of that care in the future remains unresolved. This paper examines the financial services options that have been available since 1990: insurance plans; investment-based plans; conversion policies; and immediate-needs annuity plans. It analyses the barriers to access, and considers alternative products to pay for care: insurance for the later years of dependency or for limited periods of disability; lifetime mortgages; and pension products. The prospect of a national compulsory scheme is reviewed, and recommendations are made on how a coherent, robust funding system for the future might evolve. (RH)

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Price: £9.95

From : York Publishing Services, 64 Hallfield Road, Layerthorpe, York YO31 7NZ. PDF download: http://www.jrf.org.uk/bookshop Alternative formats such as large print, Braille, audio tape or disk available from Communications Department, Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP.

A proposal for a voucher system in long-term care in Hong Kong; by Kee-Lee Chou, Nelson W S Chow, Iris Chi.


In the next 30 years, Hong Kong will face severe challenges in establishing a sustainable aged care system, due to a rapidly ageing population coupled with the recent economic downturn. The authors identify four principles: the encouragement of family care; service integration; a mixed mode of financing, as well as a "small government and large market" approach to guide the development of aged care services. After a brief description of existing Hong Kong long-term care services for older people, the authors evaluate this service according to these principles. They examine how a proposed voucher system could tackle problems in the current system of long-term care. Finally, they propose solutions to alleviate the possible negative consequences of the voucher system and ascribe the essential preconditions for the full implementation of the system. (RH)

ISSN: 08959420

From : http://www.tandfonline.com

A qualitative study of the experiences of long-term care for residents with dementia, their relatives and staff; by G H Train, S A Nurock, M Manela (et al).


Most older people living in 24-hour care settings have dementia. The authors used qualitative semi-structured interviews to explore positive and negative aspects of the experience of 17 family carers, 30 staff, and 21 people with dementia living in 10 homes in London and West Essex. Five main themes were identified: privacy and choice; relationships in the care environment; activities; the physical environment; and expectations of a care environment by carers should they one day live in long-term care themselves. Despite no longer being responsible for day-to-day care, there was a continuing level of distress among some relatives. More striking was that residents with a range of severity of dementia were able to participate: the main theme from their interviews was the need for choice. All groups talked about improving lines of communication and about the importance of activities. The authors recommend that homes should set up formal structures for engaging with user and carer views at all levels. This would mean relatives on the board and regular meetings for residents, relatives, advocates and staff. This should lead to cultural changes where residents are perceived as individuals and care is provided in a more flexible way. There should also be a programme of activities in each 24-hour care setting, which all care staff are given time to implement. These activities need to be tailored to the individual resident rather than to the whole group. (RH)
A qualitative study of the views of residents with dementia, their relatives and staff about work practice in long-term care settings; by Georgina Train, Shirley Nurock, Ginnette Kitchen (et al).
Most people living in 24-hour care settings have dementia, and little is known about what makes long-term care a positive experience for them. This carer-led qualitative study examined working practices in 24-hour long-term care settings (including hospitals, nursing and residential homes) in North London and Essex. In semi-structured interviews, managers, nurses and care assistants were asked about work practices, such as how they coped with difficult behaviour, also about shifts, staffing levels, staff retention and training. Relatives of residents with dementia were asked about their role and perceptions of the care provided; and residents were asked for their opinions of their care. Staff reported that residents presented with increasingly challenging behaviour compared to the past, and that sometimes staffing levels and skills were inadequate. Of all the settings, hospitals had the most problems with staffing levels and retention, staff-relative relationships and staff support systems. Relatives saw their own role as positive. People with dementia of varying severity could usefully evaluate some of the services they received. Dementia-specific training and education of staff in all long-term care settings, including induction, should deal with the management of problem behaviour in dementia, and thereby improve staff fulfilment and relatives’ satisfaction. The long-stay hospital may not be appropriate as a "home for life" for those with dementia. The authors recommend that long-term care settings should be able to cater flexibly for a range of residents' needs. (RH)
ISSN: 10416102
From: http://journals.cambridge.org

Racial differences in formal long-term care: does the timing of parenthood play a role?; by Kathleen A Cagney, Emily M Agree.
Differential effects of teen childbearing across American racial groups indicate differential vulnerability to long-term care (LTC) needs among early parents. Linking measures for the 1999 National Long-Term Care Survey with Medicare claims (1989-1993), the authors model age at first use of institutional (skilled nursing facility) use and home health as competing risks, using a Cox proportional hazards model. Early parenthood was found to accelerate first use of home health in Whites, but delays use in Blacks. The likelihood of any LTC use by race group converges as timing in parenthood increases. (RH)
ISSN: 10795014
From: http://www.geron.org

The role of autonomy in explaining mental ill-health and depression among older people in long-term care settings; by Geraldine Boyle.
This paper examines the extent of mental ill health and probably depression among older people in long-term care. It presents selected findings from a study in Greater Belfast, Northern Ireland, that compared the quality of life, autonomy and mental health of older people living in nursing and residential homes with those of older people living in private households who were receiving domiciliary care. Structured interviews were conducted with 214 residents in institutions and 44 older people receiving domiciliary care. The study found that those in private households were more severely physically impaired and had a higher level of mental ill health than the residents of institutional homes. It is suggested, however, that the mental ill health effects were associated less with physical impairments than with the restrictions placed on the older person's decisional autonomy, and that long-term care environments that constrain the person's autonomy contribute to the development of depression. Although the UK's National Service Framework for Older People (NSF) specified that those with depression should be given treatment and support, priority should also be given to preventing the depression associated with living in long-term care settings. (KJ/RH)
ISSN: 0144686X
From: http://journals.cambridge.org/

Sea change or quick fix?: policy on long-term conditions in England; by Bob Hudson.
Long-term conditions is a policy area that has risen rapidly up the political agenda in England, culminating in the development of the National Health Service and Social Care Model in 2005, which is to be implemented over the following 2 years. The Model draws heavily upon US ideas of case management, and proposes the
creation of 3,000 community matrons to undertake this role with the most vulnerable patients. Although welcomed in principle, the specific proposals in the Model have been subject to some criticism, and these issues are explored in this paper. The problematic areas include patient identification, transplanting US models to England, the role of case management, workforce and funding issues, and the mix of medical and social models. The author concludes that there is a danger of long-term care policy developing an unduly health-focused approach at a time when the thrust of partnership working is towards an inclusive, whole-system model. (KJ/RH)

ISSN: 09660410
From: www.blackwellpublishing.com/hsc

Supporting people with long term conditions: liberating the talents of nurses who care for people with long term conditions; by Department of Health - DH. London: Department of Health, 1 February 2005, 30 pp (Improving care, improving lives).

Nurses play a central role in caring for people with long-term conditions. This paper describes some of these roles, paying particular attention to the new clinical function of community matron. It presents examples in practice of experiences in implementing case management, including Evercare and Unique Care. (RH)

Price: FOC
From: Department of Health, PO Box 777, London SE1 6XH. Tel 08701 555 455. E-mail: dh@prolog.uk.com
Website: http://www.dh.gov.uk/cno


The NHS and social care model is a blueprint to support local NHS and social care organisations in improving local services to people with long-term conditions. It draws on existing successes and innovations for the NHS and social care and international experience, to help local health communities to develop a more integrated systematic approach. This document includes examples of case management and disease specific care management to illustrate how the model should work. (RH)

Price: FOC
From: Download document (28/2/05) : http://www.dh.gov.uk/cno


Psychological distress can lead to negative consequences affecting the quality of life of older people living in long-term care centres. This study aimed to determine the prevalence of symptoms of psychological distress and their associated factors among these residents. A cross-sectional descriptive study was conducted with 1,999 long-term care residents aged 65+ living in 28 long-term care facilities in the Quebec City area. 911 people (45.6%) displayed at least one symptom of psychological distress one or more times in the week preceding data collection. 22% were identified as psychologically distressed. Multivariate analysis indicated that psychological distress was associated with disruptive behaviours and benzodiazepine use in women residents, and with insomnia in men residents. When clinicians screen for mental health disorders, they should take into consideration that symptoms of insomnia or disruptive behaviours may mask psychological distress. (RH)

ISSN: 13607863
From: http://www.tandfonline.com

2004

An age old problem: [the provision of fully-funded long-term NHS care]; by Jonathan Ellis, Help the Aged. Care and Health Magazine, issue 57, 16 March 2004, p 36.

Confusion over the provision of fully-funded long-term NHS care continues to have a severe impact on many older and disabled people. In the first of a series of articles looking at topical issues affecting older people, a Help the Aged policy manager makes a plea for greater clarity, in the light of the Health Service Ombudsman's 2003 report, "NHS funding for long-term care". (RH)

ISSN: 14779994
From: http://www.careandhealth.com
Care home life: [research carried out with care home managers and owners]; by Ann Mackay. Working with Older People, vol 8, no 4, December 2004, pp 11-14.
The main findings from the Laing & Buisson report, 'Improving lives, improving life' (September 2004) are discussed. The study was carried out on behalf of the England Community Care Association (ECCA), and this article covers issues such as funding, staffing, and ways in which care homes might respond to future developments in the sector. (RH)
ISSN: 13663666
From: http://www.pavpub.com

The profile and needs of social and healthcare users in Spain who required long-term care are identified in this study carried out in 2001 in the Valencia Autonomous region. Interviews with 1,265 people were carried out with a questionnaire comprising 119 questions grouped into seven sections: social and demographic data; clinical diagnosis and treatment; living environment; degree of dependence in activities of daily living (ADLs); cognitive state; social support; and the carer's social, demographic and attendance data, if available. Results show different care profiles; users aged under 65 were mostly mentally ill and/or drug users requiring short- and medium-term care, while those aged 65+ had chronic illnesses for which they were actively receiving treatment, were functionally dependent for ADLs, and were normally receiving social care that basically provided company and resolved functional limitations. (RH)
ISSN: 09660410
From: www.blackwellpublishing.com/hsc

Carers of older relatives in long-term care are beginning to be recognised as a distinct group facing specific challenges and having particular needs. Although many struggle to adjust to the admission of their relative to a home and experience high levels of emotional stress, former carers receive mixed levels of support from care homes and carers organisations. This article uses evidence from a pilot study conducted in 2002/03 in one area of South East England, to offer an overview of the roles and support needs of former carers. Evidence suggests that they need support in the following key areas: learning to live again; health and finance; care home issues; caring role and relationship; and information. Whilst examples of good practice exist, these are not shared, and there is limited policy focus on former carers either nationally or locally. Current emphasis on care home standards and caring in later life may offer an opportunity to develop a service strategy that caters for the needs of this under-researched and "invisible" group of carers. (RH)
ISSN: 09652000
From: (Editorial e-mail address) gr@ageing.ox.ac.uk

Case management is being developed across the National Health Service (NHS) in England as a tool for improving care to patients with long-term conditions. Case management comprises the following six core elements, any of which may be used in a particular setting: case finding or screening; assessment; care planning; implementation or management; monitoring; and review. This review of published research on case management aims to: describe methods of patient selection; evaluate the impact of case management on health care utilisation and patient health; and review the reported cost-effectiveness of case management. The findings are discussed in the context of current NHS policy. (RH)

Based on data from an 8-year longitudinal study of Ohio's long-term care use patterns, this paper describes the changes now being experienced by this industry. Although Ohio has been a state with a heavy reliance on institutional services, the data suggest a change in how long-term care is provided in the state. Over the past eight years, despite an increasing disabled older population, nursing home occupancy rates have fallen from...
92.5% to 83.5%. At the same time, in-home service and assisted living use has increased. The paper concludes by describing how such changes are likely to impact the system of the future. (KJ/RH)

ISSN: 08959420

From: http://www.tandfonline.com


Difficulties with continuing care have arisen, because the Coughlan judgment does not provide a clear distinction between NHS and social services responsibilities. Following the NHS Ombudsman's report, "NHS funding for long term care" (TSO, 2003; HC 399 2002/03) the Department of Health (DH) requested all strategic health authorities (SHAs) to establish an integrated set of eligibility criteria for NHS continuing care, and to undertake a process of retrospective review of cases where people may have been wrongly denied continuing care. The DH commissioned this review to explore local progress, which was conducted with 9 SHAs. It gives an overview of events that led to the problems identified; and considers the integration of eligibility criteria (including issues around training, assessment, and health and social care responsibilities). Improving the quality and consistency of assessment of people's needs has been the main focus for SHAs, and is examined in the section on investigation and restitution. The appendix comprises nine anonymised case studies providing a concise account of SHAs' continuing care eligibility criteria and the approach to restitution each has adopted. (RH)

Price: (full report available on request)

From: Download summary document (6 pp) (31/1/05) Website: http://www.dh.gov.uk/publicationspolicyandguidanceemail: melanie@henwood-associates.co.uk


This paper traces the increasing convergence of retirement planning and long-term care planning at the work place. The long-term care insurance market has progressed, and the employer-sponsored segment of the market has recorded the highest rate of growth in recent times. Furthermore, the employer-sponsored market is beginning to diversify. Low take-up rates still remain a problem. Recent rapid growth of the market coupled with the federal government's involvement as an employer offering long-term care insurance is bound to expand the market further. (KJ/RH)

ISSN: 08959420

From: http://www.tandfonline.com

The costs of care: the impact of the Fairer Charging policy on disabled and older people and their carers in England; by Richard Holmes, Kate McMullen, Coalition on Charging; Disability Alliance.: Electronic format only, 2004, 8 pp.

The Coalition believes that it is wrong to charge people for essential community care services. This report is based on analysis of responses from 34 service users and 24 carers to a questionnaire devised by a steering group of the Coalition. The questionnaire covers those aspects of a disabled person's life affected by the implementation of the Department of Health (DH) "Fairer Charging" policy guidance. The report outlines carers' and service users' experiences and the effects of charges on their incomes and employment situations. Recommendations are made on the need to monitor charges, place limits on increases, and improve benefit advice services. It also calls for better management of debt and debt collection agencies. (RH)


This study compared depression identification rates and validity of the currently mandated Minimum Data Set (MDS) and the Geriatric Depression Scale Short Form-15 item (GDS-15) in a sample of 348 American nursing home residents. Results indicate that the GDS is a better tool for identifying depression than the MDS. (KJ/RH)

ISSN: 07317115

From: http://www.tandfonline.com


Community care reforms have enabled some older people with severe learning difficulties to remain at home with domiciliary care services, as an alternative to nursing home admissions. This paper explores the extent to which the reforms actually enabled older people receiving domiciliary care (44 in this study) to have greater choice and control over their daily lives, compared to those in institutions (214). It reports findings from a
A qualitative study carried out in Belfast that determined the extent to which older people's subjective quality of life - particularly autonomy - varied according to type of setting. Older people were interviewed using a structured interview schedule. Subjective autonomy was assessed using a measure of perceived choice consisting of 33 activities relating to aspects of everyday life. Whereas those living in institutions perceived themselves to have greater decisional autonomy in their everyday lives, it was clear that living at home did not ensure that one's decisional autonomy would be supported. However, being alone may facilitate exercising a relatively higher degree of autonomy when living at home. The extent to which choice is available to those with severe disabilities who have the option of receiving care at home has not necessarily enabled them to have greater choice and control over their everyday lives, when compared to those admitted to institutions. (RH)

ISSN: 09660410
From: www.blackwellpublishing.com/hsc


Debates about the funding of long-term care are taking place in a context of major demographic change, a situation that is not unique to the UK. This briefing paper focuses on the options for funding long-term care, by examining arrangements in Australia, Austria, Denmark, France, Germany, Japan, the Netherlands and the US. The changes recently introduced in Scotland are also examined. In evaluating the experiences of these countries, this paper focuses particularly on: their equity; how far they offer dignity, choice and independence for older people; their efficiency and effectiveness; and their economic and political sustainability. As informal care makes such an important contribution to the overall volume of long-term care, attention is given to how this is supported in other funding approaches. The contentious issue of user charges (including charges linked to ownership of housing and other assets) is also considered. The study on which this paper is based was commissioned by the Joseph Rowntree Foundation (JRF) Policy and Practice Development Programme on Paying for Long-term Care. (RH)

ISBN: 1859352057
Price: £11.95 + £2.00 p&p
From: York Publishing Services, 64 Hallfield Road, Layterthorpe, York YO31 7ZQ. Free pdf version (1859352065) available: www.jrf.org.uk/bookshop


Projections of future demand and spending on long-term care for older people are important to inform the continuing debate about how best to fund it. Researchers from the Personal Social Services Research Unit (PSSRU) at the London School of Economics (LSE) and the Nuffield Community Care Studies Unit (NCCSU) at the University of Leicester have produced updated projections. These are based on the latest official population projections and on specific assumptions about future trends in dependency rates and other relevant factors. These findings outline information in the full report, "Future demand for long-term care in the UK: a summary of projections of long-term care finance for older people to 2051” by Raphael Wittenberg et al, and published by the Joseph Rowntree Foundation (JRF). (KJ/RH)

ISSN: 09583084
Price: FOC


Projections show that future demand for long-term care services is sensitive to the projected numbers of older people and future dependency rates. This paper examines the possible implications of making all personal care free to users, which in itself would have a marked effect on the balance between public and private expenditure on long-term care for older people now and in the longer term. The distribution of public spending on long-term care also merits consideration. Under the current financing regime, public spending is concentrated on the poorest third of care home residents. The extra public spending required for free personal care would be concentrated on the top third of residents. This paper's analysis shows that even under current patterns of care and funding arrangements, there is much uncertainty about whether and how far the proportion of gross domestic product (GDP) devoted to long-term care will need to rise over the next decades to meet demographic
pressures and rises in the real unit costs of care. These findings suggest that policy makers need to plan for uncertainty in future demand for long-term care and in the public expenditures that could arise. (RH)

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Price: £9.95 + £2.00 p&p
From: York Publishing Services, 64 Hallfield Road, Layterthorpe, York YO31 7ZQ. Free pdf version (1859352049) available: www.jrf.org.uk/bookshop

The importance of employer-sponsorship in the long-term care insurance market; by Namratha Swamy.
Medicare and Medicaid are major sources of (US) long-term care payments and thus will bear much of the burden from the growth in long-term care service use. The large future demand for such services is of great concern among policymakers, due to its expense and the use of public programme dollars. It is argued that the individual purchase of long-term care insurance can help alleviate the increasing financial pressure on public programmes responsible for the majority of long-term care financing. However, consumers have shown little interest in insuring against the high costs of long-term care. This analysis examines the effect of several factors on the decision to purchase such insurance: knowledge and attitudes, financial systems, perceived risks, financial planning behaviour, and the availability of long-term care insurance. The interim results indicate the factor most likely to affect the decision to purchase long-term care insurance is access to employer-sponsored long-term care insurance. This suggests that the availability of affordable and high quality coverage is more important than demand factors such as awareness and perceived risks for long-term care. (KJ/RH)

ISSN: 08959420
From: http://www.tandfonline.com

Improving lives, improving life: the findings of a study on the key strategic issues facing the long term care for older people sector; conducted by Laing & Buisson on behalf of ECCA and P&G Professional; by Laing & Buisson; English Community Care Association - ECCA; Procter & Gamble (P&G) Professional. London: Laing & Buisson, 2004, 99 pp.
In mid-2002, P&G Professional began discussions with the Independent Healthcare Association (now the English Community Care Association, ECCA), to identify ways of adding value to the long term care sector.
This qualitative study was designed to probe the dynamics and trends behind the key strategic issues facing the industry. Laing & Buisson was commissioned to undertake the telephone interviews with senior executives of 40 organisations in the sector, analyse the data, and produce the report. The study's objectives were to: provide information of value to the sector and those working in it; complement the quantitative information already available; probe the reactions of the sector to the many issues it faces; allow home operators to compare their own operations with the rest of the industry; and give the sector a powerful voice to express concerns to government and other policy makers and potential partners. Findings relate to: growth and development; regulation and partnership; and staffing issues. Interviewees also identified the following as key issues: demographics and demand; quality of care and the sector's development; regulation and inspection; and relations with government. (RH)
From: Downloaded (27/9/04); http://www.ecca.org.uk

In the long-term: [two personal experiences of finding long-term care arrangements for those with MS]; by Ian Cook.
While most people with multiple sclerosis (MS) will not need long-term care, it is something that many people need to consider at some point. While some people may have time to plan and adjust to new arrangements, others may face unexpected decisions because of rapid changes in their health or circumstances. This article describes the experiences of two people and how they came either to choose care packages enabling them to live at home rather than in residential care. (RH)
ISSN: 13698818
From: www.mssociety.org.uk

Long-term care planning as a cultural system; by Patricia M San Antonio, Robert L Rubinstein.
This paper treats long-term care planning from a cultural perspective, that is, as a cultural system in which components of long-term care interlock culturally and meaningfully. In the introduction and background sections, a context is provided in which long-term care planning may be viewed, based on the finding that relatively few people take advantage of long-term care planning and insurance. The authors discuss some earlier work on long-term care from a psychological perspective that emphasizes themes of imagination and self-efficacy. They then examine long-term care from a cultural perspective, by identifying and explicating five
Long-term care workers in five countries: issues and options; by Sophie Korczyk, Public Policy Institute, American Association of Retired Persons - AARP. Washington, DC: American Association of Retired Persons, 2004, 41 pp. According to the US Bureau of Labor Statistics (BLS), the US will need some 900000 new paraprofessional long-term care workers between 2001 and 2012. This report focuses on front-line workers, including nurses' aides, personal care workers, personal assistants, and other similar occupational categories as these are understood in other countries. Denmark, France, the Netherlands, Canada and Australia were selected to contrast with and complement each other and the US. Similarities noted are that the overwhelming majority of care workers are female and aged 45+. All five countries face problems with pay, hours, training, and the care worker's role in service delivery. (RH) Price: FOC
From: American Association of Retired Persons, 601 E Street, N.W., Washington DC 20049, USA.

Long-term care: matching resources and needs; a festschrift for Bleddyn Davies; by Martin Knapp, David Challis, Jose-Luis Fernandex, Ann Netten (eds), Personal Social Services Research Unit - PSSRU, University of Kent; Personal Social Services Research Unit - PSSRU, London School of Economics - LSE; Personal Social Services Research Unit - PSSRU, University of Manchester. Aldershot: Ashgate, 2004, 311 pp. Improving equity and efficiency in the long-term care of older people is an international concern, with governments attempting to ensure that policies and practice develop so that resources are used to best effect. This requires good quality evidence founded on sound theory. This volume honours the outstanding contribution of Bleddyn Davies to this field, bringing together perspectives of scholars and practitioners from many countries including the UK, Australia, Hong Kong, Japan, Sweden and the USA. Contemporary policy dilemmas are considered, leavened by professional anecdote. A chapter from Davies himself, reflecting on the origins of the PSSRU (Personal Social Services Research Unit), concludes the volume that also features a full listing of his books and monographs, which will prove invaluable to those seeking to engage with his contribution to the field. (RH)

The multiple dimensions of individual financial preparation for long-term care; by Ajith Silva. Journal of Aging & Social Policy, vol 16, no 2, 2004, pp 1-18. This special issue of the Journal of Aging & Social Policy has as its overall title 'Individual financial preparation for long-term care', and presents findings relating to Maryland's Individual Long-Term Care Planning Survey. This introductory article outlines the implications of demographic changes for long-term care and long-term financing. It discusses alternative programmes and proposals for funding long-term care, and notes how encouraging personal preparedness through public-private partnerships is an emerging theme in the state. The Outreach Empowerment Campaign, under which the Individual Long-Term Care Planning Survey was conducted, has failed in its aim of educating the population on how to prepare adequately for retirement and long-term care. (RH) ISSN: 08959420
From: http://www.tandfonline.com

NHS funding for long term care : follow up report: first report, the Health Service Ombudsman, session 2004-2005; presented to Parliament pursuant to Section 14(4) of the Health Service Commissioners Act 1993; by Ann Abraham, Health Service Commissioner [Ombudsman] for England. London: The Stationery Office, 16 December 2004, 19 pp (HC 144 2004/05). The Health Service Commissioner for England reported in February 2003 on problems with the process for assessing eligibility for NHS funding for long-term, or continuing care. Subsequent complaints reveal some persistent problems at the heart of the continuing care framework. This follow up report covers: responding to demand for retrospective reviews; reviewing and revising the eligibility criteria; and the process of retrospective assessment and review. It recommends that the Department of Health (DH) needs to lead further work in six key areas to improve the national framework for continuing care: establishing clear, national minimum eligibility criteria which are understandable to health professionals, patients and carers alike; developing a set of accredited assessment tools and good practice guidance to support the criteria; supporting training and development; clarifying standards for record keeping and documentation both by health care providers and those involved in the review process; seeking assurance that the retrospective reviews have covered all those who
might be affected; and monitoring the situation, and using the lessons learned to inform the handling of continuing care assessments in the future. (RH)

ISBN: 0102931658
Price: £6.75
From: TSO, PO Box 29, Norwich NR3 1GN. http://www.ombudsman.org.uk

Preferences for receipt of care among community-dwelling adults; by J Kevin Eckert, Leslie A Morgan, Namratha Swamy.
Preferences for long-term care alternatives include both place of care and persons to provide care. In this analysis, these elements are separated for 1,503 mature adults aged 40-70 regarding their future care needs. Most had a preference for care in home/community settings by kin or non-kin, with few deeming nursing homes acceptable. Demographics and personal knowledge, experience and expectations were marginally likely to influence preferences. Men were more likely to prefer care in paid/professional settings. Women, who more often expressed preference for kin/home care, face demographic trends that reduce the available female kin who might be caregivers. (KJ/RH)

ISSN: 08959420
From: http://www.tandfonline.com

Providing for Thatcher’s adults: [home ownership and self-funding of care]; by Kerry Stevens.
Community Care, no 1547, 4 November 2004, pp 38-39.
Margaret Thatcher’s “home owning democracy” has allowed many older people to use the capital from their homes to fund their care. However, the relationship between private providers and the new generation of self-funders is raising awkward questions. This article considers the impact of greater home ownership on the ability of older people to directly commission services to meet their needs. Managing the financial impact of this will require the state to redefine its relationship with the citizen. (RH)

ISSN: 03075508
From: http://www.communitycare.co.uk

Rearranging the deckchairs on the Titanic of long-term care: is organizational integration the answer?; by Caroline Glendinning, Robin Means.
Since 1997, the British government has actively promoted collaboration between health and social care services, culminating in proposals for fully integrated health and social care organisations - called Care Trusts - to address problems in co-ordinating services for older people. This paper draws on historical evidence to examine the origins and development of these difficulties. A consistent theme over the past 50 years has been the changing role of health services in the provision of long-term support for older people and the consequent redefinition of the boundaries between health and social services. However, these changes have largely not been matched by corresponding transfers of resources that might enable social services to meet their increased responsibilities. Moreover, the demands of the acute hospital sector risk marginalising the social support valued by older people themselves. The paper argues that organizational restructuring will therefore fail to improve co-ordination between health and social services for older people, unless these underlying issues are also addressed. (KJ/RH)

ISSN: 02610183
From: http://www.sagepublications.com

Search, no 41, Summer 2004, pp 14-17.
The UK faces challenges in devising fair and sustainable ways of funding the long-term care needed by new generations of older people. The author considers the dilemmas and the options, given that little has changed since the Royal Commission’s report in 1999. The debate on free personal care has tended to overshadow other important subjects, not least discussion about types of care and quality of care. (RH)

ISSN: 09583467

Who wants to be involved? Decision-making preferences among residents of long-term care facilities; by Laura M Funk.
While the benefits of participating in care or medical decision making are widely reported, research on decision-making participation preferences usually reveals some portion of individuals who do not want to be involved. Data collected through structured, in-person interviews with 100 residents of 6 long term care (LTC) facilities in
Victoria, British Columbia, were used to examine participation preferences with respect to four types of care decisions (bed-times, medication choice, room transfer, and advance directives), as well as predictors of these preferences. Residents with higher levels of formal education, a greater number of chronic conditions, and greater confidence about the worth of their input tend to prefer more active involvement in decision making. This research also suggests that predictors of preference for independent control over decision making (active involvement) differ from predictors of preference for joint or shared decision making. Implications for the empowerment of LTC facility residents and the meaning of decision making involvement in these environments are discussed. (RH)

ISSN: 07149808
From: http://www.utpjournals.com

Work stressors and the quality of life in long-term care units; by Laura Pekkarinen, Timo Sinervo, Marja-Leena Perla (et al).
Cross-sectional survey data were collected from 1,194 employees and 1,079 relatives of residents in 107 residential homes or wards in health centres in Finland. The aim was to examine how structural factors, residents' needs for physical and psychological assistance and the work-related stressors experienced by employees are related to residents' quality of life. Analysis of data using multilevel modelling indicates that most of the differences in both employees' and relatives' perceptions of residents' quality of life could be explained by work stressors such as time pressure. Large unit size was related to both increased time pressure among employees and reduced quality of life of residents. (RH)

ISSN: 00169013
From: http://www.geron.org

2003

Administrative justice and charging for long-term care; by Greta Bradley.
Practitioners and other social services department (SSD) staff perceive injustice in the area of charging for long-term care, and encounter problems dealing with tensions and dilemmas. This article draws the author's findings (with co-authors Bridget Penhale and Jill Manthorpe) of their Nuffield Foundation sponsored study, "Ethical dilemmas and administrative justice" (2000), which explored charging for nursing and residential home care for older people in five SSDs. The article makes the link between perceptions and practice of local authority professionals and the concept of administrative justice. The research revealed that discretion was exercised at all levels, although not all staff were aware of this. Cases may be treated differently, and accidents of geography, local political culture or personnel are likely to affect the outcome of financial assessments of adults. The implications of this work remain timely, since means-tested assessment of personal care and residency costs look set to continue in England and Wales. (RH)

ISSN: 00453102

Application of a case-mix classification based on the functional autonomy of the residents for funding long-term care facilities; by Michel Tousignant, Réjean Hébert, Nicole Dubuc, (et al).
Residents of all 11 long-term care facilities in the Eastern Townships area of Quebec were assessed using the Functional Autonomy Measurement System (the ISO-SMAF - Système de mesure de l'autonomie fonctionnelle). The main objective was to apply the ISO-SMAF classification to funding long-term care facilities, and to compare the results of this new funding methodology to the formal methodology. A theoretical budget was calculated based on the adjusted cost per year associated with each ISO-SMAF profile derived from a previous economic study. The results show that funding facilities according to the severity of the residents' disabilities in terms of their functional autonomy highlights the underfunding when applying the usual funding methodology based on the number of beds and hours of care. (RH)

ISSN: 00020729

A fundamental aim of long-term care policy is to create and encourage conditions that assure safety from harm for vulnerable clients or patients who need or receive long-term care services. In this volume of the Ethics, Law and Aging Review, contributors explore the concept of safety as applied to the long-term care context in the US. Contributions include discussions of: the role of resident safety in nursing home quality; safety versus autonomy
in assisted living; safety, self-determination and choice in long-term care: the consumer and ombudsman experience; assuring safety for people with dementia, focusing on staffing; and improving resident safety through quality medical care. A final chapter has the title, "When value and meaning become monetary rather than moral: issues in geriatric health care allocation". (RH)

ISSN: 10761616


People with chronic diseases such as heart disease, lung disease, Alzheimer's disease (AD) and arthritis account for more than 75% of all healthcare spending while representing only 20% of the eligible population. There is a growing consensus in the US, Canada and Europe that our current healthcare systems must change. Contributions in this Business briefing focus on the key issues related to long-term chronic illnesses, including HIV and AIDS. (RH)

ISBN: 1903150825

From: Business Briefings, Cardinal Tower, 12 Farringdon Road, London EC1M 3NN. www.bbriefings.com

Continuing care - is it a problem of definition?; by Tony Luxton.


Continuing care policy is rooted in controversy, with attention focusing on the boundary separating means-tested care provision for residence in nursing homes and continuing National Health Service (NHS) health care, which is free. Older people often dominate those needing continuing care. In this article, the author describes the evolution of policy, outlining significant milestones since 1997: the Royal Commission on Long-Term Care; the Coughlan case; and the introduction of the Registered Nurse Care Contribution (RNCC). He makes a case for more involvement by geriatricians in assessment, and in setting policy and eligibility criteria. (RH)

ISSN: 0268201X


Existing models of "positive cultures" in institutional long-term care settings are examined, covering national and international perspectives. The volume is in six sections, the first being an introduction to cultures and values in long-term care. Section 2 is on models of culture change in long-term care. Sections 3 and 4 present case studies on implementing change and culture change. Papers in Section 5 offer an international perspective (covering Australia, Switzerland and Canada). Section 6 is on the theme 'Is change realistic?' This book has been co-published simultaneously as Journal of Social Work in Long-Term Care, vol 2, nos 1/2 and 3/4, 2003.

(RH)

ISBN: 0789021110

Price: $39.95 + $5.00 p&p outside US


Respecting the autonomy of frail and disabled older people is an important ethical issue for providers of long-term care. Previously published as "Autonomy and long-term care" by OUP in 1993, this revised edition takes account of work since then. The author develops his views of what autonomy means in the real world, that it should not be equated with independence, particularly in the context of long-term care. (RH)

Price: £31.99

From: Cambridge University Press, The Edinburgh Building, Cambridge, CB2 2RU. Information on this title: www.cambridge.org/9780521009201

The effect of financial incentives and access to services on self-funded admissions to long-term care; by Ann Netten, Robin Darton.

Social Policy & Administration, vol 37, no 5, October 2003, pp 483-497.

With the growth in the numbers and proportion of older people in the population, the funding and incentive structures around long-term care are of international concern. A study of the circumstances of self-funded admissions to care homes allowed the comparison of self-funders with publicly funded admissions to care homes in the UK, the influences on self-funders in their decision to move into a care home, and resources on which they were able to draw. These findings contribute to our understanding of the impact of current policy on
self-funders and our thinking about the way that future policy and practice changes could improve the way we use society’s resources in the provision of long-term care. (KJ/RH)

ISSN: 01445596

Effectiveness of continuing education in long-term care: a literature review; by Sandra Aylward, Paul Stolee, Nancy Keat (et al).
Training staff in long-term care settings is relatively new in the US. In a search of the literature using databases, manual searches of journals, the bibliographies of retrieved articles, and information from key informants, 48 studies met this review’s selection criteria. The authors note that because of the lack of follow-up evaluation, there is minimal evidence that knowledge gained from training courses is sustained in the long term. Most studies do not consider organisational and system factors when planning and implementing training initiatives. This may account for difficulties encountered in the sustained transfer of knowledge to practice. (RH)

ISSN: 00169013

This European study investigated the key factors that are likely to affect future expenditure on long-term care services in Germany, Spain, Italy and the UK. The approach involves investigating how sensitive long-term care projections are to assumptions made about future trends in different factors, using comparable projection models. Among features investigated are: demographic change; trends in functional dependency (defined as the ability to perform activities of daily living - ADLs); future availability of informal care; the structure of formal care services and patterns of provision; and the future unit costs of services. The report describes long-term care systems and the long-term care projection models for the four countries. The sensitivity of the projections to different assumptions are considered in respect of economic growth and real costs of care; demographic assumptions; dependency rates and health assumptions; and trends in and projections for informal and formal care. (RH)


An example to us all: [Scotland's free care for older people]; by Mark Hunter.
Community Care, no 1494, 16 October 2003, pp 58-59.
In 2002, Scotland implemented the recommendation of the Royal Commission on Long-Term Care that both nursing and personal care for older people should be free. Although free care applies both at home and in care homes, non-personal care is still charged for in Scotland. A report from Age Concern Scotland points to lack of information as a problem in the early days of the free care policy. This article outlines why the approach adopted in Scotland - when there is no similar policy in England and Wales - otherwise appears to be working. (RH)

ISSN: 03075508

A follow-up study of change in quality of life among persons with dementia residing in a long-term care facility; by Constantine G Lyketsos, Teresa Gonzales-Salvador, Jing Jih Chin (et al).
While increased attention is being paid to quality of life (QoL) of people with dementia, there have been no longitudinal studies of QoL change in dementia. In a longitudinal study of 47 patients with dementia in a long-term care facility at Copper Ridge, their quality of life (QoL) was assessed at baseline using the Alzheimer's Disease Related Quality of Life (ADRQL) scale, and on a series of other clinical measures. They were reassessed on ADRQL scores 2 years later. There was a small but significant decline in ADRQL over the two years. However, for 49% of participants ADRQL scores did not change or improved. The ADRQL is a sensitive measure of change in QOL and is appropriate for use as an outcome measure in intervention studies. (RH)

ISSN: 08856230
From philosophy to practice: selected issues in financing and coordinating long-term care; by Penny Hollander Feldman (ed). 
Facilitating access to needed services - assuring quality and containing costs - pose an ongoing set of challenges for long-term care (LTC) US policy makers and practitioners, which could equally apply to those in the United Kingdom. The ten articles in this volume aim to deepen and extend current thinking and discussion about selected LTC financing and coordination issues that cut across access, quality and cost. The articles were commissioned by the Home Care Research Initiative, a national programme of the Robert Wood Johnson Foundation (US) that has supported research and analysis intended to improve the knowledge base underlying home-care policy. These articles aim to provide some fresh approaches to overcoming both financing and service delivery barriers. If there is one theme that emerges, it is that to adequately address future LTC needs, financial resources must be harnessed from a variety of sources to provide more effectively coordinated mechanisms. (KJ/RH) 
ISSN: 08982643

Gender, widowhood and long-term care in the older Mexican American population; by Jacqueline L Angel, Nora Douglas, Ronald J Angel. 
The objective of this study is to examine the influences of gender on long-term care service use among older Mexican American widows and widowers. The authors' analysis is based on a sample of 773 widows and 183 widowers from the Longitudinal Study of Elderly Mexican American Health (H-EPESE). In this sample, widows resemble widowers in terms of demographic and health characteristics. However, widows report more financial strain than widowers and a greater welfare dependency (SSI) and Medicaid use. Among those who suffered diminished health, widows were more likely than widowers to use community-based long-term services, whereas widowers were more likely to enter a nursing home. Widows also had more instrumental and emotional support than widowers. Serious cognitive and functional impairment, though, places widows and widowers at the same risk of institutionalisation. The policy implications of these findings are discussed. (KJ/RH) 
ISSN: 08952841 
From: http://www.tandfonline.com

Health and long-term care financing in Singapore; by Kai Hong Phua. 
Health and long-term care for the ageing population are becoming more critical in many Asian countries that have undergone rapid demographic transition. These factors make it necessary to plan for appropriate and cost-effective services. The study of new and innovative approaches to the organisation and financing of healthcare that is integrated with long-term care would provide useful lessons for rapidly ageing societies. To avert the intergenerational problems posed by rapid population ageing, the Singapore system has developed a mix of pillars to support the basic functions of old age security: redistribution, insurance, and savings. As health care needs are projected to intensify in the rapidly ageing societies of Asia, a similar mix of financing methods could be developed to offer more protection while promoting economic growth. These considerations have formed the basis for the existing mixed system of integrating old age security and health care financing to the Singapore model, including recent plans for long-term care. Can elements of a mixed health care financing system that is based on a combination of savings, social insurance and taxation be adapted to address the special needs of a growing number and proportion of the older population in Asia? (RH) 
ISSN: 15356523 
From: http://baywood.com

The Health Service Commissioner for England reports that her office has been investigating a number of complaints about arrangements for long term NHS care (also referred to as continuing care) for older and disabled people. This report presents background on: the legal and policy framework; the issues arising from complaints (e.g. the Coughlan judgment); and the National Framework for NHS-funded care. It reproduces extracts from the circular HSC 2001/015, LAC (2001)18, "Continuing care: NHS and local councils' responsibilities". The full texts of four investigation reports are presented. The case of Dorset Health Authority and Dorset HealthCare NHS Trust relates to funding for a patient's care in a nursing home). Wigan and Bolton Health Authority and Bolton Hospitals NHS Trust were investigated for inappropriate application of policy for
funding continuing care, and failure to properly assess a woman's eligibility for NHS-funded continuing in-patient care. Reports on the former Berkshire Health Authority and Birmingham Health Authority both relate to refusal to provide continuing care funding. (RH)

ISBN: 0102920699
Price: £10.75
From: TSO, PO Box 29, Norwich NR3 1GN. www.ombudsman.org.uk

Respect the past - plan for the future: [provision of long-term care for older Jewish people]; by Daniel Allen.
The report "Facing the future: the provision of long term care facilities for older Jewish people" (Institute for Jewish Policy Research, 2002) suggests that the support systems in place to care for older Jewish people may serve as a model for policy planners across the UK. (RH)

ISSN: 14720795

Social inequality under a new social contract: long-term care in Japan; by Misa Izuhara.
The 1990s saw the beginning of new developments in the social policy agenda of Japan. A combination of further cuts in social expenditure and increases in financial resources through various means has become inevitable in response to the increasing cost burden of an ageing society, the prolonged recession and changes in the Japanese family. In this context, long-term care insurance ("kaigo hoken") was introduced in 2000 to increase revenue and fill the gap vacated by the family. This paper first explores the role of the new scheme in creating social inequalities among individuals and families. Second, based on qualitative research, the paper examines how the new scheme has transformed the relationship between older people and their families who have played a central role in this arena. It is apparent that this scheme has not only responded to fill the existing care gap, but may also help accelerate the changes that have been taking place for the last two decades. (KJ/RH))
ISSN: 01445596

Demand for long-term care is sometimes referred to as a demographic "time-bomb" and is perceived as an impending financial crisis. How far do such pessimistic views correspond with reality in future policy terms?
Adelina Comas-Herrera, Linda Pickard and Raphael Wittenberg from the PSSRU, LSE Health and Social Care at the London School of Economics, and Bleddyn Davies and Robin Darton from the PSSRU, University of Kent, used a long-term care model to examine a range of different scenarios, and found a more complex picture with some grounds for optimism. The discussion paper summarised here is a part of a wider project, funded by the Department of Health (DH), to investigate long-term care finance. (RH)
From: PSSRU, Cornwallis Building, University of Kent, Canterbury, Kent CT2 7NF. www.ukc.ac.uk/pssru/

Welfare state policy and informal long-term care giving in Austria: old gender divisions and new stratification processes among women; by Elisabeth Hammer, August Osterle.
In Austria, the provision of long-term care is strongly based on unpaid female work within family networks, and is characterised by a highly unequal division of informal long-term caregiving. In 1993, a major reform was introduced in the Austrian long-term care system, with a payments for care programme and a state-provinces treaty regarding service development at its heart. This article investigates the implications of the 1993 programme on gender divisions, and on whether and in what ways the programme and processes set in train by the programme influence the role of women as carers. The question is approached by applying and broadening the concept of defamilisation in a process oriented way. The analysis suggests that from the informal carers' perspective, long-term care allowances in the Austrian context mean some financial relief via "symbolic payments". At the same time, the overall long-term care system prolongs existing gender divisions, and sets in train new stratification processes among women as main carers, with gender, class and space as dimensions reinforcing each other. (KJ/RH)
ISSN: 00472794
Access to community-based long-term care: Medicaid's role; by Nancy A Miller, Charlene Harrington, Elizabeth Goldstein.
The authors explore variations in expenditure by US state for Medicaid community-based care services for the period 1990 to 1997. A random effects panel model is used to explore the relationship between state demographic, supply, economic, programmatic and political factors and states' Medicaid community-based care expenditure. Although states increased provision of services over the study period, significant state-level variation was evident. Expenditure was positively associated with state per capita income, regulation of nursing home bed supply and the number of Medicare home health users, but were negatively related to nursing home bed supply. Recent legal rulings, combined with the demonstrated preferences of most individuals to receive care in the community, require policies to foster the expansion of Medicaid community-based care. The most consistent relationships that are amenable to policy intervention related to state fiscal resources and long-term care supply regulation. (KJ/RH)
ISSN: 08982643

British government policy and the concentration of ownership in long-term care provision; by Chris Holden.
Most long-term care for older people in the UK has been provided by independent organisations since the 1980s. This article draws on interviews with various stakeholders in the sector, as well as secondary sources. The evidence shows that government policies in the areas of funding, regulation and the labour market are facilitating the concentration of long-term care provision. Three areas of related concern are identified: firstly, the effects of increased ownership transfers; secondly, issues relating to standardisation; and thirdly, the possibility of a decline in the quality of care if local monopolies emerge. If the interests of residents are to be protected, government regulation must be concerned with the structure of the market, as well as with the conditions within care homes. (KJ/RH)
ISSN: 0144686X

Calling for the proper planning and funding of long-term care: a diverse coalition representing voluntary and commercial organisations collaborating to seek sustainable solutions; by Fair Rate for Care for Older People. London: Help the Aged; RDB Star-Rating; Alzheimer's Society, 2002, A4 folder with 3 inserts.
Fair Rate for Care for Older People is a campaign that brings together disparate interest groups who share a common concern for the care of older people. The first insert, "The case for action", outlines the campaign's objectives. "Let's set a fair rate for care: a discussion of some current issues, spring/summer 2002" aims to raise awareness and bring about change. Three case studies examine the impact of a care home closing, delayed discharge, and delivery of appropriate care. (RH)
From: Help the Aged, 207-221 Pentonville Road, London N1 9UZ. E-mail: info@helptheaged.org.uk Website: www.helptheaged.org.uk

Choices, policy logics and problems in the design of long-term care systems; by Naoki Ikekami, John Creighton Campbell.
Establishing a public, comprehensive, independent, mainly community-based long-term care (LTC) system, separate from medical care and social services, can lead to the provision of more effective and consumer oriented services, and also to a more appropriate mix of public-private financing. Of the two main approaches to financing LTC, a tax-based model is more flexible in providing benefits according to the individual's need, since income levels and the family's ability to provide care will be taken into consideration, while a social insurance model is more rigid because the individual's rights are more explicitly defined. Policy-makers must decide which approach to take after weighing the positive and negative aspects of each, and the existing organisational infrastructure. Decisions must also be made on the practical issues of coverage, fairness, form of benefits, service delivery patterns, relationship with medical and social services, and controlling costs. How to make this process proactive and planned, instead of ad hoc and reactive, is the challenge for public policy. (KJ/RH)
ISSN: 01445596

Malcolm Johnson delivered the second Leveson Lecture on 24 April 2002 at the Leveson Centre. In the lecture, he responds to the attack on institutional care of frail and vulnerable older people and the previous view that we
can, and should, get rid of care homes. He argues that the case for abandoning institutional care is poorly thought out and against the evidence. He suggests that we need to rediscover care homes as places of asylum for older people worn down by the "heroic maintenance of a private dwelling into which invading helpers are present for perhaps four or five hours out of 24 hours of each day". He points to the origins of our care system in the Church's provision of sanctuary and spiritual support. He concludes that we "reconstruct our thinking about institutions, and put them back in the valued spectrum of human living arrangements". (RH)
and need health and long-term care services. For a considerable number of these American women, Medicaid gradually becomes the major payer for care, an issue that needs close observation. (RH)

ISSN: 00169013

Long-term care models for dually eligible Medicare and Medicaid populations; by Karen A Fitzner, Amy Bussian Bennett, Helene Weinraub (et al).

As demand for long-term care is increasing, the US government is turning to the private sector to effectively manage the needs of dually eligible (DE) individuals. The DE population is defined as those individuals who qualify for Medicaid and Medicare including enrollees older that 65, younger than 65, and the disabled. Some states manage their DE population through creative programmes and managed care. This analysis found that existing long-term care programmes are unproven, mostly of small size, and very localised. An ideal model would need to be financially acceptable and address access, case management and quality. (KJ/RH)

ISSN: 07334648

Looking at the future of geriatric care in developing countries; by Louis Miguel Gutiérrez-Robledo.

In the next 20 years, many less developed countries (LDCs) will have age structures approaching those now found in more developed countries (MDCs). This is occurring more rapidly in Asian and Latin American LDCs. Since poverty is a major determinant of disability and mortality in older people, the future of ageing populations in LDCs is dependent on the degree of poverty in these countries. With the increase of globalisation, diseases in LDCs are changing from infections to non-communicable diseases such as diabetes. Nevertheless, infections such as tuberculosis still take a major toll of older people. The epidemiological transition in LDCs has created a need for health care transitions, from systems based on care to ones that highlight prevention and long-term care. LDCs have the opportunity to develop systems that differ from those in MDCs, by capitalising on the lack of infrastructure to produce more home-based rather than institution-based long-term care systems. Involvement of older people in the planning of their own futures is of paramount importance; and appropriate planning now will decide their future in LDCs in the next 20 to 40 years. (RH)

ISSN: 10795006


The Medicare+Choice (M+C) program was created by the US Balanced Budget Act of 1997, to expand Medicare beneficiaries' choice of private health plans and offer them additional benefits such as prescription drug coverage. This study outlines how problems with the program nationally in the US - and also now present in New York - threaten the viability of Medicare managed care. According to the report, older and disabled health maintenance organization (HMO) enrollees are soon likely to feel the effects of large-scale health plan withdrawals, premium increases, benefit reductions, and instability in provider networks. (RH)

From: The Commonwealth Fund, One East 75th Street, New York, NY 10021-2692, USA. www.cmwf.org


Since 1997, the government has devoted much time and effort to pensions and long-term care reform, but has found it difficult to gain public support for the complex mix of policies. The starting point for this report is to assess some of the assumptions which inform and misinform the debate. It identifies the underlying objectives of pension and long-term care policy; describes the evolution of these policies in the UK; and assesses reforms since 1997. The authors conclude that a radical change of direction is necessary. They suggest a series of alternatives which might better meet objectives of ensuring better provision of pensions and long-term care for older people. (RH)

ISBN: 1860301851
Price: £14.95

From: IPPR, 30-32 Southampton Street, London WC2E 7RA.


IPPR has undertaken a re-evaluation of pensions and long-term care policy in the UK. The three papers presented in this volume were commissioned by IPPR and have formed an analytical core to its research project, "A new contract for retirement". John Hawksworth examines the costs and benefits of different public pensions
No grey areas: [government policy on long-term care]; by Melanie Henwood.

Government policy on long-term care is unclear, and debate is too narrowly focused on home closures, leading to users' needs being marginalised. The government's U-turn on care standards in July 2002 sent out worrying messages about whose interests are being protected. The National Health Service (NHS) may have a role in providing capital investment for new developments. The experience of some other countries, notably in Scandinavia, suggests that more intense home support could lessen our reliance on residential care. (RH)

ISSN: 09522271

Nothing personal; by Richard Brooks, Sue Regan, Peter Robinson.

Free personal care would only account for a small part of the necessary level of funding to bring long-term care services in the UK up to scratch. The authors (from the Institute for Public Policy Research, IPPR) consider a point that the government has missed so far, namely that the unit costs of long-term care will have to increase to meet the running costs of homes and to improve rates of pay in the sector. (RH)

ISSN: 03075508

Partnership working and eligibility criteria: what can we learn from the implementation of guidance on continuing health care?; by Stephen Abbott, Helen Lewis.

Current government policy places great importance both on clinical governance and on partnership working between health and social services. Separately and together, these policy emphases require greater clarity in and between organisations about who should provide what care where than has often been achieved in the past. A study on the implementation of continuing health care policies suggests that clarity about appropriate long-term health and social care provision was difficult to achieve in the 1990s quasi-markets, because there were too few financial and structural incentives for agencies to co-operate in developing and implementing precise and comprehensive eligibility criteria. The problematic interplay between financial and structural factors is being addressed by a number of government initiatives designed to stimulate joint working, although the difficulty of drawing a clear boundary between health care (free at the point of delivery) and social care (which can be means-tested) remains. (RH)

ISSN: 01445596

Paying for old age: can people on lower incomes afford domiciliary care costs?; by Chris Deeming, Justin Keen.

The Labour government has made it clear that it will not countenance major changes in the financing of long-term care for older people in England and Wales. One consequence is that people on modest retirement incomes will continue to have to pay for elements of their own care in their own homes. The government also implicitly assumes that people of working age, on average and below average earnings, are expected to save in order to pay for long-term care. However, evidence is scant about people's willingness and ability to save and pay for long-term care. Accordingly, an interview survey of 100 people - today's and tomorrow's pensioners - was undertaken in June and July 2000. Detailed questions were asked about their financial circumstances, and about their ability to pay more toward their own health and social care costs, now and in the future. The results suggest that today's pensioners on average and lower incomes are experiencing difficulties in paying for care services in their own homes; and future pensioners will be similarly affected. The results also support the view that people tend to overestimate their retirement incomes, and do not understand how long-term care is financed: they think the government can and should pay. (RH)

ISSN: 01445596


The Scottish Executive responds to the Royal Commission's 24 recommendations in the Annex to this statement, and particularly endorses the following: quality and standards of care; support for carers; direct...
payments; joint care; transfer of preserved rights; and residential allowance. The response also comments specifically on residential care, nursing and personal care, and care at home. (RH)

Price: FOC
From: Scottish Executive, Health Department, St Andrews House, Regent Road, Edinburgh EH1 3DG.

The shifting balance of long-term care in Sweden; by Gerdt Sundström, Lennarth Johansson, Linda B Hassing.
The Swedish debate on the role of family and state in the care of older people is described in a study which provides evidence on the shifting balance of family, state and market in the total panorama of elderly care. Secondary analysis of data from 1954, 1994 and 2000 is used to assess living arrangements and care patterns for people aged 75+ living in the community. Total spending on older people has stagnated, and institutional care is shrinking in absolute and relative terms. Public home help for older people living in the community is decreasing even more. Family members increasingly shoulder the bulk of care, but privately purchased care also seems to expand. This study calculates how public and informal care has changed between 1994 and 2000. Informal care estimated to have provided 60% of care to older people in the community in 1994 had risen to 70% in 2000. The results parallel a crisis of legitimacy of public elder care in Sweden, and call into question various metaphors used to describe patterns of care. (RH)
ISSN: 00169013

State policy choices and Medicaid long-term care expenditures; by Nancy A Miller, Charlene Harrington, Sarah Ramsland (et al).
Medicaid expenditures constitute a significant share of US state budgets. Certain states are also seeking to increase the availability of community-based care. A more balanced system would assist consumers in attaining valued goals, while being consistent with federal policy initiatives and legal rulings. The authors use multiple regression analyses to examine the relationship between state policies and Medicaid long-term care expenditures from 1991 to 1997. Prospective payment may moderate nursing facility expenditure growth and total long-term care expenditures. Institutional supply constraints demonstrated a positive relationship to both forms of community-based care expenditures. No evidence was found of Medicare maximisation as a policy to constrain Medicaid expenditure growth. The authors also note the importance of additional work in exploring the dynamics between state long-term care policies and expenditures for individuals with differing disabilities. (RH)
ISSN: 01640275

2001

Age Concern England (ACE) comments on the consultation on "Long term care insurance" (Treasury, 2001), both on the CAT standards (reasonable Charges, easy Access, fair Terms) and on long term care insurance, including the Financial Services Authority's (FSA) role in regulating and selling LTCI products. One particular concern is not with those current providers who have shown caution and care, rather that other providers might join the market and provide a poorer service while still meeting the nebulous standards that have been proposed. (RH)
Price: FOC
From: Age Concern England, Astral House, 1268 London Road, London SW16 4ER.

Agitation and dementia-related problem behaviors and case management in long-term care; by Sadhna Diwan, Victoria L Phillips.
Existing data on case management (CM) time were analysed to investigate the impact of agitation and dementia-related behaviour problems on the use of CM time by 242 older clients in a Medicaid waiver-funded home and community-based services programme. For the 73 clients with dementia, regression analysis revealed that having problem behaviours resulted in increased use of CM time. For clients with behaviour problems, those with greater functional ability consumed greater CM time. Content analysis revealed that most CM activity focused on service co-ordination rather than on direct attempts to manage problem behaviours. Implications for CM programmes include the need to consider case mix when allocating caseload size, and the provision of specific training on interventions to tackle behaviour problems. (RH)
ISSN: 10416102
Changes over time in long-term care use, ADL and IADL among the oldest-old participants of the aging in Manitoba Longitudinal Study; by Marcia Finlayson, Betty Havens.


By 2031, the oldest-old (85 and over) could make up 4% of the total Canadian population. This paper reports on changes in long-term care use, activities of daily living (ADLs), and instrumental activities of daily living (IADLs) experienced by the oldest-old participants in the Aging in Manitoba Longitudinal Study (AIM Study) over three points spanning 13 years. 38.4% of participants did not use any long term care during that time. 75% to 88% of participants were able to continue to eat, get around the house, and get in and out of bed without another person's assistance. For IADL, the proportion of those not requiring assistance over time ranged from 3% (doing household repairs) to 58% (making a cup of tea or coffee). These findings point to heterogeneity of functional abilities in the oldest-old. (RH)

ISSN: 07149808

Current research in rural models of integrated long-term care; by Joyce Beaulieu, Graham D Rowles, Linda C Kuder.


An introductory article describes four commissioned articles which review the research on integrated models of long-term care and the rural implications of these models. Most models have been tested in urban areas or with urban population bases. Rural regions have both barriers and opportunities in implementing integrated long-term care. Although a full range of long-term care services may be failing to meet the needs of home and community-based care, rural areas may have better co-operation between acute and long-term care providers. (KJ/RH)

ISSN: 07334648


How best to finance long-term care has been the subject of considerable recent debate. One reason is that the numbers of people aged 65 and over are projected to increase by 60% over the next 35 years. The Personal Social Services Research Unit (PSSRU) has developed a model to make projections of demand for long-term care for older people to 2031. This article outlines the methodology and results of the model. PSSRU projections suggest that, under central assumptions, long-term care expenditure will need to rise by some 150% in real terms over the next 30 years to meet demand. (RH)

ISSN: 14651648

Distribution and utilization of home- and community-based long-term care services for the elderly in North Carolina; by R Turner Goins, Gerry Hobbs.


 Provision of home- and community-based long-term care is a growing concern at national, state and local levels in the US. In this analysis of the situation in North Carolina's 100 counties, maps were generated to examine how each county differed in respect to service use by older people. There was great variability in the numbers using services across the state, as well as the percentage of Medicaid- and/or age-eligible people using services. Multivariate modelling for associations with service use was only possible for one of the long-term care programmes. Results indicate that living alone, being non-white, and having a mobility and self-care limitation were all positively related to service use. The percentage of over 85s and the ratio of institutionalised long-term care beds were negatively associated with service use. The state needs to ensure equity in access to home- and community-based long-term care. (RH)
Effects of improved morbidity rates on active life expectancy and eligibility for long-term care services; by Sarah B Laditka, James N Laditka.
The authors use data from the 1984-1990 US Longitudinal Study of Aging and microsimulation techniques to examine the effects of better health on active life expectancy and eligibility for long-term care services. Results show that better health increases total life expectancy (TLE), the proportion of life spent unimpaired, and the amount of time spent unimpaired. Women experience larger proportional increases in active life expectancy under assumptions of better health. However better health decreases the proportion of men eligible for long-term care services more than it decreases the eligible proportion of women. The results reinforce the importance of focusing on policies designed to promote healthy lifestyles and to reduce the prevalence of chronic conditions. (KJ/RH)
ISSN: 07334648

Equity choices and long-term care policies in Europe: allocating resources and burdens in Austria, Italy, the Netherlands and the United Kingdom; by August Österle. Aldershot: Ashgate, 2001, 205 pp.
The equity focus of this study is on equity as a social policy objective: how public policies interfere in long-term care systems by providing, financing, and regulating long-term care in terms of equity. The theoretical objective is to contribute to the understanding of the rules and interpretations of equity as regards long-term care. The empirical aim is to map and systematically compare long-term care policies in Europe (particularly in Austria, Italy, the Netherlands and the UK) with respect to equity choices. The results are contrasted with welfare state objectives and discussed in a broader welfare state context. (RH)
ISBN: 0754618412
Price: £39.95
From: Ashgate Publishing, Gower House, Croft Road, Aldershot, Hampshire GU11 3HR.

Financing and payment issues in rural long-term care integration; by Paul Saucier, Julie Fralich.
A major concern with fee-for-service reimbursement in the US is that it forces consumers into predefined categories of service, whether or not those services meet their needs. The urban response to these incentives has been to experiment with capitated Medicare and Medicaid payments that integrate acute and long-term care funding. Although the use of capitation payments has conceptual and intuitive appeal, this article analyses whether it is feasible in rural areas. Integrated financing systems for rural areas must meet the specific goals of people served in the areas, and be compatible with local market conditions. Alternatives to fully capitated financing are emerging and represent more viable approaches for rural communities. (KJ/RH)
ISSN: 07334648

Health and long-term care for people with Alzheimer's disease and related dementias: policy research issues; by R J Newcomer, P J Fox, C A Harrington.
Aging & Mental Health, vol 5, supplement 1, May 2001, pp S124-S137.
Drawing on the experience of the Medicare Alzheimer's Disease Demonstration and other work, this paper provides suggestions for extending care and financing considerations to include health care use and the medical management of chronic health conditions. Basic research is needed to document current use and risk factors, as is experimentation with clinical and other interventions designed to achieve desired quality of care and cost outcomes. The paper also reviews the US state role in regulating and financing nursing homes, home and community based care, and residential care. All these sectors have high rates of staff turnover, staff shortages, and concerns with quality of care. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

The health and long-term care policy challenges of Alzheimer's disease; by J A Riggs.
The growth of an ageing population, its increasing ethnic and cultural diversity, and the changing nature of Alzheimer's disease (AD) treatment and care demand change in the financing and delivery of health and long-term care in the US. These challenges will require public policies that are well-informed by behavioural, social and health policy research. The issues fall into three broad categories, each of which raises questions for research: the cost of AD care; Medicare and health care policy; and long-term care policy including support of the appropriate role of family caregivers, and meeting the need for affordable long-term care. The paper calls for
closer collaboration between the research community, policy makers and advocates to assure that science is addressing the most urgent policy questions, and that relevant research is being translated and communicated to policy makers in a timely fashion. (RH)

ISSN: 13607863
From: http://www.tandfonline.com

Home is where the help is: community-based care in Denmark; by Mary Stuart, Michael Weinrich. Journal of Aging & Social Policy, vol 12, no 4, 2001, pp 81-101. Policy regarding long-term care has been an issue of rising national concern in the US. In this paper, the authors examine the transition of Danish long-term care policy, with special attention to Skævinge, the first community in Denmark to integrate institutional and community-based services for older people. Recent studies on the variation between costs and services in Danish communities and the results of US studies on community-based care suggest that successful implementation of integrated institutional and community-based long-term care is feasible in the United States. Lessons from Denmark highlight conditions that will facilitate success in this endeavour. (KJ/RH)

ISSN: 08959420
From: http://www.tandfonline.com

How do they manage?: disabled elderly persons in the community who are not receiving Medicaid long-term care services; by Janet O'Keeffe, Sharon K Long, Korbin Liu (et al). Home Health Care Services Quarterly, vol 20, no 4, 2001, pp 73-90. 25 functionally impaired older Americans living in the community were interviewed, who applied for but did not enrol in Connecticut's Home Care Program for Elders (CHCPE). Many of those in the sample had high levels of impairment and multiple chronic health conditions, yet remained in the community without CHCPE services because of Medicare home health services combined with extensive levels of informal care. However, these informal care networks were over-extended and vulnerable to breakdown. All but a few of those interviewed were not receiving services through the waiver programme for financial reasons. It was concluded that additional formal help is needed to avoid eventual nursing home placement for many sample members. This could be achieved by expanding the availability of case management services and relaxing programme financial requirements. Furthermore, efforts to reduce Medicare home health expenditures must recognise the heightened vulnerability of many beneficiaries for potentially costly adverse outcomes. (KJ/RH)

ISSN: 01621424
From: http://www.tandfonline.com

Long term care insurance; by H M Treasury. London: H M Treasury, 2001, 41 pp. Long term care insurance provides a planned way of paying the cost of any long-term care a person may need immediately or in the future. This document is in two parts. The first seeks views on whether the selling and marketing of long term care insurance should be regulated by the Financial Services Agency (FSA) under the Financial Services and Markets Act 2000 (FSMA). The second seeks views on the conclusions of the Committee on Long Term Care Investment Products that CAT (Cover Access Terms) standards be set for long-term insurance products. Annexes outline specific features of insurance plans, questions that should be asked before taking out a long-term care plan, and a regulatory impact assessment. (RH)

From: Gerry Foley, Home Financial Services Team, 2nd floor, Allington Towers, 19 Allington Street, London SW1E 5EB. Website to download document: http://www.hm-treasury.gov.uk

Long term care insurance - the reality of a claim; by Margaret Borwick. Elder Law and Finance, vol 1, no 2, July 2001, pp 42-45. Long term care insurance (LTCI) plans have benefits which may not be immediately apparent. Until a claim is made, their worth cannot be readily assessed. To date, there have been few claims made from which to judge. The author examines her first experience of a claim and the plan's utility. She would wish to be reassured that the high standard of support and care provided in this particular instance will become the market norm below which no-one claiming will fall. (RH)

ISSN: 14737043

Long-term care: from public responsibility to private good; by Stewart Player, Allyson M Pollock. Critical Social Policy, issue 67, vol 21, no 2, May 2001, pp 231-255. Long-term care with its vulnerable client base is an important example of how care has become a private responsibility with little or no debate or discussion. This article charts the trajectory and structure of the market in long-term care provision from its "cottage industry" beginnings to an increasing dominance by generic, often publicly-quoted multinational corporations. It shows how the privatisation of funding was accompanied by
transferring responsibility for payment of care from central to local government in 1993, and how the introduction of eligibility criteria and the shrinking public provision has made care a private and personal responsibility. Government is now encouraging companies to diversify into specialist high-cost areas such as diagnostics, acute psychiatric care and acute hospital and intermediate care. Long-term care is increasingly seen as a lower profit "core" industrial package predicated on basic services and casualised, low wage labour. The extension of this commodification of the care process to other areas of the NHS has serious implications for the health and well-being of the whole population, not just the most frail and vulnerable. (RH)

ISSN: 02610183

Long-term care in the 21st century: perspectives from around the Asia-Pacific rim; by Iris Chi, Kalyani K Mehta, Anna L Howe (eds).
This volume is the outcome of a Workshop organised by the Center on Aging at the University of Hong Kong and jointly sponsored by the Elderly Commission of the Hong Kong Government, held in January 2000. The Workshop's purpose was to canvass recent developments in long-term care for older people in seven countries around the Pacific Rim - Japan, Hong Kong, Singapore, Taiwan, the US, Canada, and Australia - and to assess prospects on the threshold of the 21st century. A central aim was to promote comparative analysis to give a better appreciation for, and limits to, transfers in policy and service delivery. (RH)
ISSN: 08959420
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This volume is the outcome of a Workshop organised by the Center on Aging at the University of Hong Kong and jointly sponsored by the Elderly Commission of the Hong Kong Government, held in January 2000. The Workshop's purpose was to canvass recent developments in long-term care for older people in seven countries around the Pacific Rim - Japan, Hong Kong, Singapore, Taiwan, the US, Canada, and Australia - and to assess prospects on the threshold of the 21st century. A central aim was to promote comparative analysis to give a better appreciation for, and limits to, transfers in policy and service delivery. This book has been co-published simultaneously as Journal of Aging & Social Policy, vol 13, nos 2/3, 2001. (RH)
ISBN: 0789019337
Price: $19.96
From: The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA.

Long-term care in the United Kingdom: community or institutional care? Individual, family or state responsibility?; by Gillian Dalley.
UK policy on long-term care of older people has been moving from institutional care towards community care, raising the question of who is responsible for paying for such care. The Royal Commission on Long-Term Care has advocated free personal care, but the Government has yet to respond favourably to this recommendation. This article is a slightly revised version of a presentation at the Ollie Randall Symposium at the Gerontological Society of America's 52nd Annual Scientific Meeting held in San Francisco in November 2000. (RH)
ISSN: 08959420
From: http://www.tandfonline.com

Mexican American elders with dementia in long term care; by David V Espino, Charles P Mouton, David Del Aguila (et al).
Previous research indicates the older Hispanic population is one of the fastest growing groups in the United States, and this increase presents unique problems in long-term care delivery for the dementia patient. Late interface with long-term care services results in delayed diagnosis, significant impairments and prolonged caregiver burden. Three case studies demonstrate how understanding the unique cultural influences in this population will assist the gerontologist in providing appropriate health care services. (KJ/RH)
ISSN: 07317115
From: http://www.tandfonline.com

Models for integrating and managing acute and long-term care services in rural areas; by Andrew F Coburn.
US States and the federal government are searching for new managed-care strategies, such as capitated financing and co-ordinated case management, that integrate the financing and delivery of primary, acute and
long-term care services. For rural communities, the development of organizational and delivery systems, which better integrate and manage these services, may help to tackle long-standing problems of limited access to long-term care services. This article discusses the concept of integrated acute (medical) and long-term care service networks; model programmes; challenges that health care providers, state policy makers and others have faced in developing these new integrated structures; and the future of service integration and co-ordination approaches in rural areas. (KJ/RH)

ISSN: 07334648

The politics of long-term care; by Chris Deeming, Justin Keen.
The issues of affordability and equity in the debate on long-term care are outlined, and two scenarios are explored. First, there are some policy options open to the Government, if provided with the opportunity to rethink the financing of long-term care. Second, the authors ask how an unchanged Government position for the financing system in England and Wales could be made to work. Over the long term, they conclude that the system is unlikely to be sustainable, as it introduces new complexities and areas of potential dispute, as well as failing to satisfy demands from the public. In practice, the use of general taxation is likely to be more acceptable than social insurance as a source of funding. (RH)

ISBN: 1857174364

Politics, policy making and long term care: the 'art of the possible'?; by Andrew Eccles.
The 'art of the possible' means that politics can be complex, and policy outcomes will be the result of constraints and compromises among a number of competing agencies and vested interests. An overview of three key areas illustrate such compromises and constraints: public opinion, the policy process itself, and the difficulties of implementation. Scottish and Welsh devolution has already led to differences with UK national policy: Scotland is offering an enhanced policy commitment to older people, as recommended by the Royal Commission on Long Term Care, which has so far been rejected by national government. (RH)

ISSN: 00472794

Public involvement in social policy reforms: lessons from Japan's elderly care insurance scheme; by Mikiko Eto.
Japan has undergone drastic demographic changes in the past few decades. To cope with the needs of being an ageing society, the government has enacted a Long-Term Care Insurance Law for older people that was implemented in April 2000. The new legislation was conceived as a political compromise to appease two strongly opposed forces: reformists and the old guard. In the process of drafting reform, new political players, including ordinary citizens and mayors of small-scale municipalities, have emerged. Two citizen action groups participated in the reform process, and succeeded in reflecting their preferences in its policy-making. The mayors who supported the new system started reforming social welfare administration systems, challenging traditional local politics. This article focuses on a few of these groups and how they have changed the Japanese political scene. It concludes that their political activities have contributed not only to promoting social policy reform, but also to revitalising politics in that country. (RH)

ISSN: 00472794

Rural long term care integration: developing service capacity; by Elise J Bolda, John W Seavey.
This article uses a case study based framework for analysing acute and long-term care systems' integration efforts in rural areas and their impacts on service capacity. The article examines opportunities for enhancing service capacity, as illustrated by the experiences of rural programmes in three states: Arizona, Illinois and Vermont. (KJ)

ISSN: 07334648

Small print reveals limits to free nursing care; by Jonathan Pierce.
Community Care, 2 August 2001, pp 10-11.
October 2001 should see the introduction of free nursing care for some older people in long-term care. However, campaigners have concerns about the restrictive criteria, the tool being used to make the assessment, and the amount of money earmarked for free services. (RH)

ISSN: 03075508

Some American rural long-term care models are described, and their efforts related to concepts in the preceding research articles in this issue of the Journal of Applied Gerontology. The models include: the Community Partnership Program in Eau Claire, Wisconsin; Mountain Empire Older Citizens Inc., in Big Stone Gap, Virginia; and the Oregon Senior and Disabled Services Division. Overarching themes are discussed such as flexibility and local control, consumer-driven focus, the importance of health policy at both the state and federal levels, the significance of partnerships and new professional roles. Research questions in long-term care service development in rural areas and cross-cutting issues in case management are identified, to guide future research and programme development efforts. (KJ/RH)

ISSN: 07334648


The present system of long-term care funding is unsatisfactory, and the Government is planning controversial changes. This book's contributors explore past and future policy, and reflect on the changing balance between the State's and the individual's responsibilities. Questions of equity, efficiency and affordability are considered in the light of the report from the Royal Commission on Long-Term Care. (RH)

ISBN: 1857174445

From : King's Fund Publishing, 11-13 Cavendish Square, London W1G 0AN.

The truth about “free” care; by Melanie Henwood. Community Care, issue 1397, 1 November 2001, pp 36-37.

The bid to create a fairer system of long-term care for older people involves a lot more than the question of whether personal care should be free. Determining older people's needs for registered nursing, and allocating them to the appropriate band of care, will only become clear over time. Intermediate care and other services that promote independence also offer the potential of improving quality of care. (RH)

ISSN: 03075508


The Bishop of Birmingham delivered the first Leveson lecture on 31 January 2001 in the Foundation of Lady Katherine Leveson. The lecture contributes a theological perspective to the debate on issues concerning the funding of long-term care. The lecture also marked the formal launch of the Leveson Centre for the Study of Ageing, Spirituality and Social Policy, and sets out some of the Centre's aims and expectations, encouraging an agenda that values age in both society and the church. (RH)

Price: £2.50

From : Leveson Centre for the Study of Ageing, Spirituality and Social Policy, Temple Balsall, Knowle, Solihull, West Midlands B93 0AN.


The recent adoption of joint working between health and social care services in the UK gives a timely opportunity to assess research on partnerships in other parts of the world. This review of four such studies evaluates long-term care in Australia and the Netherlands, models of integrated care for frail older people in the US, and how citizens' needs are being met at the "front line" in Sweden. These are considered in the context of the Audit Commission report, "The way to go home: rehabilitation and remedial services for older people " (TSO, 2000). (RH)

ISSN: 13630105


2000


The objective of the Lloyds TSB Forum is to stimulate serious debate about a range of business, economic and social issues of national and international importance. The title, "a modest proposal", refers to a satirical essay
by Jonathan Swift. In this lecture, the chairman of the Royal Commission on Long Term Care for the Elderly explains that the demographic background to that investigation is also a problem for every developed country: there is a significant increase in the number of those living beyond retirement age. He comments on Government and other reaction to the Royal Commission's report. He concludes with some thoughts about the values people generally and older people in particular attach to the "third age". (RH)

Price: FOC
From: Public Affairs, Lloyds TSB Group, 71 Lombard Street, London EC3P 3BS.

"Aging in Place" in prison: health and long-term care needs of older inmates; by Cynthia Massie Mara, Christopher McKenna.: National Academy on an Aging Society, Winter 2000, pp 1, 3-8.


US policy-makers and planners must face a challenge of an increasing cohort of ageing inmates, the consequence of changes in sentencing policy. Longer and more numerous mandatory sentences and more life sentences without parole have contributed to an increasing number of prisoners who will be "ageing in place". (RH)

ISSN: 10553037

Capital offences: variations in local authority treatment of older home owners entering residential care: a summary of some key research findings; by Fay Wright, Age Concern Institute of Gerontology - ACIOG, King's College London; Nuffield Foundation. London: Age Concern Institute of Gerontology, ACIOG, 2000, 10 pp.

A small proportion of residents in nursing homes in Great Britain (some 8.4%) are not means-tested, and have their fees met by the NHS; but a majority are. Unless there is a decline in the proportion of older people entering care homes, the issue of using one's home to meet care home charges will continue to be of concern for older people and their relatives. The research on which this publication is based was funded as part of the Nuffield Foundation's Older People and Their Families programme. Findings are based on postal and telephone surveys of finance officers with social services departments (SSDs) in England and Wales. The main findings concern: variations in local authority community care packages; local variations in assessing financial situations; older home owners failing to obtain needs assessments; variations in obtaining a local authority contract; problems with entering a care home without a local authority contract; local variations in the treatment of a carer remaining at home; a strained relationship between local authorities and independent sector providers; and a lack of impartial advice for frail older home owners. (RH)

Price: FOC
From: ACIOG, King's College London, Waterloo Bridge Wing, Franklin-Wilkins Building, Waterloo Road, London SE1 8WA.


Consumer direction in long-term care starts with the premise that those with long-term care needs should be empowered to make decisions about, and to have some control over, how they receive care. This issue of "Generations" provides a broad overview, reflecting on a range of American perspectives from diverse stakeholders. Themes covered include caregiving families, quality of care, an in-home support services programme, and services for those with cognitive impairments. (RH)

ISSN: 07387806

Consumer-directed care and older persons: Part I: Consumer-directed care and older persons: legal, ethical and policy issues [chapters 1 to 8]; by Marshall Kapp (ed).


Health and long-term care (LTC) delivery and financing in the US and elsewhere are in the process of changing to a situation in which the individual patient or consumer exercises a higher degree of personal choice, direction and control. Chapters focus on theory and practice of of consumer choice and direction in the area of publicly funded healthcare and LTC services, including consumer control by older and disabled people. The final chapter of Part I suggests that the testing process on the efficacy and advisability of consumer-directed healthcare is likely to present ethical and legal challenges. (RH)

ISSN: 10761616

Attitudes, practices and local policy are explored in respect of charging and assessing older people anticipating entering residential and nursing home care. A sample of social services practitioners (care managers) were surveyed and interviews held at a number of levels with staff from five different local authorities. A smaller number of legal practitioners in the same areas, who advise older people, were also interviewed. Key findings are presented on three themes: perceptions on charging; ethical dilemmas in practice; and fairness and administrative justice. The research indicates that the perceptions of professionals and politicians within the local authority of individual circumstances and political priorities inevitably intrude in the charging process. The government's response to the Royal Commission on Long-Term care of the Elderly appears to reflect some of the views and wishes expressed by the social and legal professionals in this study. The research was funded by the Nuffield Foundation, and supported by the Association of Directors of Social Services (ADSS) and the Law Society. (RH)
ISBN: 0859588661
From: Department of Social Work, University of Hull, Cottingham Road, Hull HU6 7RX.

Focus on consumer-directed care and older persons: Part II: Independent chapters [9 to 13]; by Marshall B Kapp (ed).
American gerontological practitioners present their views on ethical issues concerning: mistreatment (that is, physical abuse and neglect) in nursing facilities; accommodation in the workplace for older workers following the Age Discrimination in Employment Act (ADEA); moral reasoning applied to long-term care policy; and professional ethics and suicide. (RH)
ISSN: 10761616

Funding long term care in Singapore; by Emiliano A Valdez, Khye Chong Tan, Yoke Wai Wong.
Hallym International Journal of Aging, vol 2, no 1, 2000, pp 70-84.
In Singapore, the government places the duty and burden of direct care onto immediate families, so that long-term care is therefore rarely sought. However, the country is expected to experience slower economic growth in the future; and as the population ages, an increasing number of families will begin to realise the financial benefits of providing formal long-term care for older people. The authors use a traditional actuarial framework to assess the cost of long-term care for Singaporeans. Their estimates reveal that the cost of care can vary widely, ranging from 2% to 40% of salary, depending on gender and the age at which the individual begins to set aside contributions to pay for long-term care. The authors discuss the appropriateness and implications of tapping into Singapore's existing compulsory savings programme - the Central Provident Fund (CPF) - which they believe is the most efficient and equitable method of financing long-term care. Although the actuarial methodology used to assess cost is applied in a Singapore setting, it is universal enough to be applied by any other country that may wish to assess its own cost of long-term care. (RH)
ISSN: 15356523

Incorporating assistive devices into community-based long-term care: an analysis of the potential for substitution and supplementation; by Emily M Agree, Vicki A Freedman.
This article examines the use of assistive devices as a part of the long-term care arrangements of community-dwelling older Americans. It examines the potential for assistive devices to substitute for and supplement personal care assistance. Data from the Phase 2 Disability Supplements to the 1994-1995 US National Health Interview Surveys are used to compare the use of personal care and equipment among those reporting difficulty with a given activity of daily living (ADL). The capacity of equipment to substitute for or supplement personal care is highly task-specific, and depends on the characteristics of the devices and the personal care providers. In general, those using simple devices are less likely to use informal care, whereas those using complex devices are more likely to use formal care services. (KJ/RH)
ISSN: 08982643
Long term care: joint statement by organisations representing the interests of older people and carers; by Help the Aged; Abbeyfield Society; Action on Elder Abuse; Age Concern England - ACE; Alzheimer's Society; Arthritis Care; Carers National Association; Counsel and Care; National Pensioners Convention; Residents and Relatives Association; NACAB; et al.: unpublished, December 2000, 2 pp.

This statement was issued via Age Concern England (ACE) in response to the publication "The NHS plan : the Government's response to the Royal Commission on Long Term Care" (HMSO, 2000; Cm 4818-II). The statement expresses disappointment by the organisations that have signed, to the lack of changes to the funding of long term care: the NHS Plan was a missed opportunity to remedy the situation.  (KJ/RH)


Policy on long-term care for older people and the role of family support is considered, mainly in the light of recommendations from the Royal Commission on Long-Term Care of the Elderly and the Government's response to the Royal Commission. This Briefing Paper presents information on carers from the General Household Survey (GHS) and attitudes to care from the British Social Attitudes Survey (1996). It examines reasons why long-term care has become a political issue: changing boundaries between health and social care; the shift from "home help" to a "home care" service; and means-testing to determine whether and how much someone should contribute towards costs of residential or nursing home care. It seems unlikely that the government's response to the Royal Commission represent a final resolution of the issues, many of which remain unresolved. (RH)

ISBN: 0901455335
Price: £5.00
From: Family Policy Studies Centre, 9 Tavistock Place, London WC1H 9SN.

Managed care and multilevel long-term care providers: reluctant partners; by Steven P Wallace, Jodi Cohn, John Schnelle (et al).

Managed care is reshaping the US health care system, although long-term care is only beginning to feel its effects. The authors report the managed care involvement of 492 multilevel, long-term care facilities (MLFs, including skilled nursing and assisted or independent living) nationally. Organisational structure and culture and especially environmental characteristics are associated with whether facilities have contracts with managed care organisations (MCOs), plans to have contracts, are only gathering information on MCOs, or intend to do nothing in the near future. Resource dependence theory best explains MCO contracting patterns, with MLFs appearing to be responding more to survival than to growth. (RH)

ISSN: 00169013

The NHS Plan: what does it mean for community care?; by Janice Robinson, Penny Banks, Angela Greatley.
Managing Community Care, vol 8, issue 6, December 2000, pp 5-10.

The NHS Plan promises improvement in the National Health Service that could benefit many people with long-term illness or disability. Some longstanding problems concerning the funding and provision of their care and support will remain unchanged. Moreover, there are dangers of new conflicts between the NHS and local government that may hinder the delivery of integrated services and health improvement strategies. (RH)

ISSN: 14615436

The NHS Plan: long-term care - continuing challenges at the health/social care boundary; by Chris Vellenoweth.

The NHS Plan incorporates the long-awaited response of the Government to the report of the Royal Commission on Long-Term Care. This article argues that the risk of cost shunt between funding agencies is perpetuated, and that new forms of care will need to be included within the standards assurance of the newly established National Care Standards Commission (NCSC). (RH)

ISSN: 14615436

The NHS plan : the Government's response to the Royal Commission on Long Term Care: presented to Parliament by the Secretary of State for Health; by Department of Health - DoH. London: HMSO, 2000, 30 pp (Cm 4818-II).

Responses to the Royal Commission's 24 recommendations are provided as a summary table, and in detail in a appendix. Throughout, the reader is referred to other documentation: legislation (the Health Act 1999 and the Care Standards Act 2000); the main volume of "The NHS plan: a plan for investment, a plan for reform" (Cm 4818-I); the Spending Review; and other items yet to be published (e.g. "Quality strategy for social care", August 2000). A new tier of services, "intermediate care" is to be introduced, to help people remain independent
at home after and even during periods of acute illness. The report discusses: how free nursing care is to be provided; paying for residential care and for services at home; entitlement to state benefits while in long term care (including Income Support "preserved rights" and the Residential Allowance); and the availability of private investment and insurance products. An implementation timetable indicates that, by April 2001, statutory guidance on home care charges will be issued, and changes to residential charging rules will come into effect. Free nursing care extended to all settings will come into effect in October 2001. (RH)

ISBN: 0101481837
Price: £7.00
From: The Stationery Office, PO Box 29, Norwich NR3 1GN. Also available in Hindi, Punjabi, Gujarati, Urdu, Bengali, Chinese, Vietnamese, Greek, Turkish, Somali, and Arabic; and as English audio cassette tape, braille and large print from: Department of Health, PO Box 777, London SE1 6XH. Internet: www.nhs.uk/nhsplan

Outcome of referral to social services departments for people with cognitive impairment; by Toby Andrew, Jo Moriarty, Enid Levin (et al).

The objective was to determine how entry into long term care of people assessed by their local social services department (SSD) under the NHS and Community Care Act 1990 is predicted by the severity of their cognitive impairment, care provided by family members, and receipt of community care services. Cognitive impairment was identified in 141 out of 1258 over 65s referred to three SSDs in East Anglia, the North West, and London between November 1994 and February 1995. Receipt and intensity of community care services increased the probability of remaining at home. Those with mild or moderate cognitive impairment were more likely to remain at home if they had a spouse or daughter carer. Analysis of the interaction between the three main effects predicting entry to long term care (severity of cognitive impairment, access to a carer, and the receipt of home care or day care) suggests that while carers are central to determining whether older people with cognitive impairment can continue living in the community, there are limits to the care they can provide. (RH)

ISSN: 08856230


People with moderate and severe dementia are major users of both community and long-term care services provided by social services departments (SSDs), yet little is known about what services they use, for how long, and how well these services fit in with their preferences and those of their carers. This report combines a review of the existing literature with statistical analyses, case examples and the direct voice of carers and people with dementia providing information on the experiences of a group of people with dementia and their carers over an 18-month period. Information was collected through a series of interviews with assessors, carers, proxy informants, and people with dementia. Following the introductory chapter, chapter 2 explains the study design and methods; chapter 3 reports on sources of referral within the study's SSDs and describes the characteristics of the participants; chapter four investigates the assessment process, including user and carer experiences of assessment; chapter five highlights the role of carers of people with dementia; chapter six examines the range of community services that were used; chapter seven compares people who remained at home with those who entered long-term care.

ISBN: 1861342719
Price: £14.99
From: The Policy Press, University of Bristol, 34 Tyndall's Park Road, Bristol BS8 1PY. The Policy Press, University of Bristol, 34 Tyndall's Park Road, Bristol BS8 1PY.

Paying for old age?: interim research report from the King's Fund Long-Term Care Financing Project; by Chris Deeming, Justin Keen, Long-Term Care Financing Project, King's Fund. London: King's Fund, 2000, various pagings.

Two major debates concerning the financial status of older people have been conducted in isolation, but in practice are related to one another: long-term care and pensions. The results are presented of an interview-based survey of 100 people on average and below-average household incomes living in the London Borough of Islington. The survey was conducted by NOP for the King's Fund in June and July 2000. It was designed to increase our understanding of the financial status of real people, and thereby shed light on the practicality of government long-term care policies. The survey is part of a larger project being undertaken by the King's Fund on the financing of long-term care. The report outlines, with costings, key issues in long-term care and pensions policy; and describes the study's aims, methods and results. Given the small sample size, the results need to be interpreted with caution. However, they indicate that most people on average and below-average household
incomes will struggle to pay for domiciliary health and social care services, both now and in the future. It is also unrealistic to expect people on below average incomes to be able to save for their old age. (RH)

ISBN: 1857174046
Price: £3.00
From: King's Fund Bookshop, 11-13 Cavendish Square, London W1G 0AN.

Population aging and the need for long term care: a comparison of the United States and the People's Republic of China; by Pamela Arnsberger, Patrick Fox, Xiulan Zhang (et al).
Both developing and major developed countries are facing the global ageing of their citizenry, a phenomenon shared by the US and the People's Republic of China. The rapid growth of their ageing populations comes as both countries are experiencing a sustained period of economic stability with an accompanying drop in fertility rates. Together with longer expected life spans in both countries, these factors have caused a shift in the population structure which will result in increasingly large proportions of the population who will potentially require assistance with activities of daily living (ADLs) and/or long-term care. The careful assessment and interpretation of available data to define the actual extent of need should be part of a process to help guide each country as they prepare for the future. (RH)
ISSN: 01693816

Privatisation and new modes of state intervention: the long-term care programme in Israel; by Mimi Ajzenstadt, Zeev Rosenhek.
In the past 20 years, most welfare states have witnessed significant changes in the institutional mechanisms through which health, education and welfare services are allocated. This article analyses the formulation and implementation of a relatively new statutory programme of care services for dependent older people in Israel, which has a basic characteristic the supply of services by non-state agencies. The analysis serves as a basis for exploring the effects of privatisation and the emergence of quasi-markets on the functioning of the welfare state both as a benefits provider and as a major employer. In contrast to the perspectives that consider privatisation as leading to the weakening of the state in the welfare domain, the authors argue that through the transfer of services supplied by non-state agencies, the state protects itself from demands and pressures from clients, while maintaining its control and regulation capabilities. This process decreases the state's accountability towards its citizens, enhancing in turn its autonomy. Privatisation policies do not imply, therefore, the dissolution of the welfare state, rather the emergence of a new mode of state intervention. (RH)
ISSN: 00472794

Previous research suggests that social relationships may have a protective effect on mortality for people living at home, but this has not been established for those in long-term care. This longitudinal study of 927 residents of a long-term care facility used the Minimum Data Set (MDS) including psychosocial items comprising an internally reliable scale to measure social engagement (SE), and mortality risk measurements. Increased levels of SE were associated with longer survival independent of mortality risk factors. SE may be a modifiable risk factor for death among long-term care residents. (RH)
ISSN: 00028614

Reflections on the report of the Royal Commission [on Long Term Care]; by Robert Elmore.
"With respect to old age", the report of the Royal Commission on Long-Term Care of the Elderly, is likely to fare better than reports of other Royal Commissions, remaining in the public domain for some time. This article reviews the report and research volumes. While the financial structures seem feasible within current and future economic constraints, it remains to be seen what will actually happen. (RH)
ISSN: 13528580

Reforming long-term care finances: a continuing saga; by Janice Robinson, King's Fund.
Not all of the recommendations of the Royal Commission on Long Term Care of the Elderly have been accepted. It remains unclear what support younger generations can expect when they are old. The two different methods of funding health services (free at the point of delivery) and social care services (means-tested) have
always disadvantaged people with chronic illness or long-term disability. Successive attempts at reforming long-term care since the inception of the NHS in the 1940s have failed to deal with this problem of dual system of funding. This article examines the Government's responses to the Royal Commission, which do not appear to have come any nearer resolving the funding problem. (RH)

ISBN: 1857174151

Rehabilitation in long-term care; by Clive Bowman, Paul Easton.
Reviews in Clinical Gerontology, vol 10, no 1, February 2000, pp 73-79.

The aims of maintaining independence and delaying functional decline in long-term care are poorly understood and inadequately researched. The authors suggest that rehabilitation in long-term care needs to be redefined: one in which the arrest or decline, reduction of acute crises and an improved quality of life becomes the goal and justification, rather than cure or improvement. Four areas of study are proposed for defining the process of rehabilitation in long-term care: restorative rehabilitation; maintenance rehabilitation; adaptive and reconciliative rehabilitation; and preventive rehabilitation. In addition, personal equipment for living requires proper provision: appropriate walking aids; hearing aids; glasses; and assistance with feeding for proper nutrition. The authors note a lack of support from influential reports: the Centre for Policy on Ageing's "A better home life" (CPA, 1996) implies rehabilitation; and the Royal Commission on Long Term Care's 1999 report did not expound the potential for, and provision of, rehabilitative care. (RH)

ISSN: 09592598

The future of informal care over the next thirty years, and the effect of changes in informal care on demand for formal services are examined. This research draws on a Personal Social Services Research Unit (PSSRU) computer simulation model, which has produced projections to 2031 for long-term care for England, using the latest Government Actuary's Department (GAD) 1996-based marital status projections. These projections yield unexpected results: they indicate that more older people are likely to receive informal care than previously projected. The underlying reason is that the GAD figures project a fall in the number of widows and rise in the number of older women with partners, implying that 'spouse carers' are likely to become increasingly important. This raises issues about the need for support by carers, since spouse carers tend to be themselves old and often in poor health. The article explores a number of 'scenarios' around informal care, from a severe restriction in the supply of informal care, to a scenario in which more support is given to carers by developing 'carer-blind' services. This last scenario is of particular relevance for the Royal Commission on Long Term Care. (KJ/RH)

ISSN: 0144686X

IN: Social policy review 12, chapter 7, 2000, pp 133-156.

Some of the background to the current debate on long-term care is examined, in particular policy developments influencing provision: community care; the boundaries between health and social care; the extension of home ownership; and individual responsibility for welfare. The Royal Commission's recommendations (and dissenting note) are summarised, noting problems with defining personal care and whether reference is being made to nursing or residential home care. The author considers the extent to which the recommendations are likely to deal with long-standing issues of who should pay for long-term care and how. (RH)

ISBN: 1903395011

Price: £13.00
From: Social Policy Association, Lavenham Group, Arbons House, Lavenham, Sudbury, Suffolk CO10 9RN.

Specialized continuing care models for persons with dementia: a systematic review of the research literature; by Jacqueline Roberts, Gina Browne, Amiram Gafni (et al).

This systematic review summarises the evidence for effectiveness and efficiency of different modalities of care for people with dementia and their caregivers, whether living at home or in specialised housing or institutional care. A detailed search of the literature found studies evaluating respite care, day programmes, counselling, sheltered housing and special care units (SCUs) in institutions, and there is some evidence for the effectiveness of these models of care. No scientifically rigorous effectiveness studies - specific to those with dementia - were found for hospice care, care management, or psychogeriatric outreach mental health programmes. The review
demonstrates that more research is needed which examines the effectiveness of different models of care, including some measurement of costs and of family expenditure. (RH)

ISSN: 07149808

Thinking about the production and consumption of long-term care in Britain: does gender still matter?; by Clare Ungerson.
This article suggests that the literature on care, which originally was heavily influenced by a gendered perspective, has now taken on other important variables. However, it is argued that if we look at the particular impact of the marketisation and privatisation of long-term care, we can see that gender is still a useful perspective on the production of care, especially paid care. The reordering of the delivery of domiciliary care within the “mixed economy of welfare” is having important effects on the labour market for care and is likely to lead to further inequalities between women, both now and in old age. The article considers the impact of these inequalities on the consumption of care in old age - particularly by older women - and considers factors that may provide women with the resources to purchase care and/or pay charges for care. (RH)

ISSN: 00472794

In this instance, long-term care (LTC) is defined as the system of activities undertaken by informal caregivers (family, friends, and/or neighbours) and/or professionals (health, social, and others) to ensure that a person who is not fully capable of self-care can maintain the highest quality of life. This report describes principles to inform policies for sustaining for sustainable programmes in LTC consistent with priorities of individual countries, whether industrialised or developing. The following priority issues and their guiding principles for policy are outlined: personal and public values; private-and public-sector roles and responsibilities; public education; formal and informal caregiver roles, responsibilities and rights; infrastructure of LTC system for provision of social and health care services; income security and financing of LTC systems and services; current and future technology; and research, data collection, and strategic analysis. Comments are invited on the guiding principles. (RH)
Price: FOC
From: Milbank Memorial Fund, 645 Madison Avenue, 15th Floor, New York, NY 10022-1095, USA. Email: mmf@milbank.org

Transitioning the elderly into long-term care facilities: a search for solutions; by Ruth Anne Rehfeldt, Amy Steele, Mark R Dixon.
An increasing number of older adults in the US will be moving into long-term care facilities in the coming decades. This review of published studies identifies a number of factors that predict the degree to which an individual's adjustment to his or her new environment will be successful. In addition, a number of potential interventions are described which may help to alleviate some of the difficulties older persons may experience upon relocation. (AKM)
ISSN: 01924788
From: http://www.tandfonline.com

"User pays" and other approaches to the funding of long-term care for older people in Australia; by Michael Fine, Jenny Chalmers.
Ageing and Society, vol 20, part 1, January 2000, pp 5-32.
It has been argued that without some system to which future generations of users are able to pay for their care, the cost of services for an increasingly large group of older people will be borne by a declining base of economically active younger people. Is the answer a user pays approach to the financing of aged care? This paper draws on a report written for the New South Wales (NSW) Committee on Ageing, and reviews the "user pays" concept and its recent history in Australia. On the basis of a brief review of alternative funding systems, it also considers the potential of public and private insurance schemes to increase funding by potential service users and underwrite the long-term viability of funding for aged care services. (RH)
ISSN: 0144686X
Adding values: an experiment in systematic attention to values and preferences of community long-term care clients; by Rosalie A Kane, Howard B Degenholtz, Robert L Kane.
Results are discussed of a quasi-experiment intended to make US case managers for home- and community-based services (HCBS) conscious of, and responsive to, the values of their ageing clients, while simultaneously empowering clients to consider their own preferences. Three weeks after enrolment, clients in the experiment were significantly more likely to report that case managers had asked them about their own preferences and offered them choices about services. Actual client values reported at the 3-month follow-up were similar for experimental and control groups, with experimental case managers only slightly more accurate judges of their clients' responses to values questions. At follow-up, experimental case managers reported more case activity tailoring plans to client preferences, a finding confirmed by record reviews. Client acuity, measured by ADL functioning and prior hospital use, was associated with less perceived discussion of client preferences during the initial care planning process, but more case activity related to client preferences during the first three months.
Case managers need to be more sensitive to clients' preferences, but this may require changes in the practice environment. (RH)
ISSN: 10795014

Advance elder care decision making: a model of family planning; by Donna L Cochran.
Advances in modern technology have resulted in increasing health care options. Unfortunately, many adults do not think about health and end-of-life decisions until they are faced with a health crisis or long-term care issues. The lack of planning has left many families devastated or overwhelmed by the decisions they face on behalf of their loved ones. Social workers and other professionals are observing family members who are ill-prepared for the decisions they have to make and the roles that they undertake as a result of the failing health of an older relative. This article describes the Advance Elder Care Family Planning model (AECFP), a social work model designed to empower families before they face these problems. (AKM)
ISSN: 01634372
From: http://www.tandfonline.com

The bitterest pill; by Richard Forshaw.
Housing Today, issue 141, 8 July 1999, pp 5-6.
The House of Commons Health Committee has endorsed the findings of the Royal Commission on Long-Term Care of the Elderly. While there may be technically little to stop Frank Dobson (the Secretary of State for Health) from leaving the Royal Commission report to gather dust, he must respond to a House of Commons select committee report within two months. This article considers the options. Most likely to be implemented is a National Care Commission, a watchdog charged with monitoring trends, ensuring accountability, and representing the interests of consumers. The recommendation of £1.2 billion in extra taxes required to fund long term care seems unlikely to be endorsed, given that Frank Dobson has sided with the minority report by David Lipsey and Joel Joffe. They advocated more modest spending, including increasing community care expenditure, boosting the threshold limit from £16,000 to £30,000, and more use of private insurance. (RH)
ISSN: 13656309

Care, costs and containment: the social policy of long-term care; by Gillian Dalley, Centre for Policy on Ageing - CPA.
Older people, in terms of social policy, have long been regarded as a social problem. The costs and possibilities of rationing on grounds of age of health and social care, and the question about whether the family or the state should take responsibility for caring for dependent older people, are policy issues constantly being debated. This paper critically examines the development of public policy on ageing, drawing on two recent gerontological books and the report of the Royal Commission on Long-Term Care (1999). The current debate on the funding of long-term care in the UK is reviewed, and some of the main policy arguments examined. (AKM) (OFFPRINT).
ISSN: 03055736

CCC is keen to bring its diverse resources to bear to assist the Government in formulating policy options that meet its promise of developing a "long-term and viable system" of funding long-term care. This response was
prepared following a full meeting of CCC on 21 April 1999 to discuss the Royal Commission's report, and further consultation with members. It highlights the many areas of the report which CCC supports, and offers constructive comment and additional options that could contribute to better funding and delivery of care. The response covers: funding; the long term vision; the role of the National Care Commission; provision of services, including prevention and rehabilitation; and the importance of carers. The CCC calls on the Government to put in place a coherent and comprehensive policy framework for long-term care, within the lifetime of this Parliament. (RH)

From: Continuing Care Conference, Secretariat, 12 Little College Street, London SW1P 3SH.

Choosing and paying for care; by G Clare Wenger.
This paper presents data from before and after implementation in 1993 of the NHS and Community Care Act 1990, from two separate studies of older people in rural areas of Wales. It shows the low proportions of the population who are covered by private health insurance, and draws attention to the fact that, although some older people have considered private health insurance, few are covered. Comparing data for people aged <65 with those aged >65, the paper explores the preferred sources of help in a range of situations. The findings show that in most instances, statutory services are preferred. Data for older people aged >80 are presented comparing findings from 1990/91 and 1995, which show that use of services for which charges have been introduced appear to have fallen. Low take-up of dental and optician services are also identified. The implications of the findings for social policy are considered, and it is suggested that: insurance cover for long-term care should be organised at a national level; greater attention should be given to service preferences of users; and effectiveness of various health and social services should be evaluated. (RH)
ISSN: 09660410

Client satisfaction with service coordinators' provision of home based long-term care services; by Mary Bear, Margaret Sauer, Anita Norton.
Home Health Care Services Quarterly, vol 18, no 1, 1999, pp 47-60.
This descriptive study investigated the reliability and validity of the Services Coordinator Satisfaction Measure (SCSM) which was developed to measure client satisfaction with service coordination in a pilot home based long-term care programme. The SCSM measures the subdimensions of service delivery and service sufficiency, as well as overall satisfaction with service coordination. Reliability testing with a sample of 213 clients indicated that the SCSM had high internal consistency. Clients ranged between being unsure and satisfied with their service coordinator. Analysis of the subdimensions in the SCSM indicated clients were more satisfied with service delivery than they were with service sufficiency, suggesting that clients were ambiguous about assuming a greater role in managing their own home based long-term care needs. (AKM)
ISSN: 01621424
From: http://www.tandfonline.com

Collaborative research partnerships: the Consortium [for Gerontological Education in Long-term Care] ten years later; by Lucille Nahemow, Ann Dellert, Susan A Eisenhandler (et al).
This article describes the potential problems and principles inherent in developing a research component in a community-based consortium of long-term care providers and educational institutions. The US Consortium for Gerontological Education in Long-term Care was designed to share educational resources among member institutions. In the last several years, the Consortium has developed a collaborative research agenda and undertaken specific training in field research techniques. Meeting the needs of divergent members of the Consortium by introducing research that integrates students, academics, and health care providers working in the field is discussed in a way that clarifies the challenges as well as the success of the endeavour. (RH)
ISSN: 03601277

The Department of Health (DoH) commissioned the PSSRU to undertake a study of long-term care demand and finance as part of the PSSRU’s long-run programme of research at the London School of Economics (LSE). The aims of the study were to make projections of likely demand and expenditure on long-term care for older people in England to 2031. The study considers a range of services relevant to meeting long-term care needs: domiciliary services, residential care homes, nursing homes, and long-stay hospital care. It uses a model which considers aggregate health and social services expenditure and private expenditure, but does not attempt to put a value on informal care. The results of the model are sensitive to a wide range of assumptions, especially those
concerning trends in dependency and in real unit costs of care. Projections using the model have been provided to the Royal Commission on Long-Term Care. PSSRU plans to continue work to develop the model and use it to inform policy. (RH)

Price: FOC
From: PSSRU, Cornwallis Building, University of Kent, Canterbury, Kent CT2 7NF. Email: PSSRU@ukc.ac.uk

Elderly community residents' evaluative criteria and preferences for formal and informal in-home services; by Gina Wielink, Robbert Huijsman.
Evaluate criteria are based on standards and specifications used by older people in comparing different types of services, in this case choices regarding long-term care, which are assessed in this article. A good relationship with informal carers appears almost pre-conditional to a preference to informal support. The desire not to burden acquaintances, as well as a positive previous experience with this type of care, are the most important reasons stated for choosing formal or private services. (RH)

Elders' preferences for care setting in short and long term disability scenarios; by Julie J Keysor, Tejas Desai, Elizabeth J Mutran.
The decision-making processes of older people regarding long term care were investigated in this US study, using short- and long-term disability scenarios. Using Wilcoxon rank sum test, the study assessed differences in perceptions of financial difficulty, family strain, and personal stress, by predisposing, enabling, and need factors. Logistic regression was used to determine which factors were predictive of preference for long-term care location. Findings showed that frail and poor older people and those who lived alone had more financial and familial concerns; older people of a higher social class anticipated more personal stress; those with negative attitudes toward long-term care facilities, and who had fewer financial, familial and personal concerns, and who were married, were more likely to prefer home care. (AKM)

Enabling informed consumer choice in the long-term care insurance market; by Steven Lutzky, Lisa Maria B Alecxih.
Provisions in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), United States, may increase private long-term care insurance sales without imposing substantially more stringent consumer protection features. The ability of consumers to make informed choices when purchasing this complex product was examined in light of these changes. Data were collected through detailed examinations of policies and interviews with industry experts, insurance companies, agents, consumer groups, and regulators. Because of the complexity of this product, the goals of expanding consumer choice and ensuring that consumers are able to make informed decisions often work against each other. Mechanisms are discussed through which the government can facilitate informed choice and improve consumer protection. The author suggests that, because the government is providing tax incentives that encourage consumers to purchase the product, it has the responsibility to ensure that consumers understand the long-term care insurance they purchase. (AKM)

The ethics of autonomy and dignity in long-term care; by Daryl Pullman.
Efforts to address the "paradox of autonomy in long-term care" attempt to salvage an ethic of autonomy by redefining the central concept, and then applying it to the long-term care environment. This paper begins with a case study that has been the focus of recent debate in Canada in the autonomy literature. The case demonstrates how considerations of autonomy are often unhelpful in the long-term care environment, and can at times lead to what many believe are counter-intuitive conclusions. The paper offers an alternative ethic of dignity which can serve as a more appropriate guide to ethical care and conduct in this context. (RH)

The family role in the context of long-term care; by Rhonda J V Montgomery.
Current long-term care policy and practices are built on the premise that the family is and should be the primary party responsible for impaired older persons. This article presents evidence that this premise and the resulting
policies and practices are built on a myth, fuelled by gender, income, and ethnic inequalities, and largely responsible for the creation of a service system that has inadequate capacity to meet current and future needs. An alternative paradigm, which places responsibility for long-term care needs on the individual, is proposed here and implications for new policy directions are outlined. The author suggests that the projected benefits of this shift in paradigm will be the development of a more viable and more equitable long-term care system that has the capacity to provide high quality care to meet the expanding need. (AKM)

ISSN: 08982643

Goal attainment scaling as a measure of clinically important change in nursing home patients; by Janet E Gordon, Colin Powell, Kenneth Rockwood.
Global measures, such as the Barthel index, are often not relevant for nursing home patients being assessed in geriatric consultation. Goal attainment scaling is an individualised measure which has been used in community mental health and geriatric inpatient units. This Canadian study reports its use in nursing home patients. In 53 consultations in long-term care, an average of 1.7 goals per patient were set, covering medical, behavioural and ethical issues. Mean goal attainment scale at follow-up was 46 ±7, demonstrating that most of the goals were met. Goal attainment scaling is more responsive to change than any of the other measures examined. (RH)

ISSN: 00020729

Home and away: reflections on long-term care in the UK and Australia; by Melanie Henwood, Social Policy Research Centre - SPRC, University of New South Wales.
The debate on challenges posed by an ageing population has been similar in the UK and Australia. In both countries, a history of incrementalism and poorly presented policy reform has contributed to widespread public mistrust, and a sense of injustice at the extension of means-testing or user pays principles. This paper examines the analysis and conclusions of the Royal Commission on Long-Term Care in the UK. A fundamental principle advanced by the Royal Commission is that the risk of needing long-term care should be shared by all citizens, rather than borne by those who have the misfortune to need such care. A separation of the personal care costs of long-term care from the living and housing costs has been proposed as the most equitable way of sharing costs between individuals and the state. Major reforms in community care in the early 1990s in the UK (and similar developments in Australia) were concerned largely with improving management and accountability of local services, and with promoting community rather than residential-based models of care. While the model proposed by the Royal Commission is not without flaws, it offers a prospect of improved individual security and enhanced social cohesion in old age. (RH)

ISSN: 10372741

Inside Long-term care for older people; by Judy Hirst, Mervyn Kohler, Elizabeth Lodge, Martin Shreeve, Roger Mortimer, Janet Lewis.
A series of articles looking at the government's response to the Royal Commission on Long-Term Care's report, "With Respect to old age (Cm 4192; TSO, 1999); and the future of long-term care with current practice examples of problems and solutions. (KJ/RH)

ISSN: 03075508
From: http://www.communitycare.co.uk

This response gives short replies to some of the recommendations in the Health Committee's fourth report, session 1998-99, "Long-term care of the elderly" (HC 1998/99 318). The response is made in the context of the Royal Commission on Long-Term Care of the Elderly's report, "With respect to old age", and the idea of a National Care Commission, which is under consideration. There is also agreement and a commitment to ensuring provision of support to enable older people to stay at home for as long as that is possible and appropriate. (RH)

ISBN: 0101440428
Price: £1.90
From: The Stationery Office, Publications Centre, PO Box 276, London SW8 5DT.

A few days after the publication of the Royal Commission on Long-Term Care of the Elderly's report, "With respect to old age", the Committee took oral evidence from the Chairman, Sir Stewart Sutherland. In this report, the Health Committee reiterates the Royal Commission's recommendations concerning the idea of a National Care Commission, with a remit for preventative care, and advocating the benefits of encouraging qualitative improvements in older people's lives through exercise, constructive leisure pursuits and education. The Committee also urges the Government to consider more formal integration between health and social services. The Committee visited housing and care schemes run by the Joseph Rowntree Foundation (JRF) at Hartriggs Oaks, and examples of Danish models of care at Farum, Falke and Dianalund in Denmark. It recommends a closer look at Danish models of care for older people, particularly developing multi-skilled teams of support workers. The Committee agrees with the Royal Commission that change is needed in the care of older people. (RH)

ISBN: 0102272299
Price: £6.50
From: The Stationery Office, Publications Centre, PO Box 276, London SW8 5DT.

The Long-Term Care Ombudsman Program: a social work perspective; by Sam George Arcus.
Skilled nursing care facilities have traditionally been medically driven. However, with the increasing concerns for the quality of life as well as quality of care for residents of long-term care facilities, psychosocial and social work methodologies take on increased importance. This paper looks at the Long-Term Care Ombudsman Program, and suggests that it can be very helpful in this changing and emerging process by recognising and implementing a social work perspective. (AKM)
ISSN: 01634372
From: http://www.tandfonline.com

Fifteen years after the Registered Homes Act 1984 and the Centre for Policy on Ageing (CPA) code of practice, "Home life", the institutions and practices which they established require serious revision. There is expectation that the White Paper "Modernising social services" (Cm 4169) and the Royal Commission on Long-term Care's "With respect to old age" (Cm 4192) will have some impact on the reformulation of long-term care regulation. This study begins from the premise that the greatest net gains to be achieved in the quality of long-term care will be through improving the effectiveness and skill of staff. The authors look in detail at the range of tasks performed by managers of long-term care homes, the effects of policy change and the changing role of managers, and the skills they should possess to do their work. Recommendations are made which focus on future training and the quality assurance framework needed in a new regulatory system, as well as on cost implications. (RH)
ISBN: 1861341733
Price: £14.95
From: The Policy Press, 34 Tyndall's Park Road, Bristol BS8 1PY. (Orders should be sent to: Biblios, Star Road, Partridge Green, West Sussex RH13 8LD.)

Discussions with users and carers indicate serious shortcomings in the way that health, housing and social services are provided for vulnerable people. This report provides an insight into the experiences and views of older and disabled people and their carers, based on discussions of 15 focus groups in three contrasting areas: Southwark, Shropshire and Knowsley. The report, in six parts, reflects topics and issues raised in the focus groups. First, people with long-term illness or disability want to be able to lead "ordinary lives", and they talk about what is important to them. The second, on services, concerns appropriateness of provision, and coordination for ease of access and continuity of care. Third, communication: information and the attitudes of professionals and the general public are important in helping older people to feel valued. The fourth section voiced concerns about resources, particularly constraints in the funding of services. Section five presents views on charters, leading to a final section of recommendations for the development of better services. Action is needed to improve service performance; but introducing a new charter would only be one of a series of measures required. (RH)

In 1997, Chase Manhattan Bank jointly held a conference with Age Concern England (ACE) to determine how the financial services industry could contribute to the Millennium Debate of the Age (MDA). The conference agreed to set up a working group (the Gleneagles Group) of industry experts to write a report for MDA. This report identifies ways in which the private sector and the State can work together to meet the needs of older people in the 21st century, for both income and long-term care costs. Comments are within the context of Government proposals to introduce Stakeholder Pensions, and also concern the report of the Royal Commission on Long Term Care. Recommendations are made that the Government should encourage more voluntary pensions provision, and that self-employed people should be able to buy into the Second State Pension with the option of contracting-out into private pensions and long-term care insurance. (RH)

Policy choices for Medicaid and Medicare waivers; by Walter Leutz.

This article reviews the authority and processes for issuing Medicare and Medicaid waivers, highlights waiver-based differences in US states' home- and community-based (HCB) service systems, and critiques emerging efforts to capitate, integrate and privatise the long-term care system. Potential pitfalls relate to payment rates, service substitution, accountability, and drains on HCB infrastructure. Before merging HCB services into larger pre-paid systems, policy-makers are advised to examine implementation challenges, resist ad hoc fixes, and strengthen current infrastructure. (RH)

ISSN: 00169013

Projecting demand for long-term care for elderly people; by Raphael Wittenberg.

How many older people are likely to require long-term care services in the next decade? How much are these services likely to cost? Will the cost to public funds be affordable? These questions are answered in the report, "Demand for long-term care: projections of long-term care finance for elderly people" (Personal Social Services Research Unit - PSSRU, 1988). This article outlines the report's findings and the development and use of a computer simulation model which includes domiciliary services and institutional care. The report sets out a range of different projections obtained by using the model, which have been forwarded to the Royal Commission on Long Term Care. PSSRU intends to continue to develop the model and to use it to inform policy. (RH)

ISSN: 13504703

The Royal Commission and structures for elder care; by Chris Vellenoweth.

Managing Community Care, vol 7, issue 4, August 1999, pp 3-7.

The report of the Royal Commission on Long Term Care, published in March 1999, is to be subject to further consultation, thus delaying any progress on its recommendations which include important links to other Government initiatives in health and social care. This paper argues that the Royal Commission's proposal for a National Care Commission could be the missing link to equity of care and care standards for older people, and early implementation should not be lost. (RH)

ISSN: 14615436


The White Paper "Modernising social services" (Cm 4169) has endorsed principles of national registration and national standards for nursing and residential care homes as part of the way forward to improving the care of older people. A study by Malcolm Johnson, Lesley Cullen and Demi Patsos of the University of Bristol International Institute on Health and Ageing explored the range of views within the sector on what makes a good manager. This issue of Findings outlines the study's background and its conclusions with regard to training priorities, current levels of qualification and training, what form training should take, and standards and quality. The researchers suggest that the greatest net gains to be achieved in the quality of long-term care will be through improving the effectiveness and skills of staff; and training is required at all levels, from part-time care workers to managers. Their findings are published in the report, "Managers in long-term care: their quality and qualities", published by the Policy Press in association with the Joseph Rowntree Foundation (JRF). (RH)
Use of community and long-term care by people with dementia in the UK: a review of some issues in service provision and carer user preferences; by J M Moriarty.


In the UK, one of the effects of the NHS and Community Care Act 1990 has been to highlight the impact of policy changes and changes to service organisation on types and levels of service provision. However, much of the existing literature on the use of community and long-term care services by people with dementia is based on data collected prior to the implementation of the Act. This article identifies some of the methodological issues, and highlights the increasing importance that is likely to be attached to incorporating the service preferences of people with dementia and their carers in the future. (RH)

We've seen the future ...; by Audrey Thompson, Judy Hirst.

Community Care, no 1296, 28 October-3 November 1999, pp 20-23.

The Royal Commission on Long Term Care was set up by the government to recommend solutions to the problems of long-term care in the UK. Although the Royal Commission did its work quickly, ministers have been sitting on the report. Community Care has visited two Scandinavian countries to find out first-hand about the strengths and weaknesses of their long-term care systems, and to decide whether decent quality care for older people is a utopian dream. In Sweden, the hard lessons of high taxation to pay for a state-funded care system are explored. Judy Hirst looks at how the challenge is being met in Denmark. (RH)

"With respect to old age": Age Concern's commentary on the recommendations of the Royal Commission on Long Term Care; by Age Concern England - ACE. London: Age Concern England, June 1999, 28 pp (Policy papers, ref: 1799).

Age Concern England (ACE) supports the main recommendations of the Royal Commission on Long Term Care for the Elderly, that all personal care should be free, funded by the state; and that a National Care Commission should be set up to take a strategic overview of long-term care. This commentary by Age Concern England (ACE) discusses each of the 27 recommendations put forward by the Royal Commission. The commentary is divided into two parts. Part A covers the recommendations for funding which directly affect individual finances. Part B covers those recommendations which are related to overseeing long-term care and improving services. Where appropriate, reference is made to the recommendations made in the Note of dissent. Unless the Government accepts the Royal Commission's recommendations, or puts forward its own proposals, community care will remain in limbo. (RH)

Price: FOC


The Royal Commission on Long Term Care was appointed in December 1997 to consider the short and long term options for the funding of long term care for older people, both in their own homes and in other settings, and how the costs of such care should be shared between public funds and individuals. This executive summary presents the main findings and recommendations of the Commission: care costs will be affordable, as there is no
With respect to old age: long term care - rights and responsibilities: a report by the Royal Commission on Long Term Care; by Sir Stewart Sutherland (chair), Royal Commission on Long Term Care. London: The Stationery Office, March 1999, 4 volumes (Cm 4192-I/II/1-3).

The Royal Commission on Long Term Care was appointed in December 1997 to consider the short and long term options for the funding of long term care for older people, both in their own homes and in other settings, and how the costs of such care should be shared between public funds and individuals. This is the final report of the Commission, which consists of two parts: the main report, which presents an analysis of the current system of funding and the findings and recommendations for the future; and three research volumes. The main findings and recommendations were: care costs will be affordable, as there is no demographic time bomb; the costs of long-term care should be split between housing and living costs, which should continue to be means-tested, and personal care costs, which should be available after needs assessment, and paid for through taxation; nursing care should be free; a national carer support package to be developed; an independent National Care Commission to be set up to monitor demographic and spending trends, and set national benchmarks; the limit of the means-test for payment of residential and nursing home fees to be raised from £16,000 to £60,000. (AKM)

ISBN: 0101419228
Price: £18.00 (report), £65 (3 research vols)
From: The Publications Centre, PO Box 276, London SW8 5DT.

With respect to old age: long term care - rights and responsibilities: alternative models of care for older people: research volume 2: a report by the Royal Commission on Long Term Care; by Sir Stewart Sutherland (chair), Anthea Tinker, Fay Wright, Claudine McCreadie, Janet Askham, Ruth Hancock, Alan Holmans, Royal Commission on Long Term Care; Age Concern Institute of Gerontology - ACIOG, King's College London. London: The Stationery Office, March 1999, 346 pp (Cm 4192-II/2).

The Royal Commission on Long Term Care was appointed in December 1997 to consider the short and long term options for the funding of long term care for older people, both in their own homes and in other settings, and how the costs of such care should be shared between public funds and individuals. This second volume (of three) of research undertaken for the Commission looks at alternative models of care for older people in the community, in terms of feasibility, acceptability to users and carers, and outcomes and costs: intensive home support; co-resident care; very sheltered housing; and assistive technology. A number of hypothetical cases are presented, which form the basis for costings of various packages of care services for older people in their own homes. The appendices contain the following: Focus groups: discussions with older people and their carers; The role of supported accommodation; Housing and housing organisations: a review of their contribution to alternative models of care for elderly people; The role of assistive technology in alternative models of care for elderly people. (AKM)

The Royal Commission on Long Term Care was appointed in December 1997 to consider the short and long term options for the funding of long term care for older people, both in their own homes and in other settings, and how the cost of such care should be shared between public funds and individuals. This is volume three (of three) of research undertaken for the Commission to examine community care and informal care. The first part focuses on the impact of the 1993 Caring for People Reforms, and includes the following: An evidence-based perspective from the Department of Health (DoH) on the impact of the 1993 reforms, Raymond Warburton and John McCracken, DoH; Enabling older people to live in their own homes, Tessa Harding, Help the Aged; Impact of the NHS and Community Care Act (1990) on informal carers, Gillian Parker, Nuffield Community Care Studies Unit, University of Leicester; Assessment and care management, David Challis, Personal Social Services Research Unit (PSSRU); Promoting the development of an independent sector, William Laing, Paul Saper, Laing and Buisson; Value for money, David Browning, Audit Commission. The second part looks at various policy options to support informal carers. (AKM)

ISBN: 0101419236
Price: £65 (3 volumes not sold separately)
From: The Publications Centre, PO Box 276, London SW8 5DT.

With respect to old age: long term care - rights and responsibilities: the context of long-term care policy: research volume 1: a report by the Royal Commission on Long Term Care; by Sir Stewart Sutherland (chair), Royal Commission on Long Term Care. London: The Stationery Office, March 1999, 320 pp (Cm 4192-II/1).

The Royal Commission on Long Term Care was appointed in December 1997 to consider the short and long term options for the funding of long term care for older people, both in their own homes and in other settings, and how the cost of such care should be shared between public funds and individuals. This is volume one (of three) of research undertaken for the Commission to provide the context of long-term care policy. Four chapters were prepared by the Royal Commission Secretariat, and six by other authors: The costs of long-term care; Economics of long-term care finance, Raphael Wittenberg, Department of Health (DoH); Financing long-term care: the potential for insurance, Paul Fenn; Using the private sector to help fund long-term care; Poverty, disability and the use of long-term care services, Steve Almond (et al), Personal Social Services Research Unit (PSSRU); Lessons from international experience; The impact of age on people's attitudes towards provision for elderly people, Lindsey Jarvis, Social and Community Planning Research; Public attitudes towards paying for long-term care; Black and minority ethnic elderly, Naina Patel, Policy Research Institute on Ageing and Ethnicity; and Young people's perspectives. (AKM)

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1998

Adrift in the community; by Jane South.
Continuing care has changed dramatically over past 10 to 15 years. In February 1995, the Department of Health (DoH) issued guidance HSG(95)8 relating to NHS (National Health Service) responsibilities for long-term care. This article reports on the findings of a study, which suggests that although health authorities have been required to consider specific policy areas, the guidance has not led to a reversal of NHS withdrawal from long-term care. Under present funding systems, the reproporation of health care to the community is affecting the rights of older people and others to receive free long-term care.

ISSN: 09568115
This Briefing sets out what Age Concern England (ACE) believes should be the areas of concern for the Royal Commission on long-term care for the elderly. Firstly, the components of long term health and social care needs to be defined; and secondly, the current level of services and service funding should not be set as a benchmark for the care older people need to maintain themselves with dignity and security. The views and expectations of older people, as seen in calls and letters received by ACE, are also outlined. (AKM)
Price: FOC
From : Age Concern England, Astral House, 1268 London Road, London SW16 4ER.

An analytical study of methods to protect assets from long-term care costs; by Lynn Walker.
This is the first in a series of three articles discussing the pros and cons of various methods of protecting assets in paying for long-term residential or nursing home care costs. The author outlines legislation, the means testing of assets, and how couples' assets are assessed. Attempts at 'deliberate deprivation' of assets for the purposes of avoiding home care costs are unlikely to succeed: the individual will be treated as still owning the asset, and a notional value will be added to the assessment. Local authorities' powers as regards charges for sale of property, and in the event of a resident's bankruptcy in recovering debt are also covered. (RH)
ISSN: 1463970X

Assessment and continuing care; by Ian Jacques, Assumpta Ryan, Steering Committee for Mental Health and Older People, Royal College of Nursing - RCN.
The authors continue the series on aspects of assessment co-ordinated by the RCN Steering Committee for Mental Health and Older People. This article explores the crucial contribution of assessment to delivery of effective continuing care services.
ISSN: 09568115

Awareness and utilization of community long-term care services by elderly Korean and non-Hispanic white American; by Ailee Moon, James E Lubben, Valentine Villa.
Few studies have examined the patterns and predictors of health and social service utilisation among the older minority and immigrant populations in the United States (US). This study compared the level of awareness and utilisation of 15 community-based long-term care services by 213 older Korean and 201 non-Hispanic white Americans. Results revealed extremely low levels of awareness and utilisation of long-term health and social services among Korean Americans, in both absolute and relative terms. These findings challenge the success of the Older Americans Act, an important funding source for those services, in meeting its stated objectives to increase service availability and delivery to minority group older people and socioeconomically disadvantaged older people. Strategies for effective outreach and public education efforts are also discussed. (AKM)
ISSN: 00169013

Beyond bricks and mortar: dignity and security in the home: submission by Age Concern to the Royal Commission on long term care for the elderly; by Age Concern England - ACE. London: Age Concern England, 1998, 19 pp (Briefings, ref: 1398).
In this submission to the Royal Commission on Long Term Care for the Elderly, Age Concern England (ACE) indicates the need to rethink ideas about housing and care provision for older people. ACE argues that care options for older people should not be linked to communal living; rather quality of life and access to suitable housing are essential to their continued independent living. ACE examines pros and cons of various housing options: support services in the home; sheltered housing and warden services; very sheltered housing; and equity release schemes. It recommends: new housing options to break down tenure barriers; provision of support services in the home; information, advice and advocacy services; 'support agencies' which could offer 'help in the home'; more integration of funding systems and long term planning of services; floating or community wardens; and some proof that very sheltered housing is a desirable and cost effective option - not simply another form of institutional care. (RH)
From : Age Concern England, Astral House, 1268 London Road, London SW16 4ER.

As an association of professionals who own and manage nursing homes, the Registered Nursing Home Association (RNHA) undertook a process of internal consultation of its membership in preparing this
submission to the Royal Commission. This submission explores the implications of the Association's thinking on four key points. First, long term care is best planned and delivered through a strategically managed and integrated, or single-budget, process. Second, assessment is central to releasing payment for an individually appropriate level of care. Third, long term care must be fundamentally client-centred. Finally, long term care must be characterised by open and transparent decision-making. Appendices suggest how this submission assists the Royal Commission in achieving its objectives; the likely benefits of the RNHA's proposed approach to social partners; and how long-term care works and how it might work in the future. (RH)

ISBN: 190090201X
From: RNHA, Calthorpe House, Hagley Road, Edgbaston, Birmingham B45 8BT.

Can home care services achieve cost savings in long-term care for older people?; by Vernon L Greene, Jan Ondrich, Sarah Laditka.
Hazard function analysis and non-linear mathematical programming is used to determine whether efficient allocation of home care services can produce net long-term care cost savings. Optimal allocation of home care services resulted in a 10% net reduction in overall long-term costs for the frail older population served by the National Long-Term Care (Channeling) Demonstration, in contrast to the 12% net cost increase produced by the demonstration intervention itself. The findings suggest that the long-sought goal of overall cost neutrality or even cost savings through reducing nursing home use sufficiently to more than offset home care costs is technically feasible, but requires tighter targeting of services and a more medically oriented service mix than major home care demonstrations have implemented to date. (RH)
ISSN: 10795014

The closing of a social HMO: a case study; by Lucy Rose Fischer, Walter Leutz, Annice Miller (et al).
Social health maintenance organisations (SHMOs) integrate acute and long-term care and provide extended-care benefit for older people at risk of institutionalisation in the US. This article reports findings from a case study concerning the termination of the Group Health SHMO in Minnesota. Interviews were conducted with social workers and at-risk older people who had been receiving long-term care through the SHMO. The case study examines the post-SHMO transition and the process of replacing SHMO care co-ordination and long-term care services. Most of the older people and their caregivers indicated that they were "losing ground", that is, they were paying more or getting less care. Some were paying more for less care. Because they tended to switch to private-pay arrangements and to rely more on informal care, it appears that their care system became much less stable after the closing of the SHMO. (RH)
ISSN: 08959420
From: http://www.tandfonline.com

The authors have developed a text to give students a basic understanding of ageing policy in the US. The book is arranged in three parts. Part I, on the social context of community resource delivery, gives an overview of US legislation, and discusses theories that can be used to explain help-seeking behaviour. Part II - on community, support, and long-term care services - is based on the concept of the continuum of care, a system of social, personal, financial and medical services that supports the well-being of any older adult, regardless of the person's level of functioning. Part III contains one final chapter on programmes and services for the future, presenting an in-depth look at the challenges that lie ahead for the 'aging network'. Each chapter provides an in-depth review of programmes and services, information on current research, best practice examples, and case studies. (RH)
ISBN: 0803990898
Price: £39.99
From: Sage Publications, 6 Bonhill Street, London EC2A 4PU.

This bibliography aims to provide a comprehensive summary of recent research evidence in a range of topics in continuing care for older people. The main focus is on nursing research, however, papers with special relevance or implications for nursing care have also been included. Publications included are all English language and were published between 1980 and 1997. The bibliography is divided into 12 sections: communication;
autonomy, choice and power; psychosocial nursing care; residents' experiences; cognitive impairment; personal care; nutrition and feeding; pressure area care; bladder and bowel care; falls and restraints; sleep; and infections. Each section begins with an overview of the topic area. All papers are listed with a commentary which summarises key information about the study. The bibliography concludes with an overview of the research presented and an overview of trends over the years. An author index and a keyword index are included. (AKM) ISBN: 1902606000
Price: £14.99
From: Research Secretary, OCHCRD, Oxford Brookes University, 44 London Road, Headington, Oxford OX3 7PD.

Between 1996 and 1998, a study of the implementation of local continuing health care policies and criteria was conducted by three health regions. Through interviews, this study also examined the experiences of patients and carers. This synopsis outlines the research project's aims and methods, the policy background, and findings. The results suggest that problems remain with implementation of continuing health care guidance. Since local continuing health care policies were produced early in 1996, the policy agenda has continued to evolve. The current agenda emphasises new mechanisms for collaborative working, and places renewed emphasis on the importance of listening to users. If followed, continuing health and social care needs of patients and their carers may increasingly be met more effectively and comprehensively. (RH)
From: Julie Prudhoe, Community Care Division, Nuffield Institute for Health, 71-75 Clarendon Road, Leeds LS2 9PL.

Costs of home and community based long term care services to the cognitively impaired aged; by Gregory J Paveza, Edward Mensah, Donna Cohen (et al).
US research suggests that chronically ill, disabled older people prefer to receive care at home rather than in nursing homes. However, the costs of care continue to rise, because the numbers of over 85s who are most at risk are growing at a faster rate than the rest of the population. This study presents an economic analysis of the Generalized Linear Model, which was used to investigate the relationship of monthly service costs to eligibility variables. The presence of cognitive impairment has a significant impact on the costs of care and on assignment to capitation levels. The likelihood of assignment to a high-cost category is discussed in terms of the impact on case mix and potential impacts on state-provided care. (RH)
ISSN: 10784470

Emerging trends in the finance and delivery of long-term care: public and private opportunities and challenges; by Marc A Cohen.
This article looks at some of the key trends that are emerging in long-term care in the United States (US) related to financing, new models of service delivery, and shifts in consumer expectations and preferences. Taken together, changes occurring in these areas point to a rapidly transforming long-term care landscape. Financing responsibility is shifting away from the federal government to states, individuals, and their families; providers are integrating and managing acute and long-term care services and adding new services to the continuum of care; and consumers are thinking more seriously about how to pay for their future needs, as well as how to independently navigate the long-term care system.
ISSN: 00169013

Enhancing the health of older people in long-term care; by Research Unit, Royal College of Physicians; British Geriatrics Society - BGS; Royal Surgical Aid Society - AgeCare. London: Royal College of Physicians, 1998, 70 pp.
This report contains clinical guidelines for improving the quality of health care of older people in long-term care. It updates two previous publications by the Royal College of Physicians: 'High quality long-term care for elderly people' (1992) and 'Standardised assessment scales for elderly people' (1992). Guidelines are presented for the following areas: positive care for people with dementia; detecting and managing depression; overcoming disability; preserving autonomy; promoting urinary and faecal incontinence; optimising medication; preventing and managing falls; and preventing and managing pressure sores. Advice for providers and commissioners/purchasers are included. (AKM)
Essential components of geriatric care provided through health maintenance organizations; by HMO Workgroup on Care Management (US).
The rapid growth in the number of older adults enrolling in health maintenance organisations (HMOs) presents a number of opportunities and challenges. Older HMO enrollees have needs that differ from those of younger enrollees; and their health-related needs often extend beyond medical care, and may include relationships with families, caregivers and community agencies. This article describes the types of services that should be realistically be available to older adults enrolled in an HMO with a Medicare risk contract, in order to meet the goals of geriatric care: to promote health, independence and optimal functioning; to prevent avoidable decline in health; and to enhance quality of life. The findings are based on deliberations by the HMO Workgroup on Care Management, which was convened under the auspices of the Robert Wood Johnson Foundation's national programme, 'Chronic Care Initiatives in HMOs'. (RH)
ISSN: 00028614

Ethics and aging: bringing the issues home; by Martha Holstein, Phyllis Mitzen (eds): American Society on Aging, Fall 1998, 104 pp.
Articles in this issue of Generations focus on the ethics of non-institutional long-term care of older people. US policy makers are challenged to make homecare a more viable option for older people needing care. Family caregivers have always been at the heart of long-term care in the US; their conflicting responsibilities and questions of paid caregiving are further examples of ethical problems discussed. (RH)
ISSN: 07387806

Evidence from the Royal College of Nursing to the Royal Commission on Long-term Care [of the Elderly]; by Royal College of Nursing - RCN.
The Royal College of Nursing (RCN) has a vision for the future of long-term care, and believes that the following principles should underpin all future provision: the right to free nursing care; the right to expert assessment and nursing care; and the right to high quality care. Comments are made regarding: quality of service; preventive services; long-term care at home; acute services; specialist services; discharge; rehabilitation; and activities of daily living. In its recommendations, the RCN calls on policy makers to act now to prepare for the ageing of the population which will undoubtedly occur, and to bear in mind its comments on older people's rights to services. The RCN rejects the notion that the increasing number of older people will create a major crisis or burden on society. (RH)
ISSN: 09568115

Executive dyscontrol: an important factor affecting the level of care received by older retirees; by Donald R Royall, Maria Cabello, Marsha J Polk.
Executive control function (EFC) impairment is a type of cognitive impairment that undermines a person's independence by interfering with the direction, planning, execution, and supervision of behaviour. The prevalence of EFC impairment among older people living in the community is not known. This study examined the relative contributions of EFC, general cognition, mood, problem behaviour, physical disability, demographic variables, and the number of prescribed medications to the level of care received by older people in a continuing care retirement community in Texas. Results showed that cognitive (particularly EFC) impairment contributed most to the observed variance of care received. In contrast, markers of general cognition, depression, and physical illness contributed relatively little additional variance. EFC is not detected well by traditional cognitive measures and must be sought by specific tests. (AKM)
ISSN: 00028614

People's expectations of long-term care services were the central issues considered in this qualitative study commissioned by Help the Aged and undertaken by the Nuffield Institute for Health's Community Care
Questions of funding are only part of the "problem" in the debate on long-term care; but equally important are the nature and type of services required. Seven focus groups (of 45 women and 91 men) were organised in different parts of England and Wales, from three broad age bands: 3 groups aged 75-85 (current service users and those likely to become so); 2 groups aged 55-65 (pre-retirement and just retired); and 2 groups aged 40-50 (a middle-aged perspective). Core themes explored included: views on ageing; the type and nature of social care support people might need in the future; and how they envisaged making decisions on any future care arrangements. Any new model of long-term care should reflect the following concerns: who is to be responsible, incorporating a sense of justice and fairness; promoting independence and control rather than dependence; integrated approaches to care; roles and responsibilities; and valuing older people. (RH)

**From:** Help the Aged, St James's Walk, Clerkenwell Green, London EC1R OBE.

Exploring shared options in funding long-term care for older people; by Judith A Davey.


Policy-makers throughout the world are faced with the question of how long-term care for dependent older people is to be funded. This paper discusses possible sources of funding and a variety of policy approaches which have been taken by members of the Organisation for Economic Cooperation and Development (OECD), with particular emphasis on the United Kingdom (UK). It concentrates on options which share costs between the users (and their families) and the state. Details are provided of schemes involving private sector insurance and equity release products. A variety of issues arise from the proposed use of such 'partnership' schemes in the UK. Discussion of these issues draws in aspects of the wider social and policy contexts. (AKM)

**ISSN:** 09660410


Financing long-term care (LTC) in the US is becoming an increasingly significant challenge to public policy. Traditional "pay-as-you-go" (PAYG) social insurance such as Social Security and Medicare are premised on intergenerational transfers: the present working generation funds benefits for the current generation of older people (who have already contributed to the system). Such a system works well when the population and economy are growing to the extent that taxes and benefits keep up with each other. A combination of slow economic growth and an ageing population causes financial strain. The author proposes an intragenerational social insurance, "Social Security / Long-Term Care" which would provide a basic level of long-term care protection. (RH)

**ISSN:** 10553037


One of the most important policy challenges facing society in the next century is how to respond to an ageing population. This report is the outcome of discussions held by the Continuing Care Conference Study Group on the Prevention of Dependency in Later Life, chaired by Elizabeth Mills in 1998. It aimed to identify ways to prevent or reduce the need of older people for long-term care, to identify evidence in support of prevention approaches and to identify whether substantial savings might be made by investment in prevention and research. The report addresses population ageing and future costs of long-term care; current trends and projections of life and health expectancy; chronic disease and prevention; rehabilitation; maintaining quality of life in the home; and the financing of long-term care. A number of recommendations are made, including: the compression of morbidity should be a government policy objective; priority should be given to research and implementation of preventive strategies and rehabilitation; a long-term longitudinal study on older people should be set up; major awareness campaigns about the controllable risk factors in the prevention of morbidity and disability in older age should be established. (AKM)

**ISBN:** 0953381900

**Price:** FOC

**From:** Continuing Care Conference, 12 Little College Street, London SW1P 3SH.


One of the most important policy challenges facing society in the next century is how to respond to an ageing population. This summary of the main report is the outcome of discussions held by the Continuing Care Conference Study Group on the Prevention of Dependency in Later Life, chaired by Elizabeth Mills in 1998. It aimed to identify ways to prevent or reduce the need of older people for long-term care, to identify evidence in support of prevention approaches and to identify whether substantial savings might be made by investment in prevention and research. The report addresses population ageing and future costs of long-term care; current trends and projections of life and health expectancy; chronic disease and prevention; rehabilitation; maintaining quality of life in the home; and the financing of long-term care. A number of recommendations are made, including: the compression of morbidity should be a government policy objective; priority should be given to research and implementation of preventive strategies and rehabilitation; a long-term longitudinal study on older people should be set up; major awareness campaigns about the controllable risk factors in the prevention of morbidity and disability in older age should be established. (AKM)
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Price: FOC
From: Continuing Care Conference, 12 Little College Street, London SW1P 3SH.

Growing old in Japan; by N Ikegami.
It is commonly believed that older people in Japan are cared for by their children, and therefore require less formal services. However, the rapid ageing of the population together with social changes means that health and social services are in need of major restructuring to meet the changing needs of the older population. This commentary briefly looks at the new public long-term care insurance system which is due to be enforced in year 2000. The system is to be financed by mandatory social insurance contributions and taxation, and the provision of long-term care would become an entitlement, with no consideration of the degree of family support available. (AKM)
ISSN: 00020729

Health care for older persons, a country profile: France; by F Nourhashemi, B Vellas, L K Gray (et al).
The population in France, as elsewhere, is ageing, with implications for health and social care service provision. This article briefly describes the health care system in France, as it relates to older people, and looks at related issues such as geriatric education, finance of health care, and nursing homes. (AKM)
ISSN: 00028614

In their own words: nursing assistants' perceptions of barriers to implementation of prompted voiding in long-term care; by Deborah Lekan-Rutledge, Mary H Palmer, Michael Belyea.
Prompted voiding is a scheduled toileting procedure which uses behaviour modification to reinforce both appropriate toilet behaviours and the individual's desire to stay dry. The procedure has been demonstrated to be an effective intervention for the improvement of continence in long-term care. This US study investigated certified nursing assistants' (CNAs) perceptions of the causes of incontinence, as well as perceived barriers to prompted voiding implementation. A questionnaire was administered to CNAs in 23 long-term care facilities. Data analysis was conducted using descriptive statistics and correspondence analysis. CNAs perceived prompted voiding as helpful; however, inadequate staffing, workload, and turnover/absenteeism hindered implementation. CNAs recommendations for long-term success included increased staff, staff support, improved communication, ongoing education, and alternative delivery models of care. (AKM)
ISSN: 00169013

This paper takes a critical look at the model for funding continuing care for older people reported by the Joseph Rowntree Foundation (JRF) inquiry, 'Meeting the costs of continuing care', in 1996. It aims to identify and discuss any problems or contradictions within the model, but does not seek to offer an opinion on the merits or otherwise of any - or all - of the elements of the inquiry's model. It sets out a summary of the inquiry's funding model. Comments are made on services and funding systems for which there was no detailed discussion, including: equipment; housing adaptations; transport for services; all forms of sheltered accommodation; and residents in residential homes under the 'preserved rights' system of financial support. The critique concludes that more detailed information is required to work out how the scheme would work in practice, particularly on funding mechanisms. (RH)
Price: FOC
From: Age Concern England, Astral House, 1268 London Road, London SW16 4ER.
In this submission to the Royal Commission on the Funding of Long Term Care for the Elderly, Help the Aged presents a needs-led approach, as this should be the point from which a strategy is developed. Ways of assessing and managing the need for care is explored, with an emphasis on empowering and informing people, as well as looking at independence rather than dependency management. HTA comments on the muddled boundaries between health and social care: it supports the judgement of the Rowntree Inquiry that accommodation and food are personal issues; however, the rest of care should be collective. On how to pay for care now, HTA calls for a revamped, variable National Insurance, equivalent to a hypothecated tax, which should not be prohibitive; HTA calls for more research on this. As for how to pay for future care, HTA reluctantly concludes that a more privately (or personally) funded care regime may have to be considered; however, concerns are expressed about such a system's administration. (RH)

Price: FOC
From: Help the Aged, St James's Walk, Clerkenwell Green, London EC1R 0BE.

Long-term care (LTC) in the US is likely to face a financial crisis in the foreseeable future. Factors likely to bring this about include: an ageing population; reduced availability of informal caregivers; inadequate supply of domiciliary care services; increased nursing home fees; unwillingness to pay for services; and the approaching retirement of the baby-boom generation. This article proposes an affordable public policy solution, "LTC Choice", whereby older people keep their incomes and assets (including their homes) enabling them to live at home for as long as possible, before these are finally used for paying for long-term care. (RH)
ISSN: 10553037

Trends in ageing are likely to result in a smaller proportion of the population being in employment after 2010. This report makes clear that meeting that challenge will require comprehensive reform of fiscal, financial, labour, and pensions policies, as well as systems of health and long-term care. The goal must be to harness older people's skills and experiences, and to ensure adequate living standards for them, without placing an unfair burden on younger people. The report outlines the demographic challenge and the nature of the policy responses required. It discusses the retirement decision, and whether the trend towards earlier retirement in most OECD countries reflects individual preferences for leisure. Many OECD countries are actively engaged in reforming their public pensions, and these reforms are evaluated. The performance of pension funds and financial markets and their regulatory frameworks are reviewed. While there is evidence that older people have the capacity to be active beyond the age of 70, the very old require more medical and long-term care. Whether governments choose to launch reviews of the full range of ageing concerns (or specific issues only), the necessity of co-ordinating reforms across departments and levels of government, as well as building public understanding and support, is emphasised. (RH)
ISBN: 9264160930
From: www.oecd.org

Meeting the needs of today's pensioners: Age Concern's second paper to the Royal Commission; by Age Concern England - ACE. London: Age Concern England, April 1998, 27 pp (Briefings, ref: 1098).
Age Concern England (ACE) presents some concerns about how funding for long term care is currently delivered and administered, concentrating on social services and health, and to some extent, housing. It makes recommendations considered necessary for ensuring a greater degree of equity in access to services, and for access to residential and nursing home care. Those with preserved rights where limits of Income Support do not meet home fees should have the same protection as those who have entered residential or nursing home care since 1993. (RH)
Price: FOC
From: Age Concern England, Astral House, 1268 London Road, London SW16 4ER.

National lottery; by Kendra Inman.
Community Care, no 1203, 18 December 1997-7 January 1998, pp 16-17.
An increasing number of local authorities are struggling with their funding of long-term and community care, and many have attempted to direct services towards those most in need. Older people are often confused about
what they can expect from social services departments: there are no nationally agreed standards by which to measure the care they receive. This article draws together information from reports on eligibility criteria.

ISSN: 03075508

The new long-term care insurance program in Germany; by Adalbert Evers.
The Long-Term Care Insurance Programme (LTCI) which has been operational in Germany since 1995, and the policy issues leading to its enactment are described. After discussing similarities and differences with the traditional German social insurance-centred welfare system and some of the weaknesses of the new programme, two issues are discussed in more detail: entitlement criteria and reimbursement rules and the ways they influence the conditions and quality of professional care delivered; and the impact of cash as an alternative choice to services. The descriptive and evaluative sections use existing reports; the second section is based, in addition, on a pilot study by the author, which looks at reasons why so many people entitled to LTCI choose the cash alternative. (RH)

ISSN: 08959420
From: http://www.tandfonline.com

Pain by numbers; by Eveline Johnson.
Pain is difficult to assess since every person's perception of it is unique, and it is influenced by factors such as family and social conditioning, religion, culture, age and gender, and personality. The author of this article, winner in the acute category of the Nursing Times Care of Older People Awards, describes the use of a pain assessment tool in a long-term care unit in Aberdeen. The McCaffery and Beebe's vertical visual analogue scale was used to assess pain in a male patient aged 85 years. It was found that the assessment scale helped to interpret the patient's level of pain intensity and assisted in regulating analgesia for pain control. (AKM)

ISSN: 09547762

Strathclyde Elderly Forum believes that all care services - short term, long term, residential or domiciliary - should be free to all older people at the point of delivery. This submission to the Royal Commission on the Funding of Long Term Care for Elderly People makes other comments regarding care for older people: valuing and respecting older people; prevention rather than cure, paying attention to factors affecting lifestyle; the types of services provided; inadequacies in current provision; and charging for care. The Forum also calls on the Royal Commission to consider other ongoing government reviews - such as tax, pensions, and benefits - which are likely to affect older people's ability to pay for care. (RH)
From: Strathclyde Elderly Forum, 60 Brook Street, Glasgow G40 2AB.

Care management systems and ways in which Medicaid has been implemented in different US states are examined. The policies of some states rely on voluntary participation, and are based on the ability to attract and convince consumers of the benefits of co-ordination and care management across acute and long-term care systems. (RH)
ISSN: 10553037

The National Health Service (NHS) was set up in 1948, and brought free medical treatment to everyone, regardless of their ability to pay. Older people are the greatest users of the NHS, however, it is in their care that the service is showing the greatest signs of strain. This booklet looks at the origins of the NHS, focusing on care for older people, and examines whether the original aims of the service have been met. It argues that a new thinking in the NHS on the care of older people is needed, focusing on quality of life. Quality of hospital care, rehabilitation, priorities and resources, management of waiting lists, complementary treatment are highlighted as important areas for improvement in the next 50 years of the NHS. The division between health and social care needs to be addressed, and a more holistic model of care is needed, combining primary care, hospitals, social services and other services. Discussions about the organisation of long-term care should be informed by the following principles: equal access; financial equality; certainty of access; and free health care. (AKM)
Price: £3.00

From: Age Concern England, 1268 London Road, London SW16 4ER.


This guidance has been issued to remind Health Authorities and NHS trusts and their staff of their shared responsibility for older NHS patients who are being transferred to other care settings paid for by the NHS, often following the closure of old hospitals or long stay wards. It covers the following: consultation; the project plan; the needs of the individual and their relatives or carers; the process of transfer and the role of the receiving setting; and arrangements for follow-up and monitoring. Action checklists for each of the topics, which may be copied or amended for local use, are included in the annex. It is suggested that this guidance should be read in conjunction with the circular NHS Responsibilities for Meeting Continuing Health Care Needs (HSG (95)8).

From: Department of Health, PO Box 410, Wetherby LS23 7LL.

Validity of the Alberta Assessment and Placement Instrument (AAPI) for use in admitting long-term care clients to home care; by Lili Liu.


The Alberta Assessment and Placement Instrument (AAPI) is used to assess clients for continuing care in Alberta, Canada. A retrospective chart review was conducted to determine the validity of the AAPI items for use with long-term clients who are referred to home care, and to examine the status of those clients one year after they were admitted to home care. One group of 60 subjects admitted to long-term home care, and one group of 60 subjects not admitted were compared. The groups did not differ in demographic characteristics, measures of perceived need, number of medications, nutrition, cognitive status, psychosocial status, and use of formal and informal care providers as described in the AAPI. However, those admitted to home care required more assistance with with medication management than those not admitted. When the charts were followed one year after the initial administration of AAPI, only 18% of those admitted to home care remained on home care, whereas 42% of those not admitted to home care were now admitted. Admission to home care was associated with an increased likelihood of being admitted to a long-term care institution or being deceased one year later.


In this American study, 434 young, middle aged and older women read factual descriptions of institutional and community-based care, and then made long-term care choices for older female targets with varying degrees of functional impairment, cognitive impairment, and informal support. Respondents also indicated what they would prefer in the target's situation. Results indicated that: community care was more positively perceived than institutional care; only one-third had negative feelings about institutional care; the greater the level of impairment the more likely institutional care was the preferred alternative; and the less informal support a woman had the more likely that institutional care was the preferred care alternative. It was concluded that women's views of institutional care are not strongly negative, and that the availability of informal support is an even stronger predictor of long-term care choice for others or for the imagined self than is level of impairment. The implications of these findings for public policy are discussed.

1997

Bridging policy and research in eldercare; by Norah C Keating, Janet E Fast, Ingrid A Connidis, Margaret Penning, Janice Keefe.


A new paradigm for continuing care policy in Canada has emerged, based on assumptions about the benefits of caring partnerships and client-centred care delivery - that is, between formal and informal care. The authors describe how existing research could contribute to the debate on care policy. They suggest three categories of key policy issues: the need to clarify concepts such as the costs of eldercare; the nature of caring partnerships; and client-centred research which focuses on issues such as consumer satisfaction. Improving research policy links is essential for developing evidence-based policy.
Care and dignity in the next millennium: will older people have a prayer?: the Abbeyfield Lecture 1997; by George Carey. St Albans: The Abbeyfield Society, 1997, 13 pp.
In this lecture, the Archbishop of Canterbury looks at attitudes towards ageing and older people, and the challenge posed by the ageing of the population. Drawing on Christian principles, some of the negative stereotypes surrounding ageing and dependency of older people are dispelled, and the future financing of long-term care for older people is discussed. (AKM)
ISBN: 1872380352
Price: £3.00
From: The Abbeyfield Society, Abbeyfield House, 53 Victoria Street, St Albans, Herts AL1 3UW.

Care-related preferences and values of elderly community-based LTC consumers: can case managers learn what's important to clients?: by Howard Degenholtz, Rosalie A Kane, Helen Q Kivnick.
This article describes the development and implementation of a brief values assessment protocol to be used by case managers working in community-based long-term care for older people, and presents data on the values and preferences of 790 long-term home care users at two locations in the United States (US). The importance that users placed on selected issues related to their care (privacy, daily routines, activities, involvement of family in care, the trade-off between freedom and safety) varied as did the specific content of those issues. Associations were found between the content and strength of preferences. The study has implications for research and practice.
ISSN: 00169013

Research Matters: a digest of research in social services, October 1996 - April 1997, pp 52-54.
An overview of recent publications and research. The political panic over the financing of long-term care for older people is mounting, and carers will bear the brunt if answers are not found. Recent research examines attitudes towards long-term care and provisions made for it.
ISSN: 13630105
From: Community Care/Research Matters, Subscriptions, Freepost RCC2619, Reed Business Publishing, Haywards Heath, West Sussex RH16 3BR.

Clarity of purpose and administrative accountability: an empirical study in long-term residential care; by Jeanette Conway, Catherine James.
This article is also included as a chapter in 'International perspectives on social work in health care: past, present and future', edited by Gail K Auslander (Haworth Press, 1997). It reports on a three year practice research project by experienced social workers in an Australian residential home. Aims included meeting agency accountability requirements and illustrating social work roles. In consultation with a social work lecturer, the staff devised a tool to document their practice on a per case basis across the care continuum, as well as non-case related work associated with resident needs and agency purpose. A three-month pilot indicated that casework comprised 70% of work time, the 405 cases incorporating more time than expected on pre-admission, gate-keeping and admission tasks. Analyses of the most time-consuming cases revealed complex interacting factors which could not be measured using the classification and costing methods available. (RH)
ISSN: 00981389

Improving services for older people requires close working between NHS and social services, and between social services and independent sector providers of services. All too often, older people and their carers experience poor planning and uncoordinated services. This report combines the results of two related studies focusing on the care of older people: a review of arrangements for people leaving hospital who require ongoing 'continuing care'; and a review of how local authorities commission community care services for those who are assessed as needing care. Fieldwork for the report took place in 12 local authorities, health authorities and associated trusts in England and Wales. Case studies illustrate how agencies can work together more efficiently to provide a better mix of services, emphasising prevention and rehabilitation. This report is aimed at those concerned with purchasing, providing services or policymaking in health and social services.
In this comprehensive overview, the author examines how community care has developed in the context of formal and informal services. Its organisation and implementation, assessing need at individual and general population level, and long-stay care are covered in detail. In considering the prospects for community care, the author's view is that it is too early to state with any confidence that it is working. We need longer term data about the quality, quantity and responsiveness of services available, before giving judgement. A similar trend is detected across Europe, where there is also a desire to reduce the amount of institutional care, and to develop social care markets and collaboration in care.
ISBN: 0748732926
Price: £14.99
From: Stanley Thornes (Publishers) Ltd., Ellenborough House, Wellington Street, Cheltenham, Glos. GL50 1YW.

Comparative study of social protection for dependency in old age in the United Kingdom; by John Bond, Debbie Buck, Centre for Health Services Research, University of Newcastle upon Tyne. Newcastle upon Tyne: University of Newcastle upon Tyne, 1997, 96 pp (Centre for Health Services Research report, no 82).
This study, commissioned by the Commission of the European Communities Directorate-General V, aims to provide an overview of social protection arrangements for older people in the UK in need of long-term care or support. It examines the UK's older population in terms of demography, living arrangements, health, income and poverty, and the use of social services. It gives an overview of social protection of dependent older people in the UK in terms of social security arrangements, health care provision, housing and supported environments in long-term care. A series of case studies based on the criteria of physical frailty, mental frailty, economic circumstances, and levels of social support indicates the role of different public and private agencies, including the family. The case studies describe: living alone or with a spouse on a low income; living alone or with a spouse on an average income; living in an independently managed residential or nursing home on an average income; and permanently resident in an NHS hospital or nursing home. A final chapter reviews changes in the welfare state in the UK and the current state of debate on social protection for older people. (RH)
ISBN: 1870399765
Price: £10.00
From: Centre for Health Services Research, School of Health Sciences, University of Newcastle, 21 Claremont Place, Newcastle upon Tyne NE2 4AA.

Computer assessment in continuing care; by Susan Brown.
The author outlines a system of assessing client dependency and effective costing in a nursing home setting, and the importance of continuing reassessment.
ISSN: 09547762

Long-term care is one of the UK's most pressing social problems - yet the response of the political parties, so far, has been inadequate. The Continuing Care Conference (CCC) proposes a three-fold approach to long-term care, based on securing funding, guaranteeing standards, and developing awareness.
Price: FOC
From: Continuing Care Conference, 12 Little College Street, London SW1P 3SH.

Coverage of adult day services in long term care insurance policies; by Rona Smyth Henry, Burton V Reifler.
Private long-term care insurance is growing in availability with 3.4 million policies sold by the end of 1993 in the US. This article examines nine policies with particular emphasis on how coverage of adult day services relates to actual beneficiaries' needs and current practices among day centre providers. Review for eligibility requirements for beneficiaries and for adult day centres showed variability among policies. Some requirements were counterproductive to beneficiaries' needs whereas others did not encourage the most cost effective care.
Based on lessons learned from two Robert Wood Johnson Foundation national programmes, recommendations are offered that are intended to make such policies more useful to beneficiaries. (AKM)

ISSN: 07334648


In this Australian study of residents in hostel dementia programmes, their quality of life was enhanced through higher levels of social contact with relatives and lower reported levels of depressive symptoms, as compared with those in hostels not receiving this type of care. The authors conclude that dementia programmes work, but the reasons why are more difficult to establish. Programmes did not appear to modify the capacities of residents by slowing rates of decline. Dementia programmes provided specialist (non-personal care) staff focusing on residents’ social and emotional needs. These staff provided appropriate, targeted activities for residents with dementia, had a clearly defined role directed exclusively to these residents, and felt directly responsible for them. Dementia programmes produced a system effect. They increased the capacity of hostels to care for residents with dementia for longer periods, before admission to a nursing home.

ISSN: 08856230


This study aimed to identify qualitatively the need for health and social care of carers looking after dependants from different patient groups in a geographically defined area - Fife, Scotland. Subjects in the study were unpaid, ‘informal’ carers looking after dependants who were known to statutory or voluntary services. A series of 14 focus group discussions with carers of dependants from seven different patient groups took place. The main outcome measure was the qualitative description of carers’ self-reported health and social needs. Many of the needs described by carers were of a social nature. However, they also described needs relating to the health services: health professionals need to be proactive in recognising carers’ health and information needs, and are required to recognise carers’ contribution to the welfare of their dependant. In Fife, a multi-faceted approach was used to meet these needs. The challenge for the health service is to find a way to do this at a national level. (RH)


Case management programmes are expensive and therefore require careful screening of individuals. Screening tools, however, are imperfect, with positive predictive values usually below 50%. This study examined the relationship between the accuracy of the screening tools and the cost-effectiveness of case management. Using data from a Medicare health maintenance organisation (HMO), an optimised 5-question screening tool was developed. The study then simulated the use of the tool and its impact on the cost-effectiveness of several hypothetical case management programmes. The study demonstrated that even tools with only 20-30% positive predictive value could turn a case management programme into a cost-effective programme.

ISSN: 00169013


This report is based on information gathered by Stephen Abbott at the Health and Community Care Research Unit, University of Liverpool, and David Price at the Social Welfare Research Unit, University of Northumbria. It examines how easily people making decisions about continuing care can find relevant, accurate information from health authorities. Four main types of of documents are examined: health authorities' core policy documents; short leaflets summarising health authorities' policies; information about hospital discharge; and information about review procedure for discharge decisions. In each case, good practice guidelines are suggested.

ISBN: 1899581804
Price: £12.00 inc. P&P
From : NCC Publications, 20 Grosvenor Gardens, London SW1W 0DH.


In Australia, increasing emphasis on self-reliance as an objective way of social policy calls for a re-assessment of how long-term care for dependent older people will be funded. This article looks at a variety of options
available for sharing the costs between the state and users, focusing on private long term care insurance. The author suggests that such insurance has the potential to play a part in the future, however, constraints from both the supply and demand sides must be taken into account, as must the wider social implications of policy choices. (AKM)

The shift of financial responsibility for continuing care to local authorities combined with an accelerating withdrawal of NHS provision has served to highlight the need for a clearer financial framework. The author argues the need for more open debate about the boundaries between "free" and means-tested services, and for a Royal Commission to be established. (RH)
ISBN: 0951889567
Price: £13.00
From: Social Policy Association, London Guildhall University, London E1 7NT.

Funding long-term care - the values which should guide the policy; by Alan Walker.
Working with Older People, vol 1, no 1, April 1997, pp 16-19.
Government policies of the 1980s and 1990s failed to address the deficiencies in long-term care for older people. This article outlines the policy context and policy options which a Royal Commission set up by a Labour government will need to consider: means tested public funding; public/private partnership; social insurance; and funding from general taxation. Other options include partial equity release insurance schemes, flexible savings, and funding informal care. (RH)
ISSN: 13663666

The growing risk of dependency in old age: what role for families and for social security?; by Patrick Hennessy.
This paper attempts a broad overview of recent trends in the organisation and financing of long-term care, giving special consideration to the role of families and social security mechanisms. Recent reforms in a number of OECD (Organisation for Economic Co-operation and Development) countries are reviewed, and finally a set of goals is proposed by which both current systems and proposed alternatives may be assessed. An overall conclusion is that industrial societies will most certainly have to devote more resources to long-term care. While we now have a reasonably good idea how we would wish services to be deployed, major questions remain about how the cost is to be shared across the population.
ISSN: 0020871x

Health care costs of an aging population: the case of Australia; by Anna L Howe.
Since pronounced ageing of the population became evident in the 1976 Australian census, there have been repeated expressions of concern about health care costs and social expenditure associated with this trend. This review begins by surveying a number of analyses of the relationships between overall health expenditure and demographic trends in Australia, and then focuses more specifically on factors driving costs of long-term care and factors underlying these trends. Some explanations for the persisting concerns about health expenditure and ageing are located in the current political climate and institutional setting of the debate in Australia and internationally. (RH)
ISSN: 09592598

The impact by race of changing long-term care policy; by Steven P Wallace, Lené Levy-Storms, Ronald M Andersen (et al).
Race and ethnicity are rarely addressed in Medicaid long-term care policy debates, despite extensive research showing that African-Americans have higher need for long-term care, fewer economic resources to pay for care, and a different pattern of service use. Using data from the 1987 National Medical Expenditure survey on nursing home care, domiciliary personal care and informal care, this study created a model to project the consequences of different long-term care financing proposals on the use of services. Findings showed that expanding community care benefits would primarily benefit older white Americans, and reductions in long-term care benefits or eligibility would disproportionately restrict access to long-term care for severely disabled older African-Americans. The study concluded that race must be considered in long-term care policy initiatives.

This article considers some of the implications of the divide between the health and social aspects of institutional care for older people. It argues that the requirement to establish eligibility criteria for National Health Service (NHS) continuing care at local level undermines the concept of a national health service, and does not help to clarify health and social roles that may encourage strategic planning. Further, geriatric medicine has largely become divorced from frail older people in institutional care, since medical care in nursing homes is usually provided by general practitioners (GPs). The author argues that the structure and processes of long-term care should be multidisciplinary, with mutual responsibility and accountability between medical and nursing professions.

ISSN: 09592598


Meeting costs from general taxation is an effective way of sharing, but it seems to be politically unacceptable at present to raise more taxes for this type of purpose. This article focuses on the proposed Royal Commission on long-term care. Janet Lewis, of the Joseph Rowntree Foundation (JRF) suggests that the Royal Commission should be recommending a general system for deciding who gets what kind of care. Gillian Dalley, of the Centre for Policy on Ageing (CPA) argues that if the Royal Commission is to have any teeth, it must tackle the inequality of a society that penalises its most elderly members.

ISSN: 03075508


A number of different types of framework for care of older people can be identified in Israel: institutional care, community-based services (which can be divided into social services, health services, and home care services), educational and training programmes, and planning and research. Many agencies are involved - to different degrees - in the operational, professional and budgetary aspects of these frameworks. This article also outlines the health care and social welfare systems in Israel, and the characteristics, needs and available informal support of the target population. Responsibility for long-term care (LTC) services in Israel is shared by numerous governmental, private and voluntary agencies, based on a division into levels of care. These services increased in the 1970s as part of a general growth in social services and continued to expand in the 1980s, when general growth came to a halt, in recognition of unmet need. Three main trends can be identified in development of LTC: privatisation, which has diversified and expanded the scope of the service; the shift to a balance between institutional- and community based services; and development of mechanisms for quality assurance. (RH)

ISSN: 10696571


The issue of long-term care continues to be a main concern in the United States (US). As the country wrestles with the development of policies and services, the experiences of Israel, whose system rests upon national insurance, and that of the United Kingdom, which is based on grants to local authorities, can act as valuable teaching aids in the development of programmes in the US. Concern over resources are forcing both countries to target their services increasingly to the most frail. The findings underscore the necessity for accurate planning and adequate resources if services are to meet the needs of the frail older population. (AKM)

ISSN: 08959420


Ethnic minorities represent a growing percentage of the elderly population in the United States. In this book, contributors examine the socioeconomic, historical and cultural factors influencing the special health problems of a variety of populations: African Americans, Hispanics, Asian Americans, Pacific Islanders, and Native Americans. Specific issues on six general themes are reviewed: mortality and life expectancy; chronic diseases and disabilities; diet and nutrition; mental health; health services and long-term care; and health policy.
A multidimensional and contextual framework for understanding diverse family members' roles in long-term care facilities; by Sherry L Dupuis, Joan E Norris.


Very few studies have explicitly examined the roles of family members in institutionalised settings, and how these roles are developed. Litwak's structural-functionalist framework - the theory of shared functions and balanced co-ordination - is the theory most widely used in existing studies. Although Litwak's theory emphasises the importance of both formal organisations (e.g. long term care facilities) and primary groups (e.g. family) to optimal care, the framework provides a limited understanding of the roles of family members in long-term care facilities. The first section of this article describes Litwak's framework and outlines the limitations of this task-assignment approach. By adopting a symbolic interactionist approach and integrating concepts from an ecological perspective and Hughes' concept of career, an alternative, more dynamic, contextual framework for understanding the roles of family members in long-term care settings is presented.

A new partnership for care in old age: a policy statement issued by the Chancellor of the Exchequer, the Secretary of State for Social Security, the President of the Board of Trade, the Secretary of State for Health...; by Department of Health - DoH; Treasury; Department of Social Security - DSS; Department of Trade and Industry. London: HMSO, 1997, 60 pp (Cm 3563).

This policy statement follows up the consultation paper of the same title (Cm 3242) published in May 1996. It outlines the Government's intentions for financing long-term care of older people, through a partnership scheme based on indemnity insurance and including immediate needs annuities, and through making the pension schemes more flexible. Also referred to is a further consultation - on a draft statutory instrument, and a draft Community Care Residential Charges) Bill - until 21 April 1997.


This booklet addresses some of the issues raised through the work of a project set up by the UKCC in 1994 to address the concerns about the nursing and health visiting contributions to the continuing care of older people. It sets out requirements for an effective contribution to continuing care, a series of issues for debate, and identifies four key areas where nursing and health visiting can make a positive contribution to promoting quality patient and client care: the need for specialist practice skills; assessment of needs and review of needs; health promotion and health management; and working in partnership with clients and carers.

Older people's views of continuing care; by Pauline Ford.


This article reports on a study which explored what older people as patients in continuing care value in nursing. The rationale for the study is considered alongside current health and social policy and available literature relating to provision of continuing care for older people. Some of the key findings from this small study are described.

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This chapter reviews the findings and conclusions drawn from the last 30 years of community-based long-term care and case management demonstration research in the US. Findings have ranged from no effects to positive and negative treatment effects. Various evaluations of the literature have concluded that these programmes not only failed to produce better outcomes for patients, but they also failed to achieve net cost reductions in use of medical care. Most demonstrations tended to increase costs. Small reductions in nursing home care costs for some groups were more than offset by increased costs of providing community services to other groups. (RH)
ISSN: 01988794
Price: US$54.00
From: Springer Publishing Company, Inc., 536 Broadway, New York, NY 10012-3955, USA.

Paying for care in old age: a national survey; by Gillian Parker, Harriet Clarke.
The study reported on Attitudes and behaviour trends towards financial planning for care in old age - was supported by the ESRC (Economic and Social Research Council) as part of its Economic Beliefs and Behaviour Programme. The authors conducted a survey of attitudes of men and women aged 25-70 towards the increased use of personal financial resources to secure care in older age. Most people believe that the state should take primary responsibility for the provision of older people's care, and that it can afford to do so. Only one of the 102 people interviewed had any long-term care insurance (LTCI); and most expressed reluctance towards the idea.

The perceived availability, quality, and cost of long-term care services in America; by Donna J Rabiner, Thomas A Arcury, Hilda A Howard (et al).
Although a number of studies have researched older people's views about the current health and long-term care system for older people, there have been no studies on the opinions of the policy makers and agency representatives. This study provides information on access, quality and costs of long-term care services, as perceived by a national sample of policy makers and administrators representing older people in the United States. Descriptive analyses of the data showed that there were significant differences in perceived access, use, quality and costs of care by service type and agency affiliation. The results present an interesting dilemma for policymakers as many of the services found to be most widely available and of the highest quality were considered too costly. Implications for public policy and suggestions for further research are outlined.
ISSN: 08959420
From: http://www.tandfonline.com

This report examines three areas where private insurance has taken over part of the role of social security, or might do in future: mortgage payment protection (MPP), permanent health insurance (PHI), and long-term care insurance (LTC). The researchers survey the terms and conditions of policies currently available and ask whether they represent good value for money and, if so, for whom. They also examine who would be the gainers and losers of switching from tax-funded social security to private insurance. The authors conclude that problems such as uncertainty and linked risks make long-term care by far the least suitable area for policy to rest on private insurance. They suggest that collectively financed social security may offer a better deal than commonly supposed, not just for those with low incomes and at high risk, but also for those with average incomes and at more typical risk.
ISBN: 1899987320
Price: £11.95
From: Joseph Rowntree Foundation, The Homestead, 40 Water End, York. YO3 6LP.

Protecting the elderly and infirm: a 'policy' issue?; by Veronica Cowan.
With the drawing back of the state from the total care of older people, some coherent policy is required to allow them to spend their last years in comfort and dignity, without financial worries. The author considers the issues surrounding long-term care insurance and its regulation.
ISSN: 1360239x
This article reviews future demographic and household changes, and examines the implications of an increase in demand for care from a group deemed to have substantial support needs. It asks questions about the main factors affecting the supply side of family care; the extent to which older people could provide for care from their own resources, thereby reducing the need to rely on family care; and the idea of long-term insurance for health and social care.

This article examines the major features and limitations of social insurance and retirement programmes in Africa. The relationship between formal and informal social security systems is explored, and the role of communities, non-governmental organisations and employer-based private pension schemes for retired older Africans is highlighted. In addition, social, health and gender inequity and long-term care services are discussed, the provision of which could enhance the well-being of older Africans.

South Carolina Community Long-Term Care (CLTC) data were used to identify factors increasing the risk of institutionalisation in people with dementia. Clients diagnosed with dementia and observed at least twice between June 1993 and December 1994 (n=786) were studied. Logistic regression determined that clients with a decline in ADL (activities of daily living) function who were white, had a non-relative or child as caregiver, and were diagnosed with Alzheimer's disease were at increased risk of institutionalisation. Such identification could be useful in designing additional interventions to prevent institutionalisation or in planning the transition to institutional care.

A postal survey of old age psychiatrists was carried out to examine the pattern of services currently available for elderly people with chronic functional mental disorder, and to identify innovative models of care for this group. The opinions of respondents was sought regarding problems with service provision and additional resources that would be desirable. The majority of respondents felt that the needs of individual patients should determine whether they should be cared for by old age, general, or rehabilitation services. 73% of respondents felt that more specialist residential care outside hospital was needed to improve the care of this group.

There is currently a debate about the future funding of long-term care for older people, in the United Kingdom (UK) and elsewhere. In this paper, the author suggests that there is a risk that the focus on finance will obscure equally important questions about who should provide the care and what models of care should be chosen. Many years of research and innovation in the care of older people have shown that the effective and efficient
provision of simple care services is very difficult to achieve. Social care is at once everyday and peculiarly complex. Some essential characteristics of social care are described which make it unlikely that a solution to the funding problem will improve either the allocation or the outcomes of long-term care. (AKM)

ISSN: 01445596


The author describes new and 'innovative' managed long-term care programmes being implemented in 15 states in the US. Each of these is intended to improve the co-ordination and integration of primary, acute and long-term care services. Significantly, each has also tried to integrate funding across the spectrum of care. Programmes are at early stages of development, and vary in size and range of services included. Most reflect traditional concerns of state and ageing programmes, in that they are designed to develop greater control over long-term care expenditures while improving the balance of resources committed to institutional and home- and community-based care. The author offers his assessment of the likely advantages and disadvantages to the states and the client populations being served. (RH)

ISSN: 01988794
Price: US$54.00
From: Springer Publishing Company, Inc., 536 Broadway, New York, NY 10012-3955, USA.

State regulation of the supply of long-term care providers; by Charlene A Harrington, Michael Curtis, Helen Carrillo (et al).
In the US, states have undertaken a number of policy initiatives to control or reduce spending for long-term care (LTC) services, such as moratoria and certificate of need (CON) programmes. This study looked at the CON and moratoria programmes that states have applied to nursing homes, home care and other types of long-term care. It also examined whether states repealed their regulatory programmes following the repeal of the federal CON requirements in 1986. The study found that the majority of states and the District of Columbia retained their CON and/or added a moratorium on new nursing facilities and beds after the removal of the federal CON requirements. Some states were also regulating the growth of other types of long-term care facilities and home health agencies. States with a CON and/or moratoria were more likely to have a greater black and ethnic group population, to have liberal politicians, and to have a lower capacity to raise taxes. The authors conclude that when state financial budgets are limited, policy-makers are likely to continue to regulate the supply of LTC providers. (AKM)

ISSN: 07334648

This paper is based on the author's research with John Hills for the Joseph Rowntree Foundation (JRF), published as 'Private welfare insurance and social security: pushing the boundaries', (York Publishing Services, 1997). Three case studies examine the potential effects of shifts from collectively financed to individually financed welfare - where private insurance is already supplementing state provision. These are: mortgage payment protection; income replacement during incapacity for work; and long-term care. The paper concludes that private products in all three areas (insofar as they can be assessed at all) are expensive for the cover offered, and regressive - so that redistribution occurs not only in income, but also along gender and health or disability lines.

Price: FOC
From: Johanna Ruff, Room R415, STICERD, LSE, Houghton Street, London WC2A 2AE.

The authors examine the great racial and ethnic diversity among older people in the contemporary United States in terms of living arrangements, well-being, and reliance on formal and family based sources of support. Their aim is to assess levels of need for long-term care among blacks, Hispanics and non-Hispanic whites, and to examine possible alternatives to institutionalisation. They explore the possibility of a long-term care policy that optimises choice in living arrangements and makes the best use of community support systems, controlling costs at the same time. In their opinion, a formal support system that offers assistance to the family in caring for an
older relative is preferable to one which either provides inadequate services or forces an infirm older person into a nursing home.

ISBN: 0814706290
Price: US$29.95
From: New York University Press, 70 Washington Square South, New York, NY 10012-1091, USA.


A major issue for social policy in the twenty-first century will be providing good quality support and care for older people. However, recent debate about this has been driven more by ideology than by evidence. This paper examines the socio-economic, demographic and policy changes that are influencing the debate, and outlines findings from current research on attitudes towards financial planning for care in older age. This shows that the majority of people feel that the state should provide or pay for care for older people, either through a means-tested system or one which provides some basic level of protection which people can choose to enhance through their own means. However, only a minority would be willing to pay themselves for this, either directly through increased taxation or indirectly through reduced prospects of inheritance of housing capital. The paper concludes with a discussion of the policy implications of these findings. (AKM) ISSN: 01445596

Working with the NHS: [continuing care]; by Gerald Wistow. Sutton: Community Care, April-October 1997, pp 62-64.

Research Matters: a digest of research in social services, April-October 1997, pp 62-64.

In the controversial area of continuing care, social services need to know how health authorities are defining their responsibilities - while for service users, clear and accurate information on eligibility criteria is essential but all too rare. This article reviews two recent publications on continuing care. The first - from the Department of Health NHS Executive - analyses recent documents from health authorities, as to the nature of their policies, eligibility criteria and information available to the public. The other, from the National Consumer Council (NCC), 'Finding out about NHS continuing care', gives a consumer perspective on locally published health authority information.

ISSN: 13630105
From: Community Care/Research Matters, Subscriptions, Freepost CN2908, Reed Business Information, 9th Floor, Quadrant House, Sutton, Surrey, SM2 5BR.

1996


The way in which long-term care (LTC) is paid for in the US is like sitting on a stool with only two legs. Medicaid and private payments are each paying nearlly half the total formal LTC costs, with Medicaid and private LTC insurance, combined, covering the remaining 5%. This pattern of finance tends to impoverish many people, and is a strain on federal government budgets. The remedy suggested in this paper is a more significant role for insurance, and a concept of "tradeable benefits", whereby one type of benefit (e.g. Social Security cash benefits) may be exchanged for another (e.g. LTC benefits). (RH) ISSN: 01635158


This project investigated the extent to which limitations of the availability of community-based substitutes for long-term inpatient care necessitate higher than average spending on health services to maintain an equitable level of provision for elderly people living in London. It also considered alternative options which compensate for lack of residential care facilities in London.

ISSN: 13504703


During 1996 and 1996, US Congress debated numerous proposals that would dramatically reduce the rate of growth in Medicaid spending, initiatives that inevitably would affect long-term care for elderly people. This
article discusses three strategies that states might use to control long-term care spending: bring more private resources into the long-term care system to offset Medicaid's expenditures; reform the delivery system so that care can be provided more cheaply; and reduce Medicaid eligibility, reimbursement, and service coverage. Based on available research evidence, there is little evidence to suggest that large savings are possible without adversely affecting beneficiaries' eligibility, access to services, and quality of care received.

ISSN: 00169013

Caring for frail elderly people: policies in evolution; by Organisation for Economic Co-operation and Development - OECD. Paris: OECD, 1996, 305 pp (Social Policy Studies, No 19). This report brings together the main findings of a review of the development of long-term care policies and service provision for frail elderly people in OECD member countries in the three main sectors of care: home care services, informal care, and group residential care. Case studies of policies and services in Canada, Denmark, France, Japan, Spain, Sweden, the United Kingdom and the United States are presented, covering developments up to 1995. The final section considers developments and issues that are being debated during the 1990s and the implications for future policies in Australia and New Zealand, Japan, Scandinavian countries, Germany, and the United States.

ISBN: 9264148922
From: The Stationery Office, Publications Centre, PO Box No 276, London SW8 5DT.

Caring for the very old: public and private solutions; by Howard Glennerster, Suntory and Toyota International Centres for Economics and Related Disciplines - STICERD, London School of Economics and Political Science. London: STICERD, 1996, 29 pp (Discussion Paper WSP/126). This paper explores some reasons why existing funding mechanisms and the private market are not able to respond effectively to the needs of the very old in their populations. Mixed modes of finance are being tried in different countries, with cost containment being promoted at the expense of integrating health and long-term care services. Experiments in the US and UK offer ways to integrate services and contain costs.

Price: FOC
From: Johanna Ruff, Room R415, STICERD, London School of Economics and Political Science, Houghton Street, London WC2A 2AE.

Cascade or care?; by Lorna Easterbrook, Age Concern England - ACE. EAGLE Journal, vol 4, issue 3, December 1995 - January 1996, pp 4-12. Sets out Age Concern England's concern over what may happen in the future if growing numbers of older people transfer their assets, and then need some form of long-term care. Includes recommendations to the Government regarding the role of the state and the individual in paying for care.

ISSN: 1360239X

Conceptual framework for development of long-term care policy: 1: Constitutive elements; by François Béland, Delphine Arweiler. Canadian Journal on Aging, vol 15, no 4, Winter 1996, pp 649-681. The elements of a conceptual scheme for long-term care (LTC) were developed based on two lines of thought. The first, more practical, borrows from planning. The second, which is more theoretical, reflects sociological action theories. Planning is defined as an action that targets the development of a plan. Using values, desires, resources and constraints as a starting point, operational objectives are defined and means chosen. Planning focuses on four themes: establishment of priorities; setting up of organisations in the form of agencies; choosing objectives; and defining resources. These four themes are analysed in turn, with each producing four elements defining a total of 16 themes, dilemmas, problems or issues specific to LTC. The relationship between these elements, which are by definition prescriptive, form the core of the authors' proposals for an LTC model. (RH)

ISSN: 07149808

Conceptual framework for development of long-term care policy: 2: Conceptual model; by François Béland, Delphine Arweiler. Canadian Journal on Aging, vol 15, no 4, Winter 1996, pp 682-697. Planning of long-term care (LTC) focuses on four themes: developing priorities; setting up human service organisations governed by a set of rules and procedures; choosing objectives to which participants and organisations are committed; and mobilising resources. A conceptual scheme for LTC could draw on each of these elements. The authors have identified 12 action processes derived from the four elements, which are to be examined whenever LTC planning is undertaken. These processes allow information from the four structural elements to circulate between them. For example, priority, organisation and objectives are sources of information when choosing criteria for the allocation of resources. Thus, the processes form bridges between the
planning elements. These bridges must be used whenever planning is undertaken, to ensure that all elements are given equal weight. Whichever element is used as a starting point for LTC planning, the process knits the structural elements together into a whole. (RH)

ISSN: 07149808

Continuing care for older people: the responses to circular HSG (95)8: technical report; by David Price. Newcastle upon Tyne: Social Welfare Research Unit, University of Northumbria, January 1996, 36 pp. Discusses the background to the guidelines on long-term health care, and presents findings from a study which examined how the Circular was implemented, and the extent and nature of collaboration between local branches of the NHS and local councils.

Price: £5.00

From: The Secretary, Social Welfare Research Unit, University of Northumbria, 6 North Street, Newcastle upon Tyne NE1 8ST.

Continuing care needs of older people; by Ann McDonald, Mary McLean. Norwich: University of East Anglia, 1996, 47 pp (Social Work Monographs, no 149). This study examines the issues relevant to the continuing care needs of older people in the East Norfolk region, focusing on how legislation, policies and procedures are being interpreted and applied, and the relationships between the NHS and social services in respect of the provision of care in the area.

ISBN: 1857840453

Price: £5.50

From: Social Work Monographs, University of East Anglia, Norwich NR4 7TJ.

Demographic, economic, and health factors likely to affect public policy; by Robert B Friedland. The Journal of Long Term Home Health Care: the PRIDE Institute Journal, vol 15, no 4, Fall 1996, pp 24-37. The shift in the age distribution of the US population will affect the size and distribution of virtually all public and private expenditures. This article examines the implications of an ageing society for pay-as-you-go (PAYG) social insurance financing and the demands for long-term care. (RH)

ISSN: 10724281

Eligibility criteria and policy for meeting continuing health care needs; by Ealing, Hammersmith and Hounslow Health Authority. Southall: Ealing, Hammersmith and Hounslow Health Authority, 1996, 51 pp. This document is in response to the NHS guidance [HSG(95)8] and follows consultation with social services departments (SSDs), GPs, health service professionals, voluntary organisations, and representatives of service users and carers in Ealing, Hammersmith and Hounslow. It gives a financial overview, and outlines the needs, investment and eligibility of specific care groups such as older people with physical disability or frailty, or with mental illness. Definitions and eligibility criteria are outlined for continuing health care services: specialist medical and nursing assessment; rehabilitation and recovery; palliative care and terminal care; inpatient continuing care; respite health care; continuing care for people living at home or in a residential care home; specialist health care support; and specialist transport. (RH)


ISSN: 08959420

From: http://www.tandfonline.com
From nursing homes to home care; by Marie E Cowart, Jill Quadagno (eds). New York: Haworth Press, 1996, 197 pp. This compilation of papers on health care reform and long term care policy in the United States was also published as Journal Aging and Social Policy, vol 7, nos 3/4, 1996. Topics covered include changes in health, disability and mortality; home and community based care; informal and formal care; and financing reform for long term care.

ISSN: 1560248262
From: The Haworth Press, 10 Alice Street, Binghamton, NY 13904-1580 USA.

The Joseph Rowntree Foundation (JRF) published the report of their inquiry 'Meeting the costs of continuing care' in September 1996, after 18 months of deliberation. The author of this article reflects on its proposals for how we, as a nation, might pay for the long-term care of older people as the population ages. The longer the delay in making any decision on the recommendation for a National Care Insurance scheme, the narrower the options will be.

ISSN: 09583467

The future of long-term care: social and policy issues; by Robert H Binstock, Leighton E Cluff, Otto von Mering (eds). Baltimore: Johns Hopkins University Press, 1996, 300 pp. This book examines the issues concerning long-term care in the United States, initially from a health-care perspective. It focuses on contemporary populations and the types of care they need and why, projected future needs, and the challenges in meeting needs. Predictions are made as to future forms of care, whether in nursing homes or in community-based settings. The economic, political, ethical and cultural factors which affect future provision of long-term care are examined. The first of the baby boomers will form part of the elderly population by 2010, and some thought will have to be given to the shape of long-term care, if the system is to work.

ISBN: 0801853206
From: The Johns Hopkins University Press, 2715 North Charles Street, Baltimore, Maryland 21218-4319, USA.

Help the Aged's response to A New Partnership for Care in Old Age: the government's consultation paper on the financing of long-term care; by Help the Aged. London: Help the Aged, 1996, 15 pp. Help the Aged criticised the limited range of proposals, and that the 'partnership' put forward is a fundamentally unequal relationship. The charity's main reservations are: only a limited sector of society will benefit; nothing will be done to increase the amount of money being spent on care; the emphasis is on the urgent and dependent, rather than sustaining independence; and there is the need for a coherent, cross-sector eligibility assessment for the indemnity insurance proposals.

From: Help the Aged, 16-18 St James's Walk, London EC1R OBE.

How can we afford old age? Three major political parties put their views: Oliver Heald MP, John Denham MP, Diana Maddock MP: the Abbeyfield lecture 1996; by Oliver Heald, John Denham, Diana Maddock, Abbeyfield Society. St Albans: Abbeyfield Society, 1996, 14 pp. The Conservative Party representative claims that more people 'are making more provision for a prosperous retirement ... for independence, choice and dignity'. In contrast, the Labour Party view is that the challenge of long-term care can be met if governments plan intelligently for the future, and avoid narrow, ideological agendas. The Liberal Democratic suggests that real change and enduring solutions will only come from the widest possible debate and the broadest possible consensus. Subsequent discussion asked whether the Government's partnership scheme only benefits the well-off; and would the Labour Party set up a Royal Commission to examine the subject of long-term care.
Ill health in old age: an economic analysis of the market for long term care: [preliminary draft]; by J Pemberton, Department of Economics, University of Reading. Reading: University of Reading, October 1996, 47 pp (Discussion papers in economics and management, Series A v.IX 1996/97, no 349).

Projected trends in the long term care of frail older people suggest significant increases in public expenditure, whilst governments are under pressure to cut tax rates. The United Kingdom (UK) and other governments are therefore seeking to encourage greater voluntary private provision. This paper models and simulates the market for long term care in order to analyse this and related policy issues. It concludes that voluntarism is extremely unlikely to work: if governments wish individuals to take responsibility for their own long term care, some form of compulsory insurance scheme is unavoidable. In this case, pension-based schemes are generally preferable to those based on contributions during working life.


This paper examines the history, evolution and policy issues surrounding long-term care (LTC) of older people (aged 65 plus) in Australia. Data is based on 1985, although updated information is included to indicate key outcomes of policy initiatives taken in the mid-1990s, and further references are provided to later reports and research into Australia's nursing home system. This paper covers the context of LTC policy, including history and demography, with an overview of the LTC system in Australia, and assesses demographic and social characteristics.


This paper focuses on the long-term care (LTC) of older Canadians (aged 65 plus). Putting matters into historical and demographic perspectives, it discusses the current status of LTC, changes, expected outcomes and policy issues, and concludes by focusing on the characteristics of institutional LTC in Canada.


Using routine data, surveys, and data from a local area study, this article describes the long-term care (LTC) sector in Norway. Some comparisons with Denmark and Sweden are also presented, as the Scandinavian system is typified by tax-financed formal care, providing a highly decentralised public service. The stages of development in Norway since 1955 - establishing the basic LTC structure, expansion and reorganisation - are discussed. The current system is characterised by well-staffed, small institutional units integrated with home care, with high turnover rate in nursing homes, reflecting the interchange with the home care system.
The InterpreCare System (TM): overcoming language barriers in long-term care; by Cameron J Camp, Christopher Burant, Gregory C Graham.
Differences in the language spoken by residents and staff in long-term care create a variety of problems. The InterpreCare System (TM) represents an intervention for dealing with this issue. The authors describe the nature and purpose of this intervention, and provide detailed instructions on the construction of language boards. They give examples from their experience at Menorah Park Center for the Aging in Beechwood, Ohio, in enabling English-speaking staff to use Russian phrases while delivering care. Beneficial effects produced by the intervention are discussed.
ISSN: 00169013

On 17 May 1996, nineteen organisations representing doctors, nurses, social services and NHS trusts - including the Centre for Policy on Ageing (CPA) - met to discuss the problems and principles of financing long-term care in Britain. Central themes which emerged were: collective responsibility; national minimum standards; the distinction between health services and social services; the role of carers; minority groups; and services to communities. Although there were some differences in interpreting detail, the major themes were accepted by all organisations. Recommendations made included: the need for a nationally defined minimum level of provision of long-term care for all, free at the point of delivery; compulsory contributions to a central fund, ring-fenced for adequate and equitable care for all; a shared budget between health and social services, with pilot schemes to explore this; and for assessment of public opinion to determine the state's role in providing long-term care.
Price: FOC
From: Public Affairs Division, British Medical Association, BMA House, Tavistock Square, London WClH 9JP.

Sets out the Government's response to the report of the Health Committee on NHS responsibilities for meeting continuing health care needs.
ISBN: 0101314629
Price: £3.00
From: HMSO Publications Centre, PO Box 276, London SW8 5DT.

The authors examine the public policy issue of how to pay for, and provide, quality care services, in the context of the social welfare system. They discuss the history, workings and shortcomings of existing care policy. They analyse the supply, demand, and elderly income patterns which will determine not only how big the future care bill will be, but also who will end up paying it. The need for and options for change are discussed.
ISBN: 0952335573
Price: £9.95
From: Institute of Community Studies, 18 Victoria Park Square, London E2 9PF.

Long-term care policy and the American family; by Marie E Cowart.
Investigates existing and proposed long term care policies and the social values of the American family by looking at the influence of policy in family behaviour.
ISSN: 08959420
From: http://www.tandfonline.com


Presents evidence to the second phase of the Health Committee inquiry into the current and future arrangements for providing and funding long-term care in England, from Anchor Housing.

ISBN: 0102223963
Price: £7.00
From: HMSO Publications Centre, PO Box 276, London SW8 5DT.


Presents evidence to the second phase of the Health Committee inquiry into the current and future arrangements for providing and funding long-term care in England, from the National Association of Health Authorities and Trusts, the Association of County Councils and the Association of Metropolitan Authorities.

ISBN: 0102287961
Price: £7.00
From: HMSO Publications Centre, PO Box 276, London SW8 5DT.


Presents evidence to the second phase of the Health Committee inquiry into the current and future arrangements for providing and funding long-term care in England, from the Department of Health.

ISBN: 0102292965
Price: £8.00
From: HMSO Publications Centre, PO Box 276, London SW8 5DT.


This report presents the findings from the second phase of the Health Committee Inquiry into the future funding and provision of long-term care. It describes the current system; discusses the changing demographic and social context within which public policy decisions relating to long-term care must be taken; provides an overview of projections of the future cost of long-term care; and looks at the principles and practice of different funding options.

ISBN: 0105504963
Price: £11.50
From: HMSO Publications Centre, PO Box 276, London SW8 5DT.

Long-term home health care: what are the costs of care and costs of failure to give care?: selected article from PRIDE Institute's 14th Annual Conference of October 12, 1995, "Society's abandonment of the frail elderly: true or false?"; by Carol Rodat, Jim Zadoorian.


Debate about Medicare and Medicaid entitlement in the US has been not so much about who will carry older people's costs of care, but whether costs can be carried at all. This paper examines financial and political pressures, and frail older people's dependence on entitlement. Evidence is presented that losses in services resulting from decreased entitlement outlays are offset by managed care and competitive market forces. It would seem that American society has considered reform only in terms of economics leading to financial abandonment of a predominantly low-income population, rather than undertaking the responsibility to care for its own aged.

(RH)

ISSN: 10724281


This paper describes institutional arrangements for long-term care (LTC) in the Netherlands, with an emphasis on nursing homes which have become the most important organisations for LTC for older people. The Dutch
Medical care in old age: what do nurses in long-term care consider appropriate?; by Muriel R Gillick, Marc L Mendes
The views of nurses in long-term care regarding limitations of treatment in older age were explored in this US study. Participants were asked to complete an intervention-specific advance directive for themselves, with scenarios representing terminal illness, dementia plus chronic illness, chronic illness in a nursing home resident, chronic illness in a community-dwelling older persons, and a robust community-dwelling older person. The unit of analysis was the refusal rate, defined as the mean number of refusals for interventions for each respondent. The overall refusal rate for all five scenarios taken together was 72.1%. The refusal rate in the case of terminal illness was 90.9%, in the case dementia plus chronic illness 81.8%, in the case of dementia in a nursing home 69.1%, for a community-dwelling person with chronic illness 70.9%, and for a previously healthy older person living in the community 50%. Findings indicate that nurses working in long-term care institutions have strong preferences about limiting a variety of interventions in older age. (AKM)

This report presents the findings from a qualitative study undertaken for the Joseph Rowntree Foundation Inquiry set up in 1995 to investigate funding of long-term care. It explores public views about the current funding arrangements for long-term care for older people, and discusses the options for funding in the future, by the state, individuals, the family or a combination of sources.
ISBN: 1899987150
Price: £11.00
From: Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO3 6LP.

Summarises the findings of the author's qualitative study undertaken for the Joseph Rowntree Foundation Inquiry set up in 1995 the investigate funding of long-term care. It explores the public's view of the issues involved, and options for state, private and family funding.
ISSN: 09583815

Sets out the conclusions and recommendations of the Inquiry into Meeting the Costs of Continuing Care set up in 1995. Main recommendations include: good quality healthcare should remain free at the point of delivery; all older people should have an entitlement to good quality long-term care regardless of income or wealth; and a National Care Insurance scheme should be introduced.
ISBN: 1859350224
Price: £5.00
From: Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO3 6LP.

Nativity, declining health and preferences in living arrangements among elderly Mexican Americans: implications for long-term care; by Jacqueline L Angel, Ronald J Angel, Judi L McClellan, Kyriakos S Markides.
This study uses data from the 1993-94 Hispanic Established Population for Epidemiological Studies of the Elderly (H-EPESE) to assess the impact of place of birth on preferences in living arrangements for a sample of 3,046 Mexican Americans aged over 65. Results reveal great differences between the native and foreign-born in their desire to live with their children. A larger proportion of foreign-born than native-born live with their children and state that they would want to continue living with their children in the event that they could no longer care for themselves. This may also be motivated by economic need. The authors speculate on the implications of their findings for community-based care for older Mexican Americans.

The purpose of this research was to estimate the amounts of health and welfare services required for frail older people for use in goal-setting in the Japanese Health and Welfare Plan for the Elderly. The data on 439 older individuals in need of care identified through a screening survey in Tokyo and the data on 662 cases of older people living alone in the same city were used in this research. The required service amounts were estimated using a method partially improved from that previously developed by the Tokyo Metropolitan Institute of Gerontology. First, in regard to five major kinds of social care services, older people were classified into twelve needs types according to degree of physical and mental impairments and degree of difficulty experienced by family caregivers, and the required service amounts were estimated by a method in which standard service models were established for each needs type. For the other three kinds of services, the required service amounts were estimated by setting individual requirements for service utilisation. According to the estimated results, the majority of the number of beds required for long-term care facilities have been secured, while in-home services will need expansion (AKM)

A new partnership for care in old age: a consultation paper issued by the Chancellor of the Exchequer, the Secretary of State for Social Security, the President of the Board of Trade, the Secretary of State for Health...; by Department of Health - DoH; Treasury; Department of Social Security - DSS; Department of Trade and Industry. London: HMSO, May 1996, 73 pp (Cm 3242).
This consultation paper outlines the Government's proposals for financing long-term care of older people, through a partnership scheme based on indemnity insurance and including immediate needs annuities, and through making the pension schemes more flexible.
ISBN: 0101324227
Price: £8.65
From: HMSO Publications Centre, PO Box 276, London SW8 5DT.

In this response to the Government's consultation paper on financing 'long-term care', the IHA welcomes, in principle, the concepts considered in the document. However, it believes strongly in there being an open debate exploring other options: there should be strategy which meets the needs of many more strata of society. It concludes that the principle behind any move towards encouraging self provision in long term care should include a desire to empower individuals to access the type and quality of care that they will want to receive in the last few years of life.
Price: FOC
From: Independent Healthcare Association, 22 Little Russell Street, London WC1A 2HT.

NHS responsibilities for meeting continuing health care needs: purchasing policy and eligibility criteria; by Croydon Health Authority. Croydon: Croydon Health Authority, 1996, 36 pp.
This document revises Croydon Health Authority's policy and eligibility criteria relating to NHS responsibilities for meeting continuing care as laid out in HSG(95)8 from the NHS Executive. It sets out definitions and eligibility criteria for: continuing inpatient care; respite care; specialist palliative care; rehabilitation and recovery; primary health services; community health services; specialist transport services; specialist health care support for people in nursing home/own home or residential care; and health authority funding of specialist equipment. It estimates needs assessment for those needing continuing care. (RH)

This document states the policy and eligibility criteria for continuing care in Kensington and Chelsea and Westminster, as required in Health service guidance HSG(95)8 from the NHS Executive. It provides information on demand for, and contracted expenditure for NHS continuing care, and on groups of users including: older people 65 years and older; physically frail older people; older people with mental health
problems; adults with learning disabilities; and palliative care. Inter-agency arbitration for handling continuing care disputes is also outlined. (RH)

NHS responsibilities for meeting continuing health care needs: a framework for action; by Redbridge and Waltham Forest Health Authority, Redbridge; Redbridge and Waltham Forest Health Authority, 1996, 29 pp. This document sets out the policy framework, assessment of health needs, eligibility criteria, and monitoring arrangements for continuing care in Redbridge and Waltham Forest, following consultation in response to NHS Executive Health service guidance HSG(95)8. Specifically, it sets out how those with long term illness or disability, with dementia, or suffering mental illness may access the following services: in-patient continuing care (hospital, nursing or residential home); community health services; rehabilitation and recovery; respite care; palliative care; and specialist transport. It describes the national and local policy context in which these services have been developed, and outlines the Health Authority's plans for expenditure on continuing health care services. (RH)

NT campaigning for older people and their nurses: [Elderly Care Counts Nursing Times campaign]; by Nursing Times; Royal National Pension Fund for Nurses. London: Nursing Times, 1996, (Campaign pack with 10 enclosures).

This resource pack was compiled as part of the Nursing Times Elderly Care Counts campaign, which ran from June 1996 to April 1997. The campaign aimed to highlight and promote good nursing practice, publicise the role of nurses in long-term care settings, and promote the widespread adoption of its Bill of Rights for older people in need of ongoing long-term care. The resource pack includes: a list of organisations that offer published information on community care; a poster; stickers; a guide to community care; and Nursing Times papers on long-term care. (AKM) Price: FOC From: Nursing Times, Macmillan Magazines Limited, Porters South, 4 Crinan Street, London N1 9XW.


One of the most complex and important social policy issues is how to organise and finance long-term care. The subject raises fundamental questions about values and about other relationships between the generations, as well as detailed matters of administration and finance. A conference held in late 1995 considered the present position and explored options for the future. This briefing is based on Options for long-term care: economic, social and ethical choices, edited by Tessa Harding and Gerald Wistow, published by HMSO in 1996.

Price: £1 + 20p p+p From: NISW, 5 Tavistock Place, London WCIH 9SN.


Considers a range of options for funding long-term care, including means-tested public funding, social insurance, pay-as-you-go (PAYG) insurance, public/private partnership schemes, informal care and partial equity release insurance schemes.

ISBN: 1860300278

Price: £9.95 From: Institute for Public Policy Research, 30-32 Southampton Street, London WC2E 7RA.

This document has been prepared in response to the Department of Health (DoH) guidance, "NHS responsibilities for meeting continuing health care needs", HSG(95)8 [from the NHS Executive], on how continuing health care is to be implemented in Brent and Harrow. It outlines the eligibility criteria: specialist medical and nursing assessment; rehabilitation and recovery; palliative health care; continuing inpatient care under specialist supervision in hospital or in a nursing home; respite health care; specialist health care support to people in nursing homes, residential care homes, or in the community; community health services to people at home or in residential care homes; primary health care; and special transport services. (RH)

A policy for continuing health care provision in Camden and Islington; by Camden and Islington Health Authority. London: Camden and Islington Health Authority, 1996, 40 pp.

This document outlines future provision of continuing health care in Camden and Islington, as required by Department of Health (DoH) guidance, 'NHS responsibilities for meeting continuing health care needs', HSG(95)8. It focuses particularly on services for frail older people, older people with mental health problems, and younger adults with physical disabilities and chronic illness (including people with HIV/AIDS). This document considers the following types of care: rehabilitation and recovery services; palliative health care; continuing in-patient care; respite health care; specialist therapy, medical and nursing support for people in nursing and residential care homes and in the community; community health services for people at home or in residential care homes; and specialist transport. In a previous consultation, comments were sought on the following key issues: eligibility criteria; the removal of catchmenting of inpatient services; a strategic shift of resources from hospital continuing care beds to community-based provision; ceilings on levels of health authority funding available for home care; and an independent review procedure. (RH)


Sets out the National Consumer Council's response to the Government's proposals for financing long-term care of older people through a partnership scheme based on indemnity insurance and through making the pension schemes more flexible.

ISBN: 1899581502
Price: £12.00
From: National Consumer Council, 20 Grosvenor Gardens, London SW1W 0DH.


Presents findings from a study which examined some of the physical and psychological problems experienced by older people in long-term care institutions in India.

ISSN: 10165177


This report aims to promote changes in the provision and quality of long-term care services for people with dementia in Scotland, and makes recommendations to improve the quality of care.

ISBN: 0948897260
Price: £5.50 (including p&p)
From: Alzheimer Scotland-Action on Dementia, 8 Hill Street, Edinburgh EH2 3JZ.

Regional differences in access to medical, hospital, and long-term care services; by Donna J Rabiner, Thomas A Arcury, Kristen A Copeland, Hilda A Howard.


This study gathered primary data on the patterns and predictors of medical, home-based, community-based, and institutional long-term care services available to older adults living in different geographic regions of the United States. A stratified random sample of policy makers and agency representatives completed a survey on the perceived availability of, and barriers to, health and long-term care services in different regions. Descriptive analyses revealed that there are very large differences among regions in perceived access to, and use of these services. The authors suggest that policy makers, practitioners and educators should consider alternative ways of
organising, financing and delivering services in each region; and that further research should be conducted to examine why inequities have continued to exist.

ISSN: 02701960
From : http://www.tandfonline.com

The Joseph Rowntree Foundation (JRF) - through its housing association, the Joseph Rowntree Housing Trust - is currently developing Britain's first continuing care retirement community, Hartrigg Oaks, next to its model village of New Earswick. By providing a high standard of both care and community facilities, the development is intended to remove many of the worries associated with growing older. This article looks at how the community will work, and asks whether the JRF's approach is likely to become a model for other providers.

The RCN expresses the view that the consultation paper threatens to undermine a central tenet of the welfare state, in questioning the provision of free nursing care for those with nursing needs, which has been paid for by general taxation since 1948. There needs to be full and public debate before such a precedent is taken.

The financing and delivery of long-term care is high on the policy agenda in the United States (US) as in many other countries. This book aims to advance the debate on how to fund long-term care services. The first part presents an overview of the challenges facing individuals, families and societies in view of the worldwide demographic changes. The second part outlines proposals for improving the financing of long-term care, including: a model to standardise private insurance policies; a public/private partnership; a managed care model integrating acute and long-term care; and a social insurance model based on social security. In the third part, the proposed models are critically analysed, and the long-term care system in the US is compared with those in seven other countries: Canada, Germany, Israel, Japan, the Netherlands, Sweden, and the United Kingdom (UK). (AKM)

Silent progress; by Melanie Henwood.
A review of health authorities' continuing care policies reveals shortcomings in their ability to provide services.

Comments on the Government's consultation paper which outlines proposals for financing long-term care of older people, through a partnership scheme based on indemnity insurance, and through making the pension schemes more flexible.

Spending for the future; by Phil Cohen.
Community Care, no 1117, 25 April-1 May 1996, pp 16-17.
Considers the Government's proposals for the future funding of long term care with a mixture of public aid and private insurance.

ISSN: 03075508
Written at the request of Pensioners Groups, this document looks at the future of provision and funding of long-term care for older people.
Price: £5.50 pensioners/unwaged, £9.90 others
From: NHS Support Federation, 37-39 Great Guildford Street, London SE1 0ES.

A strategic framework for developing treatment and care for older people; by Brent and Harrow Health Authority. Brent: Brent and Harrow Health Authority, 1996, 24 pp.
Brent and Harrow Health Authority has developed this strategic framework with the aims of: agreeing strategic principles for the development of services directed primarily at older people; ensuring that all aspects of health care provided to older people are appropriate to their needs; and setting the context for the further development of community care. (RH)

Supplementary memorandum to the Health Select Committee Inquiry into long-term care; by Anchor Housing Association. [Kidlington, Oxon]: Anchor Housing Association, 1996, 9 pp.
This paper sets out a framework for looking at practical solutions to some of the key problems of long-term care. It takes as its principal theme the role of housing and the importance of the inter-relationship between housing, health and social care. It offers examples, from Anchor's own experience, of successful models of care, and highlights some areas for future development.
From: Anchor Housing Association, Fountain Court, Oxford Spires Business Park, Kidlington, Oxfordshire, OX5 1NZ.

Towards a consensus on continuing care for older adults with psychiatric disorder: report of a meeting on 27 March 1995 at the Royal College of Psychiatrists; by John P Wattis, Andrew Fairbairn, Royal College of Psychiatrists.
Report of a meeting which explored the role of the NHS in providing long-term care for older people with mental illness, particularly dementia.
ISSN: 08856230

Transfers between levels of care in a system of long-term care for the elderly and disabled; by Mårten Lagergren.
This paper describes and analyses the patterns of transfer of clients between different levels of care in an area-based system of long-term care in Solna, Sweden, from 1985-1991. Transfers between levels of care occurred in both directions, but frequency of downward transfers were small compared with upward - especially for sheltered housing and residential homes. For all levels of care there were great variations in disability among entering clients, suggesting non-systematic assessment procedures for admissions. An analysis of changes over time in patterns of transfer illustrated the interdependence of different levels of care. Reduced resources in long-term hospital care resulted in near blocking of transfers from residential homes and increased average disability for admitted patients in general.
ISSN: 07149808

Use of community-based long-term care services by older adults; by Robert J Johnson, Fredric D Wolinsky.
This study used a previously validated model of disease, disability, functional limitations, and perceived health to predict the use of long-term care (LTC) services in and out of the home. The focus was on the direct effects of the structure of health status on the use of LTC services; how the use of LTC services differs by race and sex; and how the use of LTC services varies by in-home and out-of-home location. The findings indicate that different dimensions of health status affect in-home health services for white men and women, compared to black women. Basic activities of daily living (ADLs) were significant predictor among white people but not among black women. Sociodemographic and socioeconomic factors were found to be more important influences on the use of out-of-home services than were health status variables. Some of these effects indicate that LTC services are being used by the special groups to which they are targeted, such as those living alone. The failure to find other effects indicates that the LTC services are not being used more by some targeted groups, such as poor people. These findings suggest that simply expanding the supply of LTC services could exacerbate the existing disparities in service use. (AKM)
ISSN: 08982643
Using measures of subjective well-being and client satisfaction in health assessments of older persons; by Scott Miyake Geron.
This paper presents an overview of the use of measures of subjective well-being and client satisfaction in social work practice with older adults. In the past decade, the movement to empower consumers in all areas of social work practice has parallels in the growing recognition of the importance of the consumer's perspective in assessing and monitoring long-term care services. An increasing number of practitioners and researchers have called for greater consumer involvement in quality assurance activities pertaining to long-term care, including assessing consumers' subjective well-being and satisfaction with services. Unfortunately, and in spite of these developments, these types of assessments are rarely carried out on a regular basis. Such assessments, collected systematically by trained social workers or health professionals, represent a unique perspective on the well-being of older persons and can serve as an important measure of the quality of long-term care services.
ISSN: 13587390

Ways of thinking about the long-term care of the baby-boom cohorts; by Eric R Kingson.
Examines various ways of thinking about long term care for people born between 1946 and 1964, focusing on the social and economic trends that need to be considered.
ISSN: 08959420
From : http://www.tandfonline.com

In the light of a survey among 1,200 of Anchor's residents and clients, puts forward manifesto principles of: independence where possible, with control and choices, support where necessary, from a caring community, which puts people first, and provides high standards of care. Policy changes are needed to break down the barriers to providing services that seek to support, encourage and enable people to live independently: developing policy through co-ordination; promoting quality through standards; increasing choice through flexible services; encouraging control through the community; and promoting cost effectiveness. Manifestos for the next General Election should be judged against these criteria, and whether policy gives an accountable focus for a policy for older people, with the power to influence budgets which meets the needs of older people more cost-effectively.
From : Anchor Trust, Fountain Court, Oxford Spires Business Park, Kidlington, Oxfordshire, OX5 1NZ.

1995

 Presents findings from a survey of health authorities' draft local policies and eligibility criteria.
ISSN: 09522271

Brush with power; by Luke Clements.
Community Care, no 1063, 13 April 1995, pp 28-29.
 Discusses the government guidelines on the responsibilities of the NHS for meeting continuing care needs, and looks at the financial implications for social services departments.
ISSN: 03075508

Can regulation improve long-term care insurance?: lessons from the Medigap experience; by Lisa Maria B Alexchih, David L Kennell, Peter D Fox, Thomas Rice.
Describes the development and regulation of long-term care insurance in the United States and, using experiences from the Medigap market, considers the possibility of alternative methods of regulating long-term care insurance.
ISSN: 08959420
From : http://www.tandfonline.com
Cascade or care?: implications for the future of the transfer of assets; by Age Concern England - ACE. London: Age Concern England, November 1995, 16 pp (Briefings, Ref: 2795).
Sets out Age Concern England's concern over what may happen in the future if growing numbers of older people transfer their assets and then need some form of long-term care. Includes recommendations to the Government regarding the role of the state and the individual in paying for care.

Price: FOC
From: Policy & Information Department, Age Concern England, 1268 London Road, London SW16 4ER.

These leaflets refer to continuing care in the context of health needs which require long term or indefinite care for illnesses, conditions or disabilities, and which may be supported in settings including hospitals, nursing homes or in people's own homes. The five leaflets give an introduction to continuing care in Bromley, criteria for eligibility, discharge procedure, special discharge procedure, and review procedure.
From: Bromley Health, Global House, 10 Station Approach, Hayes, Kent BR2 7EH.

Costs of ambulatory medical care over the long term in the Quebec Medicare system; by François Béland.
Questionnaires completed by 32,000 respondents for the Enquête Santé-Québec 1987 (ESQ87) were matched with records from the Quebec Medicare system. Approximately 90% of the individuals were matched. Findings indicate that an the individual level, the costs of ambulatory medical care (AMCC) over a 2-year period decreased slightly with income, but at the household level costs increased for those with higher incomes. These associations disappeared when the age of the respondent was taken into account. State of health is directly related to costs of care. Among health risks, availability of social support decreases costs of AMCC for both children and adults, while unemployment increases costs for adults only. Income does not affect costs of AMCC in Quebec, although variables associated with income, such as education, unemployment and family size, do have definite effects of costs. The absence of a link between psychological distress and costs for older people is a matter of concern, since it confirms the difficulty experienced by older people with access to psychiatric care.
(RH)
ISSN: 07149808

The development of long-term care insurance in Britain; by Gillian Parker, Harriet Clarke, Nuffield Community Care Studies Unit, University of Leicester. Leicester: Nuffield Community Care Studies Unit, 1995, 32 pp (ESRC42 9/95 GP.HC).
The development of a new market in long-term care insurance raises questions about the ability and willingness of younger people to protect themselves against care needs in old age, about the impact of such change would have on intergenerational responsibility and transfers, and, most fundamentally, about the relationship between the individual, the family and the state. In this paper, the authors review the policy and socio-economic contexts within which these developments are taking place, and describe the development of the market for and of long-term care insurance. They review the potential usefulness of long-term care insurance in the future.
Price: £3.80
From: Nuffield Community Care Studies Unit, University of Leicester, 22-28 Princess Road West, Leicester LE1 6TP.

Discharge from NHS inpatient care of people with continuing health or social care needs: arrangements for reviewing decisions on eligibility for NHS continuing inpatient care; by Department of Health - DoH. London: Department of Health, 1995, 10 pp (Health service guidelines, HSG (95)39; LAC (95)17).
This circular is cancelled by "Continuing care" NHS and local councils' responsibilities" (HSC 2001/015; LAC (2001)18), dated 28 June 2001. (RH)
From: Department of Health, Quarry House, Quarry Hill, Leeds LS2 7UE.

Down payment on later life: long-term care; by Dolly Chadda.
Looks at the German scheme of statutory insurance for long-term care.
ISSN: 09522271
Elderly married persons living in long term care institutions: a qualitative analysis of feelings; by James W Gladstone.
An analysis of the feelings of married couples, one of whom is living in a long-term institution, which reveals positive feelings about benefits to self and spouse, a reappraisal of self as caregiver, and appraisal of living in an institution. It also reveals negative feelings about the care being received, tensions with staff, stress associated with visiting, loneliness and privacy and feelings about the marital relationship. Implications for service delivery are discussed.
ISSN: 0144686X

Examines the role of the state in funding long-term care, and argues that people need to set aside income during their working years in order to provide for the costs of their own social care.
From: Social Market Foundation, 20 Queen Annes Gate, London SW1.

The future of long-term care in Canada - a British perspective; by Alan Walker.
The author notes similarities between the debate on long-term care in Canada and in European Union (EU) countries, especially in the UK. What Canada refers to as "service diversity" is described in the UK as the "mixed economy of care". As in the UK, the political right in Canada appears to have hijacked the social policy agenda. Another similarity is the centrality of the "burden of societal ageing" thesis with regard to reform of health care. In this article, the author summarises the main dilemmas to emerge from the Conservative government's attempt to reduce the universal scope of the National Health Service (NHS) and the cost of long-term care. He outlines the main issues that have emerged from reforms in the UK which are intended to serve as warnings to Canadian policy-makers trying to chart a similar course. (RH)
ISSN: 07149808

Health of the nation: long-term care; by Judy Kirby.
Discusses the future for older people who need continuing care, in the light of draft guidelines recently issued by the Department of Health concerning NHS responsibilities towards long-term care.
From: Saga Publishing, the Saga Building, Middleburg Square, Folkestone, Kent CT20 1AZ.

Provides an overview of the problems that the funding of long term care can cause.
Price: FOC
From: FalconCare, Falcon House, 41 Triangle West, Clifton, Bristol BS8 1ER.

Sets out a number of cost-effective, flexible models of care for long-term care services, which relate to: flexible care provision in very sheltered housing; hospital discharge; preventive care; and residential and nursing homes. Anchor states that a range of services should be available to meet the range of needs effectively.
From: Anchor Housing Association, Fountain Court, Oxford Spires Business Park, Kidlington, Oxfordshire, OX5 1NZ.

Comprises two papers. Paper 1 comments on the guidance, 'NHS responsibilities for meeting continuing care needs' (HSG(95)8) and LAC(95)5). Paper 2 explores the issues surrounding funding of long-term care.
Price: FOC
From: Age Concern England, Policy and Information Unit, 1268 London Road, London SW16 4ER.

Into the wilderness; by Tessa Harding.
Community Care, no 1066, 4 May 1995, pp 20-21.
Looks at the debate about long-term care policies in Britain and in the United States.
ISSN: 03075508

155
A journey through joint commissioning; by Paul Waddington.
Care Plan, vol 2, no 1, September 1995, pp 27-32.
This article uses diagrams to illustrate the concept of joint commissioning of care by health and social services, to describe the policy context, and to explore the lessons of experience. It draws on the EPICS work in Shropshire, amongst others. Aspects dealt with include: Department of Health (DoH) definitions; the mixed economy; conflicting imperatives and the shared agenda; the continuing care gap; constraints; tasks and processes; implementation; purchasing strategies; and commissioning levels. [RHb] [EPICS collection]

Presents evidence to the Health Committee inquiry into the current and future arrangements for long-term care in England, with particular reference to the Department of Health guidance on NHS responsibilities for meeting continuing health care needs, from the following organisations: Association of County Councils; Association of Metropolitan Authorities; and Association of Directors of Social Services.
ISBN: 0102680957
Price: £10.00
From: HMSO Publications Centre, PO Box 276, London SW8 5DT.

Presents evidence to the Health Committee inquiry into the current and future arrangements for long-term care in England, with particular reference to the Department of Health guidance on NHS responsibilities for meeting continuing health care needs, from the following organisations: Royal College of Nursing; British Geriatrics Society; British Medical Association; and National Association of Fundholding Practices.
ISBN: 0102999953
Price: £8.95
From: HMSO Publications Centre, PO Box 276, London SW8 5DT.

Presents evidence to the Health Committee Inquiry into the current and future arrangements for long-term care in England, with particular reference to the Department of Health guidance on NHS responsibilities for meeting continuing health care needs, from the following organisations: National Association of Health Authorities and Trusts; NHS Trust Federation; and Institute of Health Services Management.
ISBN: 0102688958
Price: £11.00
From: HMSO Publications Centre, PO Box 276, London SW8 5DT.

Presents evidence to the Health Committee inquiry into the current and future arrangements for long-term care in England, with particular reference to the Department of Health guidance on NHS responsibilities for meeting continuing health care needs, from the following organisations: Independent Healthcare Association; National Care Homes Association; Registered Nursing Home Association; and British Federation of Care Home Proprietors.
ISBN: 0100211356
Price: £10.00
From: HMSO Publications Centre, PO Box 276, London SW8 5DT.

Presents evidence to the Health Committee inquiry into the current and future arrangements for long-term care in England, with particular reference to the Department of Health guidance on NHS responsibilities for meeting continuing health care needs, from the following organisations: National Consumer Council; National Institute for Social Work; Age Concern; Alzheimer's Disease Society; and Carers National Association.
Explores the conceptual and ethical dimensions of long-term care decision making by older people themselves, their families and care professionals, focusing on long-term care in the United States.
ISBN: 0801849934
Price: £33.00
From: The Johns Hopkins University Press, 2715 N. Charles Street, Baltimore MD 21218-4319, USA.

Long-term care diversity within the care continuum; by Betty Havens.
Long-term care spans a broad range of very diverse services and a pivotal location within the overall continuum of health and health care. Changes in one component of care affect and are affected by all other components as health care may be characterised as a dynamic series of interdependent processes and persons. The current state of Canadian health care in general - and long-term care in particular - demands the skilful juggling of universality and diversity to maximise both these characteristics without sacrificing either. In an atmosphere of reform and fiscal restructuring, the organisational, utilisation and financial implications for this system on a tightrope are substantial. The challenges are of major proportions in maintaining a balance while securing a future system that is efficient, efficacious, equitable, effective, and empowering. (RH)
ISSN: 07149808

Presents evidence to the second phase of the Health Committee inquiry into the current and future arrangements for providing and funding long-term care in England, from PPP Lifetime Care Plc and the Association of British Insurers.
ISBN: 0100229255
Price: £8.80
From: HMSO Publications Centre, PO Box 276, London SW8 5DT.

Presents evidence to the second phase of the Health Committee inquiry into the current and future arrangements for providing and funding long-term care in England, from the Institute and Faculty of Actuaries.
ISBN: 0100229352
Price: £4.00
From: HMSO Publications Centre, PO Box 276, London SW8 5DT.

Presents evidence to the second phase of the Health Committee inquiry into the current and future arrangements for providing and funding long-term care in England, from Help the Aged and Age Concern.
ISBN: 0102095965
Price: £4.00
From: HMSO Publications Centre, PO Box 276, London SW8 5DT.

Presents evidence to the second phase of the Health Committee inquiry into the current and future arrangements for providing and funding long-term care in England, from Age Concern Institute of Gerontology, King's College London, Professor J Grimley Evans, and Professor Brian Livesley.
ISBN: 0102129967
Price: £8.80
From: HMSO Publications Centre, PO Box 276, London SW8 5DT.

Presents evidence to the second phase of the Health Committee inquiry into the current and future arrangements for providing and funding long-term care in England, from the Royal College of Nursing, the British Geriatrics Society and the Association of Directors of Social Services.

ISBN: 0102153965
Price: £8.60
From: HMSO Publications Centre, PO Box 276, London SW8 5DT.


Presents the findings from the first phase of the Health Committee inquiry into the current and future arrangements for long-term care in England, with particular reference to the Department of Health guidance on NHS responsibilities for meeting continuing health care needs.

ISBN: 0102026963
Price: £12.15
From: HMSO Publications Centre, PO Box 276, London SW8 5DT.


Presents the minutes of the evidence from the first phase of the Health Committee inquiry into the current and future arrangements for long-term care in England, with particular reference to the Department of Health guidance on NHS responsibilities for meeting continuing health care needs.

ISBN: 010200496X
Price: £26.10
From: HMSO Publications Centre, PO Box 276, London SW8 5DT.


Presents other written information submitted in evidence by organisations to the Health Committee in its inquiry into the current and future arrangements for long-term care in England, with reference to NHS responsibilities for meeting continuing health care needs.

ISBN: 0102028966
Price: £21.30
From: HMSO Publications Centre, PO Box 276, London SW8 5DT.


Major changes have taken place in the funding and organisation of health and social care; and changes of provision over time have led to implicit changes in health and local authority responsibilities for provision of long-stay care. Although there has been no explicit statement of a change in policy for the National Health Service (NHS), many services are only available to people who need them, if they or their relatives pay for them. This briefing provides evidence pointing to the need for exploring new systems for funding care, so that the goal-posts cannot be moved while the game is being played. Older people should be able to feel more secure about how their long-term care is provided and funded. This briefing was written in 1989, but has been subsequently revised (to September 1995) to correct matters of fact.

Price: FOC
From: The Policy Unit, Information Services Division, Age Concern England, 1268 London Road, London SW16 4ER.


Outlines the responsibilities of health authorities for providing care, and looks at the new hospital discharge procedures.

Price: FOC (SAE)
From: Information & Policy Department, Age Concern England, 1268 London Road, London SW16 4ER.
NHS responsibilities for continuing health care, and hospital discharge arrangements; by Age Concern England - ACE. London: Age Concern England, 1995, 9 pp (Briefings Ref: 2895). Outlines the responsibilities for providing care which health authorities must have in place by April 1996 and the hospital discharge procedures in place from February 1995.

Price: FOC (SAE)
From: Age Concern England, 1268 London Road, London SW16 4ER.

NHS responsibilities for meeting continuing health care needs; by Department of Health - DoH. Leeds: Department of Health, 1995, 17 pp (Health service guidelines, HSG (95)8); Local authority circular (LAC (95)5).
Guidelines concerning the obligations of health authorities and GP fundholders for meeting long-term care needs, and to collaborate with local authorities to produce local policies and eligibility criteria for continuing care. This circular is cancelled by "Continuing care: NHS and local councils' responsibilities" (HSC 2001/015; LAC(2001)18) dated 28 June 2001. (AKM/RH)
Price: FOC
From: NHS Executive, Department of Health, Quarry House, Quarry Hill, Leeds LS2 7UE.

Presents evidence from the Department of Health to the Health Committee inquiry into the current and future arrangements for long-term care in England, with particular reference to the Department of Health guidance on NHS responsibilities for meeting continuing health care needs.
ISBN: 010296095X
Price: £10.00
From: HMSO Publications Centre, PO Box 276, London SW8 5DT.

NHS responsibilities for meeting continuing health care needs: draft policy statement and eligibility criteria; by Bexley and Greenwich Health Authority. Bexleyheath: Bexley and Greenwich Health Authority, 1995, 39 pp.
This discussion document sets out proposals for consultation with people living in Bexley and Greenwich, with regard to eligibility to receive NHS funded continuing health care. It outlines current needs and services and issues for future service provision for the following: specialist medical and nursing assessment; rehabilitation and recovery; palliative health care; continuing inpatient care under specialist supervision in hospital or in a nursing home; NHS respite health care; specialist health care support in nursing homes or residential care homes or the community; community health services to people at home or in residential care homes; primary health care; and specialist transport services. The eligibility criteria for these services for older people, and older people with a mental illness among others, are defined. (RH)

Nothing ventured nothing gained; by Bob Hudson.
Considers the viability of private long-term care insurance.
ISSN: 09522271

Contains a transcript of the proceedings of the conference. Includes sections on forecasting future costs of long-term care; carers' perspectives of costs; the Labour Party's approach to long-term care; long-term care financial products; and future policy.
From: Institute for Public Policy Research, 30-32 Southampton Street, London WC2E 7RA.

Policy, payment, and participation: long-term care reform in Ontario; by Raisa B Deber, A Paul Williams.
Although Canadian Medicare gives the population "reasonable access" to all "medically necessary" general practitioner and hospital services, long-term care is not formally subject to these conditions. In Ontario, long-term care involves a "patchwork quilt" of government, charitable, for-profit, and personally provided services. An ongoing consultation has been under way in an attempt to rationalise service financing and provision. This paper reviews the series of policy proposals and the accompanying public consultation processes. It concludes that the emphasis on "community involvement" without a clear definition of "community " or the goals of participation has paradoxically increased the "scope of conflict", increased frustration among stakeholders, and made policy action more difficult. (RH)
Questions of tomorrow; by Tessa Harding.
Community Care, no 1097, 30 November - 6 December 1995, p 21.
The first in a series of articles on continuing care in the next millennium.
ISSN: 03075508

Saving the family inheritance; by Francis McGlone.
Looks at the arguments for a compulsory state insurance scheme for long-term care.
ISSN: 02687410

1994

Outlines the concerns and recommendations of Age Concern regarding the provision of long term health care in the NHS, covering issues of resource allocation, provision of institutional care, national and regional eligibility criteria, provision of rehabilitation, aftercare and patient information.
From: ACE, Astral House, London Road, London SW16 4ER

A critique of developments and implications arising for people with dementia whose care needs cannot be met adequately in their own home.
Price: £3.00
From: Scottish Action on Dementia, 8 Hill Street, Edinburgh, EH2 3JZ.

Handbook of clinical practice in geriatric nursing, with particular reference to long-term residential care.
Price: £19.50
From: Harcourt Brace & Company Ltd, Foots Cray High Street, Sidcup, Kent DA14 5HP

Caring for institutionalized elders: stress among nursing assistants; by Neena Chappell, Mark Novak.
Among the factors studied were the socio-demographic characteristics of the worker, working environment, social support, type of patient and patient behaviour
ISSN: 07334648

A data perspective on long-term care; by K Liu.
Explores some observations about progress in the development of research on the use of long-term care.
ISSN: 00169013

Assesses the current approach of financing long-term care in Ireland and considers alternative approaches for the future.
Price: £7.00
From: The National Council for the Elderly, Corrigan House, Fenian Street, Dublin 2, Ireland.

Falls and fractures: an institutional problem; by Mike Stone.
Geriatric Medicine, vol 24, no 10, October 1994, pp 15-17.
Examines the special problems of falls and hip fractures in older people living in long-term care institutions.
Looks at prevention strategies, including impact-absorbing flooring, vitamin supplements and physical exercise.
ISSN: 0268201X
The great debate: "everyone should be expected to pay for their care in old age"; by Francis McGlone, Jack Thain.

Geriatric Medicine, vol 24, no 10, October 1994, pp 54-55.

Presents the arguments for and against compulsory long term care insurance by the Family Policy Studies Centre and the National Pensioners Convention (NPC).

ISSN: 0268201X

Health care reform in the 1990s: where does long-term care fit in?; by J Wiener, L Hixon Illston.


Outlines some of the critical policy issues that must be addressed in devising a new national policy for long-term health care, with emphasis on US President Clinton's proposal. Focus is on decisions that must be made in designing a new home-care policy.

ISSN: 00169013

How far can you go?; by Bridgit Dimond.


Discusses the legal position on the provision of continuing care beds as part of NHS funded provision.

ISSN: 09522271

In continuing care; by S G P Webster.


Describes the history of continuing care and geriatric medicine, and considers the role of geriatricians in ensuring the improvement of long-term care for older and disabled patients.

ISSN: 00020729


Examines long-term care reforms in Canada, Germany, Sweden and the UK addressing how these countries attempt to control long-term care spending whilst responding to individuals' needs for services.

Price: FOC
From: US General Accounting Office, P O Box 6015, Gaithersburg, MD 20884-6015


Examines how quality assurance is defined and monitored in home and community-based long-term care services for elderly people with disabilities.

Price: FOC
From: US GOA, P O Box 6015, Gaithersburg, MD 20884-6015, USA


Comments on the relevance of prevention for older people and for long-term care.

ISSN: 07387806


Response to several areas of the draft guidelines: community care, local discretion, hospital discharge, information for patients and access to NHS services in nursing homes.

Price: £5.00
From: National Consumer Council, 20 Grosvenor Gardens, London SW1H ODH

NHS responsibilities for meeting long term health care needs [draft]; by NHS Executive, Department of Health - DoH. Leeds: Department of Health, 1994, 3 pp (Health service guidelines, HSG (94)).

These draft guidelines reminds health authorities and general practitioner (GP) fundholders of their responsibilities for securing long-term health care for older people, discharge arrangements for patients with long-term care needs, and the importance of effective collaboration with local authorities in agreeing or changing respective responsibilities for long-term care. (AKM)
From: Department of Health, PMD-CCU, Room 3N21, Quarry House, Leeds LS2 7UE.

Quality of life in continuing care; by Yvonne Challiner, Rachel Watson, Steven Julious, Ian Philp. Elders: the Journal of Care and Practice, vol 3, no 1, February 1994, pp 25-36. Survey sample included private, voluntary and council residential homes, private nursing homes and NHS continuing care homes and rehabilitation wards. Patients quality of life was measured to include both objective and subjective factors including morale and dependency. ISSN: 09646914

Reinforced care capacity in geriatric hospitals and changes in costs and manpower: present situation of long-term care for the aged and changes in medical care facilities in Japan; by Yasuo Takagi. Review of Social Policy, no 3, March 1994, pp 1-17. Looks at the long-term care system in Japan, the changes that have been undertaken and the impact on costs and manpower. ISSN: 0918788X

Traffic lights: extracting order from the chaos of long-term care; by B Tomenson, S Benbow. International Journal of Geriatric Psychiatry, vol 9, no 12, December 1994, pp 985-987. Describes a banding technique which can be used to interpret data on the balance and capacity of long-term care facilities within districts and their relationship to population need. ISSN: 08856230

Who will provide for the fourth age?; by Nicolas Coni. Geriatric Medicine, vol 25, no 5, May 1994, p 15. A brief report on the two views of the future care of very old people. ISSN: 0268201X

1993


Community units for the elderly: ERSU report 1993; by Sallie Moxon. York: Evaluation and Research Support Unit, Clifton Hospital, 1993, 64pp + appendices. Evaluates service strategies of continuing care for people with mental illness in old age which are practised by York Health Authority. From: Evaluation and Research Support Unit, Psychology Services, Clifton Hospital, York, YO3 6RD


"Lifecare": a viable option for long-term care for the elderly; by A Somers. 
Discusses the state of long-term care policy in the US, particularly the part being played by continuing care retirement communities (CCRC), and puts forward suggestions for policy goals which include new roles for the Government and those involved in insurance. 
ISSN: 00028614

Long-term care reform: rethinking service delivery, accountability, and cost control; by Long-term Care Forum. 
Discussion paper about issues concerning continuing care within the USA. Topics discussed include expenditure control, quality assurance, consumer satisfaction and management techniques. 
Price: FOC 
From: US GAO, P O Box 6015, Gaithersburg, MD 20884-6015, USA

Reviews the experiences of six states carrying out case management activities in long term care programmes for older people. Discusses views of case managers on the essential elements of and barriers to effective case management. Includes data supporting the increase in number of older people as a percentage of the national population. 
Price: FOC 
From: US GAO, P O Box 6015, Gaithersburg, MD 20884-6015, USA

Mapping personal and professional values in long-term care decisions; by Laurence B McCullough, Nancy L Wilson, Thomas A Teasdale, Anna L Kolpakchi, Jerome R Skelly. 
The Gerontologist, vol 33, no 3, June 1993, pp 324-332. 
An empirical attempt to map the values of participants in the long-term care decision making process. Ethical concerns, interests and obligations are discussed. 
ISSN: 00169013

Compares the cost of long-term care in terms of user charges and public funding, in Canada, Sweden and the United Kingdom. 
ISSN: 01635158

Describes existing long-term care services and policy, and examines the proposals for reform in the areas of financing long-term care, housing, home care and institutional care. 
ISSN: 01635158

1992

Caregiver burden and the continuum of care: a longitudinal perspective; by Baila Miller, Stephanie McFall. 
Looks at different dimensions of caregiver burden, and their consequences for different long-term care outcomes. 
ISSN: 01640275

Food matters; by Deirdre Hardcastle. 
Discusses ways to prevent malnutrition in long-term care settings. 
ISSN: 09568115
The long-term care ombudsman program: what does the complaint reporting system tell us?; by F Ellen Netting, R Nelson Paton, R Huber.
Reports on a study of complaints at state and federal level to determine the effectiveness of the current reporting system, and the types of issues raised.
ISSN: 00169013

Discusses changes in the availability of long-term care and services, and changes to legislation and policies which might help to reduce the problem of availability.
Price: FOC
From: Information and Policy Dept., Age Concern England, 1268 London Road, London SW16 4ER

Provides estimates of the levels of dementia and disability in different long-term care settings and of the number of people in each category.
ISSN: 01400789

Public-private partnerships: the Connecticut model for financing long-term care; by K Mahoney, T Wetle.
Describes the Connecticut model, which uses a cooperative approach to encourage the development of private sector long-term care insurance that is integrated with Medicaid eligibility.
ISSN: 00028614

Why BASW want to end the distinction between residential and nursing homes which they believe creates a failure to address the needs of the person in care, and leads to distortions in the regulations and financing of care.
From: BASW

Sharing the burden: evaluating strategies that promote private long-term insurance; by Joshua M Wiener.

What is the future for long-term health care in the NHS?; by M Henwood.
Discusses the introduction of community care and the implications for continuing care in the NHS.
ISSN: 0268201X

1991

The advantages and challenges of intergenerational programs in long term care facilities; by Rosanne A Kocarnik, James J Ponzetti.
Discusses the rationale behind intergenerational programmes and issues in the planning of such a programme.
ISSN: 01634372
From: http://www.tandfonline.com

Provides a summary of the evaluation of a study of the first of York's community units for older people with dementia.
Price: £2.50
From: Evaluation & Research Support Unit, Clifton Hospital, York Health Authority, York YO3 6RD
Presents twelve models of community based long-term care.
ISBN: 0803939191
Price: £13.85
From: Sage Publications, 2455 Teller Road, Newbury Park, California 91320

Looks at the policies, philosophies and patterns of continuing care in the South East Thames region, and discusses the concepts of continuing care and dependency.
From: SETRA, Thrift House, Collington Avenue, Bexhill-on-Sea, East Sussex TN39 3NQ

Presents the findings of a survey of the plans of health authorities for hospital continuing care of older people, and discusses the changes in NHS provision for long term care.
Price: £2.00
From: Age Concern England, 1268 London Road, London SW16 4EJ

The Darlington Project was initiated as part of the objective of developing community care. It provided an alternative to long-term hospital care. This report assesses the cost to the health service and society, and the benefits to the elderly and their carers of the two types of care.
ISSN: 00020729

Summarises a number of issues on NHS long-term care or older people.
Price: FOC
From: Age Concern England, 1268 London Road, London SW16 4ER

The dependency and behavioural characteristics of elderly people in geriatric, psychogeriatric and part IV accommodation were surveyed and the number of patients inappropriately placed was assessed.
ISSN: 03748014

Assesses how organisational changes, costs and regulations have impacted upon quality and priority setting in long-term care.
ISSN: 07334648

Considers the operation of the service, which provides short-term and long-term placements for older people.
Price: FOC
From: Leicestershire County Council SSD, Information Service, Room 336, County Hall, Glenfield, Leicester LE3 8RJ

The case for medical and nursing care to be accompanied by care for the social and psychological needs of residents in long term care is put by an elderly resident of an American nursing home undergoing organisational changes.

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ISSN: 01634372
From: http://www.tandfonline.com

From: JDC-Brookdale Institute of Gerontology & Adult Human Development, JDC Hill, POB 13087, Jerusalem 01130, Israel

1989

At the end of the line; by Jay Sivell.
Discusses the impact of the cost of long-term care for the financial situation of older people and their families.
ISSN: 02613077

Care of the elderly; by Alan Pike.
Examines the challenge that faces government and local authorities in coping with the increasing demand for care.

Looks at regulatory systems, staff and supervisor training, and evaluation.
ISSN: 03349128

Moving the goalposts: changing policies for long-stay health and social care of elderly people; by Barbara Meredith. Mitcham: Age Concern England, 1989, 8 pp (Briefing). Discusses the availability of long-term care services and changes to legislation and policies which might reduce the problems of availability.
Price: FOC
From: Age Concern England, 60 Pitcairn Road, Mitcham, Surrey CR4 3LL

A fairly detailed account of On Lok and its replication programme. It illustrates the range of services provided and the type of person looked after: those likely to need continuing care. Details of financing and cost comparisons are also given. Contents: history and principles of On Lok; the On Lok programme; utilization patterns and cost allocation; outcome measures; quality assurance; financing; and the PACE (Programme for All-inclusive Care of the Elderly) demonstration. [RHB] [EPICS collection]

1988

Autonomy and long term care.
Articles from the first phase of the Retirement Research Foundation's Personal Autonomy in Long Term Care Initiative - research focused on autonomy and decision-making for frail elderly people in the US.
ISSN: 00169013

The challenge of caring for the elderly in the 1990s; by M Keith Thompson.
Discusses the future of long term care for older people.
ISSN: 00358797
The report of a study into the factors underlying admissions of tenants from sheltered housing into long-stay hospital, nursing and residential care.
ISBN: 0951296620
Price: 2.50
From: Bield Housing Association

1987

Reviews present knowledge on ageing and the relevance of current systems of care of the elderly in providing an efficient and appropriate continuum.
From: WHO Regional Office for Europe, Copenhagen, Denmark.

Looks at the relationship between hospitals and long-term care and the way it can be developed.
From: National Ziekenhuisinstitut, Postbus 9697, 3506 GR Utrecht

Identifying the older person likely to require long-term care services; by Mark E. Williams.
A study to determine the accuracy of predictions in identifying those who need long-term care by measuring timed manual performance.
ISSN: 0002-8614

The provision of long-term care for elderly people
Price: £12.00

Health care, nursing homes, income community care etc in the US.

1986

American lessons for British policy and research on long-term care of the elderly; by Bleddyn Davies.
This paper examines policy and financing of long-term care in the United States (US) and considers the implications for long-term care in the United Kingdom (UK). The paper places health and social maintenance organisation initiatives, such as On Lok, which was the inspiration for Elderly People's Integrated Care System (EPICS), into its national context. Topics covered include regulation of nursing homes, including quality assurance and reimbursement; implications for British research; experiments to substitute for institutional care; and new methods of finance. [EPICS collection]
ISSN: 02668548

Report presents results of a census which looked at type and characteristics of people in long-term care, types of institutions including sheltered housing, the geographical distribution of institutions, rate of institutionalisation and financing. Provides an abstract, contents and tables lists in English, with text to the main body of the report in Hebrew.
From: Joint (JDC) Israel Brookdale Institute of Gerontology and Adult Human Development, JDC Hill, POB 13087, Jerusalem 91130
Delivery of long term care services within the US, Canada, England, the Netherlands, Denmark and Sweden.

1985

Addresses issues of long-term care, looking at national differences in attitudinal and policy reactions to demographic changes.
ISBN: 0866564454
Price: £29.30
From: Haworth Press, 28 East 22 Street, New York, NY 10010

The importance of state as well as federal policies in the implementation of health, income and social service programmes.


An overview of long-term care; by Pamela Doty, Korbin Liu, Joshua Wiener.
Provides an overview of the need for, and supply of long-term care in the United States, and discusses government financing programmes.

The role of institutional and community services in meeting the long-term care needs of the elderly in Israel: the decade of the 80s; by Haim Factor, Jack Habib. Jerusalem: JDC Hill, 1985, pp 212-218 (Reprint series, no R-34-85).
Describes the present ability of long-term care facilities to meet the needs of the chronically ill, and discusses implications for the future.
From: JDC Hill, POB 13087, Jerusalem 91130

1984

The role of institutional and community services in meeting long-term care needs of the elderly in Israel: the decade of the '80s; by Haim Factor, Jack Habib, JDC-Brookdale Institute of Gerontology and Human Development, Israel. Jerusalem: JDC-Brookdale Institute, 1984, 18 pp (Discussion Paper series, no D-107-84).
Describes the present ability of long-term care facilities to meet the needs of the chronically ill, and discusses the implications for the future.
From: JDC Hill, POB 13087, Jerusalem 91130

1983

Reviews information systems in long-term care in order to inform decision making with respect to the development of a national information system.
From: JDC Hill, POB 13087, Jerusalem 91130

1982


Conceptual and practical issues in the functional assessment of elderly people, with special reference to Israel.


Methods for measuring the value of services for the long term care of the frail elderly.
ISBN: 066904685X

1981


The principles embodied in the Declaration of Alma-Ata suggest that greater attention should be paid to family and community care, supported by the primary health care services. This Working Group was the first WHO meeting convened to discuss technical aspects of the care of older people since the Declaration had been adopted. The Working Group discussed working papers and presentations on the following topics: the needs of older people as defined by population studies; the manpower and institutional resources required for continuing care; self-care; informal care; formal care systems; and the integration of institutional care with primary care services. (RH)


A compilation of chapters on financing, organisation and delivery of a wide range of medical and social services.

1979

What is long term care for the elderly?: the Danish experience; by Kings Fund Centre. London: King's Fund Centre, 1979, 35, 12pp.

Two reports on conferences held at the Kings Fund Centre, 20 March and 26 April 1979, on medical and social services providing long term care for the elderly in Denmark.

1978

A methodology in surveying geriatric patients, facilities and services; by Romuald K Schicke. Social Science and Medicine, vol 12, 1978, pp 229-234.

Details of an American survey to provide information for planning purposes.
ISSN: 02779536

1977


Contains abstracts of the papers presented at the conference on a variety of current issues in gerontological research, including the following: psychology of ageing, including memory changes, age differences in probability learning, and creativity; evaluation and methods in care delivery, including team medicine; the voluntary sector and care for older people; evaluation of a domiciliary care service; prevention, need and disability, including rehabilitation after myocardial infarction; architectural and environmental issues; psychogeriatrics and institutionalisation; and advances in nursing. (AKM)


A review of long term services in the community and in institutions available in the United States.
Alternative ways of providing long-term care; by R Harris, Institute for Operational Research. London: Institute for Operational Research of the Tavistock Institute, 1974, 10 pp (IOR/751A).
Looks at the resource consequences of different models of providing long-term care for older people.