



AGEING HORIZONS

Policies for ageing societies

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Long-term care and ageing populations

In the USA older people are often surprised to discover that although some of the long-term care services they need are paid for through Medicare, there are other kinds of care which they must purchase out of their own resources (including private insurance if they have any) or apply to Medicaid for means-tested public assistance. The experience of older people in the United Kingdom is in some respects similar, though they may perhaps be less confused about their entitlements. Some of their long-term care needs will be met by the National Health Service and paid for out of the NHS budget, so there will be no user fees. For other needs they will have to apply to their local authority, which manages the social care budget and provides publicly subsidised care only on the basis of a means-test. In this case, many people do have to pay user fees, which can be very high if what is needed is residential or institutional care. The situation in the UK is in fact even more complicated than the comparison with the USA might suggest – since in some circumstances the kind of care which is usually provided through the local authority may in other circumstances form part of a larger care package which is provided by the NHS.

What lies behind these particular administrative boundaries – apart from their peculiar institutional histories – is the fact that older people who need long-term care because of a long-standing medical condition or disability usually have complex care needs. They may have a long-term need for regular medical care *and* regular nursing care *and* regular help with some of the essential activities of daily living. In their 2005 report on long-term care for older people, the OECD follows what is, however, standard practice in choosing to define long-term care services in a way which sets them apart from health care services. Long-term care services provide the kind of help that people need when they are dependent on others for assistance with some of the essential activities of daily living. The OECD also follows standard practice in distinguishing between more severely disabled people who need help with ‘personal care’ (e.g. toileting and bathing) and less severely disabled people who need help

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To browse the online version of the review, please visit www.ageing.ox.ac.uk/ageinghorizons/.

The hardcopy version also appears four times a year (Autumn, Winter, Spring, and Summer).

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with a range of activities that are necessary for what the Americans call 'homekeeping'.

The possibility of receiving help with homekeeping activities indicates the extent to which publicly subsidised long-term services have changed across the entire *developed* world over the last thirty years or so: they are no longer provided *only* in institutional settings. This shift towards the provision of long-term care services which enable people to continue to live 'in the community' has also brought with it (besides a whole host of organisational problems) an increased awareness of the importance of what is now almost universally called 'informal' care – long-term care that is provided usually by family members at home. Not only is it generally accepted that the bulk of long-term care in developed countries is provided informally by family members (at no cost to the taxpayer), but it is also widely accepted that in recent years the burden of care on families has been growing steadily. Older people with the kinds of care need that would previously have triggered a move to institutional care are increasingly being looked after by family members at home.

This issue of Ageing Horizons deals with some of the difficult challenges that arise in attempting to provide solutions to the policy problems posed for long-term care services by the interaction between population ageing and those various changes in the family which limit its capacity to provide informal care. Although the publication last year of a ground-breaking review of 'social care' services by Derek Wanless has given the issue a strong UK focus, the innovative methodology of the Wanless review, as Bleddyn Davies argues in his article, is such that it deserves to have an influence as well as a readership outside the UK.