absenteeism, 303	Ando, M., 339
accessibility, 21, 361	Araujo de Carvalho, I.(17), 253
care quality, 221, 226	artificial intelligence, 32, 215
eligibility, 53, 56, 85–86, 89–91	machine learning, 32
families, 270, 285, 291	assessment, care quality, 219
health system benefits. see health	assessment of needs, 55–59
system benefits	asset-related payments, 273–276
societal wellbeing, 299, 301	assets, 78, 80, 293
see also financing long-term care;	financing long-term care, 163–164,
service delivery	167, 168, 179
accountability, 142, 170, 186	assistive devices, 207
activities, interactive, 309	see also devices, assistive
activities of daily living (ADL)	assumptions, 36, 37
future drivers, 24, 26, 27	Austria, 183, 311
health system benefits, 239, 252	eligibility, 58
see also demand drivers	eligibility and care coverage, 70, 77
actor relationships, care system,	eligibility and informal care, 64
217–218	eligibility and means testing, 78
adult children, 28	families, 272, 274, 275, 288, 290
Adult Social Care Outcomes	autonomy
Framework (ASCOF), 206	care quality, 208, 209
affordability (unaffordability), 56, 210,	eligibility, 52, 57, 92, 96
360	eligibility and care coverage, 69
families, 275, 278	eligibility defining and measuring, 61
financing long-term care, 165, 166,	engrenney demining and medicaring, or
188	Barthel, D, 24
future drivers, 21, 30	Belgium, 126, 283
service delivery, 121, 122, 125, 129,	eligibility, 57, 58, 59
142	eligibility and care coverage, 70
societal wellbeing, 299, 331	eligibility and informal care, 64
age, 18, 36	eligibility and policy experiment, 92
ageing in place, 212–214, 226	eligibility and potential coverage, 77
ageing populations, 123	eligibility and wellbeing, 93
see also population ageing	beliefs, health, 18
Ahn, T., 302	Birrel, D., 251
aides, health care, 340	Bolin, K., 30
see also professionals	bonding, 306
algorithm-based systems, 55	Bonsang, E., 30
allowances, personal, 271	Bristol Activities of Daily Living
Andersen, R., 17, 239	(BADL), 25
	/,

British Household Panel Study (BHPS), 333	user-carer relationship, 207
	see also standards, quality
Brookings Institute 36	Care Quality Commission, 357
Brookings Institute, 36	care utilisation, 85–91
budget share method, 282	care workers, 40, 352 see also professionals
budgeting, 36 Buenos Aires Commitment, 351, 353	
	caregivers, 67, 135, 359, 363
Bulgaria, 126 bureaucracy, 223, 360	future drivers, 17, 21, 38, 39 future drivers and availability, 28
Buurtzorg model, 213	future drivers and theoretical
buultzoig model, 213	perspectives, 18, 19, 20
Canada 58 78 127 254 303	health, 335
Canada, 58, 78, 127, 254, 303 capital, 326, 357, 363	policies to support, 338–342
Care Compare, 221	professionals, 37, 49, 91
care coverage, 68–73	societal wellbeing, 300
potential, 74–77	carer-blind systems, 64, 65, 66, 70
care homes, 214	carer-sighted systems, 64, 65, 66, 67
access and older users, 242, 243	Carmichael, F., 334
Covid-19 in UK, 255, 256	Carrino, Ludovico, 30, 69
impact, 245–246	Casado-Marin, D, 333, 334
care imaginary, 306	case-managed systems, 55
care policies, 38	cash for care schemes (benefits), 208,
care poverty, 28	209, 290, 291
care processes, 246–247	cash payments, 223
care professionals, 25	catastrophic payments, 268, 277,
see also professionals	282–285, 291, 293, 359
care providers, 18	change, social see social innovation
care provision, regularity of, 246	changing the narrative, 351–352
care quality, 125, 142, 150, 203-204,	bankrupting the welfare system,
246–247	354–355
actors and their relationships, 217–218	care value and cost of inaction, 362–363
ageing in place, 212–214	effects on resource, 356–358
care organisations, 212	intergenerational inequality,
changing the culture, 214–215	358–359
conceptualising, 204–207	long-term care as sunk cost, 356
conclusion, 225–228	private markets, 359–361
delivering high-quality care, 207	right to care, 353–354
empowering care users, 207–209	charitable funding, 168–169
health system benefits, 246–247	Charles, S., 334
management of quality, 216-217	childcare programmes, 330, 335-336
markets, 218–219	childlessness, 39
oversight for quality, 219-220	children, 300, 321, 335
procurement, 223–225	adult, 28, 29
professionalisation and workforce	China, 67, 179–182, 187, 208
investment, 209–211	future drivers, 25, 29, 30, 36
public reporting, 220–222	Choi, K., 302
standardisation, 222-223	chronic conditions, 123
technologies, 215–216	circles of care, 305

Clemens, S., 210 co-payments, 163, 167–168, 178, 219 Cochrane review, 241 cognitive impairment, 25 cognitive limitations (status), 51, 57, 73 cohabitation, 290 collaboration service delivery, 125, 137, 146, 150 social innovation, 310 societal wellbeing, 300, 307, 309 Colombo, F., 71 communication, 137, 149, 150, 216 communication devices, 215 communities, 39, 93, 212, 363 families, 257, 258 service delivery, 122, 125, 129, 143, 147 societal wellbeing, 308, 310	future drivers, 37, 38 health system benefits, 243, 257 of inaction, 362–363 OOP, 51, 59 service delivery, 128, 144 see also changing the narrative; fragmentation counselling, 134 coverage, care, 170 universal, 171–172 see also eligibility Covid-19 pandemic, 2, 40, 215, 352 economic growth, 319, 320, 344 economic growth and caregivers, 341 economic growth and strong long- term care, 325 financing long-term care, 167, 173, 184, 186, 189
community-based care, 128–129, 150, 151, 300 community care, 243, 258 community support centres, 307 compassion, 306 competition, 137, 356 care quality, 212, 218, 219, 223, 225 Consumer Quality Index Long-term Care, 206 contexts, 205, 240, 258, 282, 356 continued professional development, 139, 209, 210	health system benefits, 237, 238, 259 service delivery, 122, 127, 129, 150 societal wellbeing, 308 cream-skimming, 219, 224 crises, health, 237 criteria, eligibility, 53 cultures, 254 care facilities, 210 changing of, 214–215 cures, 69 Czech Republic, 78, 288, 290
contracts, employment, 211 Convention on the Rights of Persons with Disabilities, 60 cooperation, 310 cooperatives, 307 coordination, 186 health system benefits, 248–249 service delivery, 126, 151 service delivery, Germany, 137 service delivery, implementing and planning, 150 service delivery, Norway, 140 service delivery, Sweden, 146 see also health system benefits Coordination Reform, 140 costs, 163, 312 care quality, 214 economic growth, 328, 334, 335–336 eligibility, 67, 74, 77, 93, 97	Daly, M., 255 data, 203, 357, 361, 362 care quality, 206, 217, 227 economic growth, 332, 333 families, 268, 278, 292 health system benefits, 247, 253, 259 societal wellbeing, 301, 303 daughters, 29 de-institutionalisation, 128, 144, 145–148, 151 Decade of Healthy Ageing, UN, 351, 353 deferred payment agreements, 80 deficit accumulation model, 61 demand drivers, 16–17 caregivers, 28 conclusion and policy implications, 37–40 definition of needs, 24 empirical application, 31–36

demand drivers (cont.)	women labour supply, 330-338
population ageing, 20	economies, countries, 169, 188–189
projecting future demand, 36–37	education, 89, 160, 355, 358
socioeconomic status, 30–31	care quality, 209, 210, 319, 326
theoretical perspectives, 17–20	economic growth, 338, 340
dementia, 57, 214	effectiveness, 126, 205, 251, 303
dementia care, 16, 37, 216, 311	efficiency, 180, 207, 358, 360
	eligibility, 53, 56, 66, 78
financing long-term care, 158, 159, 163	service delivery, 126, 147, 151
Denmark, 57, 168, 311	Elderly Guide, 206 eligibility, 18, 49–52, 240, 331, 362
families, 278, 281, 283, 290 tax-funding, 175	
	assessment of needs, 55–59
Department of Economic and Social	care coverage, 68–73 care utilisation and wellbeing, 85–91
Affairs, UN, 351 dependence, 226, 245, 301, 327	
	conclusions, 96–101 defining and measuring long-term
eligibility, 52, 57 eligibility, defining and measuring	
need, 60, 61, 63	care, 60–64 families, 269, 270, 291
depression, 93–94, 163, 302	financing long-term care. see
devices, assistive, 207, 273	financing long-term care
medical, 343	informal care for need assessment,
wearable, 215	64–68
diagnostic inequity, 183	means testing, 78–84
digital literacy, 130, 149, 215	need for long-term care, definition,
digital technologies, 141, 149, 151, 217	52–55
dignity, personal, 96	policy experiment, 91–96
disability, 36, 222, 309	potential coverage, 74–77
eligibility, 72–73	empathy, 304, 305, 306
see also eligibility	employment, 310
eligibility and wellbeing, 93	economic growth, 325, 328, 330
financing long-term care, 159, 169,	families, 285, 286-288, 292
184, 187	financing long-term care, 160, 167
future drivers, 20, 24, 37	empowerment, 226
service delivery, 138, 139	enforcement, 142, 219
disease management, 215	England, 275
diseases, 26, 302	care quality, 205, 208, 211, 224
doctors, specialised, 58	eligibility, 58, 65, 77, 78
Donabedian, A, 204, 205	financing long-term care, 163, 182, 183
Dutch Exceptional Medical Expenses	future drivers, 26, 36, 37
Act (AWBZ), 183	health system benefits, 253, 254
dynamic equilibrium hypothesis, 26	means testing, 172–173
	English Longitudinal Survey of Ageing
earnings, 292, 293	(ELSA), 32, 35
women's, 337	entitlement, 166
economic growth, 318–322, 356	needs-based, 324
background, 325	environments, 24, 148, 210, 214, 226
concluding comments, 342–344	built, 57
policies to support caregivers, 338–342	urban, 212
	equality, 30, 351
why countries need it, 326–330	see also inequality

equity, 131, 299, 355 eligibility, 53, 56, 66–68, 78	financial resources, 18 financing long-term care, 158–159
families, 268, 269, 273, 275	case study, China, 179–182
financing long-term care, 172, 188	case study, Denmark, 175
intergenerational, 351	case study, England, 172–173
see also eligibility	case study, India, 163
Esping-Andersen, G., 77	case study, Jamaica, 161–162
Estonia, 58, 59, 79	case study, Japan, 178–179
ethics, 149, 150, 151	case study, United States, 166–167
ethnic populations, 160	charitable funding, 168–169
ethnicity, 18, 221	co-payments, 167–168
European Care Strategy, 189, 351, 353	comparing systems, 184–186
European Centre for Social Welfare	conclusions, 189
Policy, 311	coverage, 171–172
European Council, 351	financial protection, 182–183
European Pillar of Social Rights, 121	impacts of underfunding, 186–188
European Union, 60	income, savings and assets, 163–164
Economic Policy Committee, 36	private financing, 159–160
evidence, 352, 362	private in-kind resources, 160–161
care quality, 223, 224, 225, 227	private insurance schemes, 165–166
health system benefits, 238, 241, 242	public financing, 169–170
exams, licensing, 340	relationship to health care, 183–184
exclusion, 212	revenue raising, 174
exemption thresholds, 275	social insurance, 175–177
expectations, 247	tax-funded, 174
expenditure, 37, 38, 354, 355, 363	financing mechanisms, 352
expertise, 141, 210, 217, 309	Finland, 58, 78, 126
Extreme Gradient Boosting (AGBoost)	see also Nordic countries
algorithm, 32	flexibility, 360
E 11 C 222	forecasts, 36
Fahle, S., 333	formal care, 29
Fair Deal scheme, 274, 275	see also professionals
fairness, 30, 172	fragmentation, 352
see also equality; equity; families	financing long-term care, 184, 189
families, 260, 302, 359, 361	health system benefits, 248, 254, 255
care quality, 208, 211, 219	service delivery. <i>see</i> service delivery
economic growth, 322, 325,	frailty, eligibility, 97
331–335	assessment of needs, 57, 61
eligibility, 52, 54, 66, 91–96	defining need, 52
financing long-term care, 160, 177,	implications for assessment, 62, 63,
178, 179, 181	64
future drivers, 18, 28, 29, 39	frameworks, 38
service delivery, 122, 124, 128–129	France
see also sharing the burden; unpaid	eligibility and disabilities, 72
carers	eligibility and potential coverage, 77
fees, 164	eligibility assessment of pands 58
females, 28, 39	eligibility, assessment of needs, 58
Fernández, JL., 54, 56, 207	eligibility, informal care, 64, 65
fertility, 17, 21, 22, 122, 158, 312	eligibility policy experiment, 92
financial protection, 352	families, 272, 276

friends, 325 functional ability (functionality), 25, 123	health care, relationship to financing, 183–184
functional capability (functionality),	health, caregivers,', 335 see also caregivers
33, 158, 252, 358	health insurance, 335–338
eligibility, 53, 54, 65	health surveillance systems, 60
functional health, 86	health system benefits, 237–238
funding, 125, 150, 227, 354	accessibility, 239, 245
charitable, 168–169	conclusions, 259–260
funding, public, 170, 325	coordination and integration,
health system benefits, 251, 252	248–249
service delivery, 128, 131, 144, 147,	Covid-19 in UK, 255–256
148	implications, 256–259
	macro integration, 250–252
gender, 66, 330, 351, 363	meso integration, 252–253
future drivers, 18, 28, 36	micro integration, 253-254
general practitioners (GPs), 58	older long-term care users, 238–243
Germany, 276	prevention, 239–240
care quality, 209, 211	processes and quality, 246-247
case study, 134–137	regularity of care provision, 246
eligibility, 57	substitution, 240
eligibility and care coverage, 70	summary, 247, 254–255
eligibility and disabilities, 72, 73	type of care, 245–246
eligibility and informal care, 64	Hébert, R., 253
eligibility and means testing, 78	Heitmueller, A., 333
eligibility and potential coverage, 77	hierarchical-compensatory theory, 19
eligibility and wellbeing, 93	holistic approaches, 25, 124, 141, 148
eligibility, assessment of needs, 58	home-based care, 205
financing long-term care, 168, 177, 187–188	eligibility, 85–91, 93–94
future drivers, 36	health system benefits, 242, 245 service delivery, 128–129, 140
service delivery, 129, 131	see also home care services; sharing
Glasby, J., 254	the burden
Golding, C., 325	home care model, 214
Good Life in Old Age, A, 204	home care services, 38, 213, 241,
Gori, C., 56	245–246, 258
governance, 189, 204, 254, 313, 352,	Hong Kong, 36
359	horizontal equity, 66
governments, 22, 353, 359, 362	hospitalisation (admissions and
Gray, A. M., 251	readmissions), 135, 170, 187, 242
Greece, 126	hospitals, 140, 141
Grossman, M., 18	household care model, 214
growth, economic, 164, 211	households, 28, 36, 359
guidelines, 223	housing, 24, 129, 141, 273, 355
see also standardisation	care quality, 213, 226
Gulliford, M., 239	Hu, Bo, 29, 67
II. Id. ad Dadama - C. 1 /IIDC)	Hungary, 79, 80
Health and Retirement Study (HRS),	Iceland 79
333 health care, 21	Iceland, 78 implementation, service delivery, 150
meanificate, 21	implementation, service delivery, 130

impoverishment, 269, 362 families, 286, 288, 289, 291, 292	information and communication technology, 216
impoverishment, strategic, 80 in-kind contributions, 268	information (information systems), 18, 186, 221, 255
see also informal carers inaction, costs of, 362–363	infrastructure, 57, 135, 149, 189, 255, 358
inadequacies, 189	inheritance tax, 274
InCARE project, 310, 311 incentives, 167, 274, 355, 361	innovations, 354, 355, 356, 358, 360 economic growth, 319, 326, 343
care quality, 224, 225	inspections, 219
economic growth, 328, 341	institutional care, 241, 245
service delivery, 131, 136, 145, 148	see also care homes
inclusion, 309, 310, 311 income-related payments, 271–273	institutionalisation, 62 instrumental activities of daily living
incomes, 221, 318	(IADL), 123, 252
eligibility, 74, 80	eligibility, 56, 57, 92
families, 277, 285, 286–288, 292	eligibility and care coverage, 69
financing long-term care, 163–164,	eligibility and disabilities, 72
168, 179 future drivers, 30, 31, 36	eligibility defining and measuring,
OOP payments, 278–282	future drivers, 24, 26
independence, 310	insurance, 50, 128, 131, 147, 273
care quality, 209, 216, 226	insurance schemes, private, 165-166
eligibility, 51, 54, 63, 64	integration
financing long-term care, 178, 187 health system benefits, 239, 240, 256,	financing long-term care, 170, 184 health system benefits, 237, 238,
257, 259	248–249, 254
see also instrumental activities of	health system benefits and macro
daily living (IADL)	integration, 251, 252
India, 163	health system benefits and
Individual Budgets, 208 individual freedom, 53	substitution, 240 service delivery, 136, 139, 146, 150,
inefficiencies, 357	151
inequality, 85–86, 351, 361, 362	interactive activities, 309
financing long-term care, 159, 160,	interdependence, 304, 357
164, 182	health system benefits, 237, 239, 248,
future drivers, 16, 31 intergenerational, 358–359	259 health system benefits and
service delivery, 148, 149	implications, 256
wellbeing, 300, 301, 304	health system benefits, Covid-19 in
inequity, 172	UK, 256
informal care, 19, 29, 49, 51	International Alliance of Carer
eligibility, 64–68	Organizations (IACO), 162
see also caregivers informal caregivers, 28, 147, 151	International Classification of Functioning, Disability and Health
informal carers, 352, 356	(ICF), 60
care quality, 211, 227	internet (IT), 18, 130
eligibility, 59, 66, 67	interRAI (resident assessment
families, 285, 292	instrument), 222
service delivery, 123, 124	Interval Need scale, 25

intervention, 33, 73, 355, 356 early, 71 investment, 226, 355, 357, 362, 363 economic growth, 319, 322, 326, 328 health system benefits, 240, 247, 257, 258, 260 Ireland, 274, 77, 79, 80, 131, 242 isolation, 312 Israel, 208 Italy, 36, 290 eligibility, 58, 59, 92 eligibility and care coverage, 70 eligibility and disabilities, 72, 73 eligibility and informal care, 64, 65, 67 eligibility and means testing, 78 eligibility and potential coverage, 77 families, 282 families and catastrophic payments, 284 families and poverty, 288 families, employment and incomes, 286	financing long-term care, 177, 189 future drivers, 17, 39 labour policies, 189 labour supply, 318 women, 330–338 Latvia, 58, 78 Lawton, M. P., 24 leave, parental, 335–338 legislation, 144 leisure, 96 Levesque, JF., 239 licensing exams, 340 life expectancy, 122, 312, 327, 354 future drivers, 16, 21, 24–27 life, quality of, 123, 187, 323, 358, 362, 363 care quality, 205, 208, 209, 216 eligibility, 51, 77, 94 health system benefits, 237, 252, 257, 260 Lithuania, 78 living standards, 21, 318 Lleng-Noval, Apa, 56, 74, 273
Jagger, C., 26 Jamaica, 161–162 Japan, 208 case study, 137–139 economic growth, 339 eligibility, 58, 64, 79, 80 financing long-term care, 168, 176, 178–179 Older Person's Cooperative Union (Koreikyo Union), 312–313 service delivery, 129, 131 wellbeing, 307, 312 jobs, secure, 224	Llena-Nozal, Ana, 56, 74, 273 London School of Economics and Political Science (LSE), 36 loneliness, 57, 94, 213, 216 long-term care, 3, 4, 38 characteristics of strong, 325 defining and measuring needs, 60–64 definition, 5–6, 52–55 'good' system, 6–7 longevity, 158, 342 see also population ageing Longitudinal Ageing Study in India (LASI), 163 low and middle income countries (LMICs), 49, 122, 301, 302
Katz, S., 24 Kihon checklist, 138 Kingston, A., 27 Konetzka, T. R., 221 labelling, 19 labour, 326, 328 cheap, 211 labour force, 160, 161, 320	Low, G., 208 Luxembourg, 57, 58, 79 Lynch, Kathleen, 305 Ma, S. A. I., 67 machine learning, 31 macro integration, 250–252 Mahoney, F., 24 Majority World, 158, 160, 161, 185 Malley, Juliette, 207
see also economic growth; workforce labour markets, 124, 302, 356, 358	Marikyan, D., 215 marital status, 33 market failures, 166

marketisation, 135, 144, 146, 208, 225 markets, 212, 217, 218–219, 360 Mason, A., 254 McGarry, K., 333 means testing, 30, 240, 324 eligibility, 54, 78–84 families, 276, 284, 291 financing long-term care, 168, 172, 179, 182	North Macedonia, 311 Northern Ireland, 250, 251, 252 Norway, 131 case study, 141 see also Nordic countries Nurse Home Compare, 221 nurses (nursing), 205 nursing homes, 17, 38, 135 care quality, 205, 210, 221, 324
measuring 216	obligations 160
measuring and accessing 205, 206, 222	obligations, 160
measuring and assessing, 205, 206, 222 Medicaid, 166	OECD, 53 Older Person's Cooperative Union
medical visits, virtual, 215	(Koreikyo Union), 312–313
Medicare, 166, 184, 343	Oliveira Hashiguchi, Tiago Cravo, 56,
medicine (medical science), 21	69, 274
mental health, 93, 94	OOP, 80
mental illness, 25	organisations, care, 212
Mercier, J., 71	out of pocket (OOP) costs, 59, 163,
meso integration, 252–253	166, 324, 359
micro integration, 253–254	asset-related payments, 273–276
migrants, 211, 272	family payments, 276
migration, 39, 142, 161	income-related payments, 271–273
misconceptions, 352	see also sharing the burden
mobility, 56, 57, 61, 69	outcomes, 31, 128, 208, 259
models, economic, 18, 19 models, prediction, 31	clinical, 210 conclusions, 355, 358, 361
monitoring, 131, 145, 149, 215, 216	oversight, 148–149, 151, 218
Moody, E., 273	for quality, 219–220
morbidity, 20, 123, 240	4
morbidity compression hypothesis, 26	parental leave, 335-338
morbidity expansion theory, 26	participation, 335, 337, 362
mortality, 21	wellbeing, 309, 310, 313
mortality rates, 22, 26, 36, 37, 62, 255	partnerships, 224
multidisciplinary teams, 252	pay, 363
myths, 352, 354	see also wages
manatina arman sightad anatoma (5	payment barriers, 240
negative carer-sighted systems, 65	payment mechanisms, 137
neighbours, 307 Netherlands, Kingdom of, 183, 271	pensions, 169, 293, 334 personal allowances, 271
care quality, 211, 213, 214	personcentredness, 208
eligibility, 64, 77, 78, 80	physical frailty, 61, 62
The Hogeweyk, 311	see also frailty, eligibility
service delivery, 128, 129	physicians, 139
networks, 151, 214, 305, 306, 307, 313	planning services, 36, 150, 353, 357,
New public Management reforms, 218	358, 361
non-governmental organisations	pleasure, 94
(NGOs), 168	Poland, 70, 72, 73, 92, 169
Nordic countries, 58, 61, 270, 276,	policies, 36
282, 286	to support caregivers, 338–342

policy interventions, 355 policy makers, 89, 259, 353, 355, 363 accessibility for wellbeing, 99–100 care quality, 225 equity, 100–101 future drivers, 16, 31, 38 future drivers and long-term need, 25, 26, 27 individual needs, 98–99 range of criteria, 97–98 see also economic growth	processes and quality, 246–247 procurement, 223–225, 227, 360 productivity, 318, 319, 327 see also economic growth professionalisation, 209–211, 227 professionals, 18, 28, 124, 125, 150, 321 see also care workers Program of Research to Integrate the Services for the Maintenance of Autonomy (PRISMA), 127, 252
political will, 188–189	programmes, 321, 326, 328
politicians, 255, 256, 259 population ageing, 354	protection, 209 financial, 170
future drivers, 20, 37, 38, 39	psychological status, residents, 214
future drivers and definition of needs,	public expenditure, 319
24	public financing, 169–170
see also longevity	public funding see funding, public
populations	public reporting, 218, 219, 220-222,
ethnic, 160	225, 226
insured, 180	public service providers, 135
Portugal, 188	
positive carer-sighted systems, 65 post-acute care, 323–325	quality control systems, 220 quality management systems, 216–217,
poverty, 359, 363	352
care, 28	quarantine, 308
eligibility, 51, 52, 78, 96	,
families, 292, 293	reciprocity, 312
families and effects of caregiving, 288–291	recruitment, 40, 210, 227 reforms, 188–189, 218, 259, 355
families and financial impacts, 285, 286	regulations (regulatory frameworks), 17, 255, 274, 341, 360, 361
families and OOP payments, 269,	care quality, 214, 217, 219
278–282 financing long-term care, 160, 161,	financing long-term care, 185, 186, 189
164, 182	service delivery, 128, 131, 145,
wellbeing, 303	148–149, 151
practitioners, care, 16, 31	regulators, 219
prediction models, 31, 32, 33	rehabilitation, 39, 62, 97, 141, 148, 352
preferences, personal, 29, 39, 207, 361	relationships, 304, 305, 306, 310, 312
prejudices, social, 312, 313 prevention, 33, 148, 311, 355, 357	care staff and residents, 246 see also care homes
eligibility, 56, 71, 97	social solidarity, 309
financing long-term care, 159, 170,	religious institutions, 168
178	Republic Of Korea, 29, 79, 131
health system benefits, 239-240, 258	financing long-term care, 168, 176
prices, 219	health system benefits, 251, 252
privacy, 18	health system benefits, 251, 252 wellbeing, 302, 303, 313
	health system benefits, 251, 252

research, 258, 319, 322	case study, Japan, 137-139
comparative, 227	case study, Norway, 141
researchers, 26, 27, 259	case study, Romania, 142-145
resident assessment instrument	case study, Sweden, 145–147
(interRAI), 222	challenges, 123-125
Resident Assessment Instrument (RAI),	digital technologies, 129-130
206	home and community-based care,
residential care, 38	128–129
private, 144	main lessons, de-institutionalising
see also nursing homes	care system, 147–148
resources, 355, 356, 357, 359, 360, 363	main lessons, digital solutions, 149
changing the narrative, 356–358	main lessons, implementation, 150
eligibility, 54, 96	main lessons, regulation and
families, 291	oversight, 148–149
financing long-term care, 160, 185	private providers, 130–131
	trends, 125
future drivers, 18, 38 health system benefits, 251, 252, 256	
	sharing the burden, 266–269 average OOP payments, 278–282
service delivery, 142, 143	average OOI payments, 270–202
resources, private in-kind, 160–161	catastrophic payments, 282–285
respect, 313	financial impact on families, 285–291
responsibilities, 302, 304, 305, 306	OOP payments, 269–276
distribution of, 276	OOP payments and home care, 277
retention, workforce, 210, 211, 246	policy implications and conclusions,
revenue raising, 174	291–293
right to care, 351–352	sick pay, 256
Roemer's Law, 38	Silverstein, M, 29
Romania, 131	skills, 353, 356
case study, 142–145	economic growth, 321, 342, 343
Rushey Green Time Bank, 312	economic growth, necessity for, 326,
6 200	328
safety, 209	economic growth, parental leave and
saving behaviours (savings), 81, 301,	childcare, 338
334	professionals, 129, 130
families, 274, 276, 291, 293	service delivery, 124, 126
financing long-term care, 163–164,	Slovak Republic (Slovenia), 78, 79
167, 169	smart home technology, 215
see also asset-related payments	smoking, 28
security, 96, 216	social assistance, 270
self-care, 353	social capacity, 309
self-esteem, 312	social care, 173
self-independence, 18	social change, 309
self-payers, 275	social connections, 94, 216
self-respect, 96	social inclusion, 63
self-sufficiency, 57	social innovation, 309–313
see also independence	social insurance, 21, 52, 171, 175–177,
sensors, 215	325
Seoul Supporting Centre for Workers in	see also social security systems
the Care of Older People, 313	social interactions, 216, 302
service delivery, 121–123, 151	social justice, 53, 300–304
case study, Germany, 134-137	social networks, 38, 59, 129, 148
•	

social norms, 18	financing long-term care and private
social programmes, 328	insurance schemes, 166
see also programmes	financing long-term care and social
social protection, 355, 360	insurance, 176, 177
social security systems, 21	financing long-term care and
social services, 357	underfunding, 186
social solidarity, 309, 353	financing long-term care and
social workers, 58	universal coverage, 171
socialisation, 216	financing long-term care, case study
societal changes, 39	China, 181
societal welfare, 66	Sustainable Development Goals, UN,
societal wellbeing, 299–300, 355	282
social innovation, 309–313	Sweden, 79, 131
social justice, 300–304	care quality, 211, 218
social solidarity, 309	case study, 145–147
socioeconomic status, 291, 301, 359	families, 290
financing long-term care, 158, 162	families and financial impacts, 285
future drivers, 19, 30–31	families and OOP payments, 271,
solidarity, social, 309	278, 281
Spain, 36, 211, 311, 334	families, employment and incomes,
eligibility and care coverage, 70, 71,	288
72	see also Nordic countries
eligibility and means testing, 78, 80	Switzerland, 286, 290
eligibility and potential coverage, 77	T.: 20 200
eligibility and wellbeing, 93	Taiwan, 29, 208
eligibility policy experiment, 92	task-specific theory, 19, 20
families, 282, 284, 286, 288, 290	tax-funding, 174
financing long-term care, 168, 188	taxation (taxes), 319
staffing, 122, 147, 208, 214, 246, 256 stakeholders, 50, 150, 310, 313	economic growth, 319, 320, 321,
	322, 342
standardisation, 218, 222–223, 227, 247, 340	economic growth and families, 335 economic growth and why it's
standards, quality, 148, 219, 220	needed, 326–330
states, 310, 361	economic growth, long-term care
status, 343	versus post-acute care, 325
social, 18	economic growth, parental leave and
see also socioeconomic status	childcare, 338
strategic commissioning, 224	financing long-term care, 171, 188
stress, 255, 320, 334, 335	teams, multidisciplinary, 252
subsidiarity, 270	technologies, 26, 65, 355
subsidies, 179	care quality, 212, 215–216, 226
substitution, 240, 243	economic growth, 326, 328, 329
supply sources, 19	ter Meulen, R., 306
support networks, 29, 49, 65, 213	Thailand, 127
surveillance, 219, 220	The Hogeweyk, 311
Survey of Health Ageing And retirement	time banks, 311, 312
in Europe (SHARE), 69, 85, 333	TioHundra, 146
families, 268, 277, 285, 291	training, 40, 356
sustainability, 269, 299, 351, 355	care quality, 209, 210, 211
financing long-term care, 188-189	economic growth, 340, 342, 343

service delivery, 126, 139 user-carer relationship, 207 staff, 215 users, care, 207-209 transparency, 54, 221 Tront, Joan, 300, 301 values, social, 18 trust, 304, 305, 306 Van Houtven, C. H., 333, 334 Tubbe model, 311 Vanguard programme, 253, 254 virtual medical visits, 215 unaffordability see affordability virtual wards, 141 (unaffordability) volunteers, 168 uncertainties, 320, 344 vulnerability, 65 underfunding, 186-188 unemployment, 177 wages, 40, 292, 334, 335, 337 United Kingdom see also pay Walsh, B, 242 care quality, 213, 223, 226 Covid-19 pandemic, 255-256 wealth, 74, 275, 277, 322 economic growth, 334, 341 wearable devices, 215 financing long-term care, 158, 166, Wei, M., 29 169, 187 welfare, 65, 67 future drivers, 27, 30, 36 welfare, societal, 66 wellbeing, 303, 312 welfare systems, 77 United States of America (United changing the narrative, 354-355 States), 272, 312 wellbeing, 28, 63, 126, 361, 362, 363 care quality, 205, 226 care quality, 205, 214 care quality and procurement, 225 eligibility for home care, 93-94 care quality and public reporting, 221 financing long-term care, 160, 163, care quality, culture of residential care, 214 psychological, 94-96 care quality, user and carer see also eligibility; health system relationships, 208 benefits; societal wellbeing economic growth, 319, 331, 343 will, political, 188-189 economic growth and families, 334 Wittenberg, Raphael, 27 women, 124, 363 economic growth, long-term care versus post-acute care, 323, 325 families, 279, 287 economic growth policies and to financing long-term care, 160, 161, 188 promote caregivers, 341 see also economic growth; young eligibility, 52, 58, 80 women workers, 124, 137, 187, 211, 356 financing long-term care, 165, 166-167, 183 retention, 144 future drivers, 26, 29, 30, 36 workforce, 256, 353, 356, 361, 363 care quality, 209, 226, 227 universal care coverage, 171 universalism, 240, 270 economic growth, 326, 327, 344 unmet needs, 172, 292 financing long-term care, 162, 187, 189 future drivers, 28, 30 future drivers, 17, 39 see also eligibility investment in, 207, 209-211 unpaid carers, 211 service delivery access, affordability financing long-term care, 160, 167, and quality, 126 169, 187-188 service delivery and dehealth system benefits, 240, 245, 257, institutionalising, 148 service delivery and digital see also informal carers technologies, 130

workforce (cont.)
service delivery challenges and
trends, 124, 125
service delivery implementation,
150
see also labour force; professionals
working conditions, 187, 209, 356, 363
flexible, 325
service delivery, 124, 147
working conditions, flexible, 321

working hours, 333, 334 flexible, 335, 341 World Economic Report 2023, 351 World Health Organization, 52 World Health Organization (WHO), 61, 353

young adults, 302 young caregivers, 303 young women, 160