

# Index

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

- British Household Panel Study (BHPS), 333
- Brody, E. M., 24
- Brookings Institute, 36
- budget share method, 282
- budgeting, 36
- Buenos Aires Commitment, 351, 353
- Bulgaria, 126
- bureaucracy, 223, 360
- Buurtzorg model, 213
- Canada, 58, 78, 127, 254, 303
- capital, 326, 357, 363
- Care Compare, 221
- care coverage, 68–73
  - potential, 74–77
- care homes, 214
  - access and older users, 242, 243
  - Covid-19 in UK, 255, 256
  - impact, 245–246
- care imaginary, 306
- care policies, 38
- care poverty, 28
- care processes, 246–247
- care professionals, 25
  - see also* professionals
- care providers, 18
- care provision, regularity of, 246
- care quality, 125, 142, 150, 203–204, 246–247
  - actors and their relationships, 217–218
  - ageing in place, 212–214
  - care organisations, 212
  - changing the culture, 214–215
  - conceptualising, 204–207
  - conclusion, 225–228
  - delivering high-quality care, 207
  - empowering care users, 207–209
  - health system benefits, 246–247
  - management of quality, 216–217
  - markets, 218–219
  - oversight for quality, 219–220
  - procurement, 223–225
  - professionalisation and workforce investment, 209–211
  - public reporting, 220–222
  - standardisation, 222–223
  - technologies, 215–216
  - user-carer relationship, 207
  - see also* standards, quality
- Care Quality Commission, 357
- care utilisation, 85–91
- care workers, 40, 352
  - see also* professionals
- caregivers, 67, 135, 359, 363
  - future drivers, 17, 21, 38, 39
  - future drivers and availability, 28
  - future drivers and theoretical perspectives, 18, 19, 20
  - health, 335
  - policies to support, 338–342
  - professionals, 37, 49, 91
  - societal wellbeing, 300
- carer-blind systems, 64, 65, 66, 70
- carer-sighted systems, 64, 65, 66, 67
- Carmichael, F., 334
- Carrino, Ludovico, 30, 69
- Casado-Marin, D, 333, 334
- case-managed systems, 55
- cash for care schemes (benefits), 208, 209, 290, 291
- cash payments, 223
- catastrophic payments, 268, 277, 282–285, 291, 293, 359
- change, social *see* social innovation
- changing the narrative, 351–352
  - bankrupting the welfare system, 354–355
- care value and cost of inaction, 362–363
  - effects on resource, 356–358
  - intergenerational inequality, 358–359
  - long-term care as sunk cost, 356
  - private markets, 359–361
  - right to care, 353–354
- charitable funding, 168–169
- Charles, S., 334
- childcare programmes, 330, 335–336
- childlessness, 39
- children, 300, 321, 335
  - adult, 28, 29
- China, 67, 179–182, 187, 208
  - future drivers, 25, 29, 30, 36
- Choi, K., 302
- chronic conditions, 123
- 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  
 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  
 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  
   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  
   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  
  
 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.)
  - population ageing, 20
  - projecting future demand, 36–37
  - socioeconomic status, 30–31
  - theoretical perspectives, 17–20
- dementia, 57, 214
- dementia care, 16, 37, 216, 311
  - financing long-term care, 158, 159, 163
- Denmark, 57, 168, 311
  - families, 278, 281, 283, 290
  - tax-funding, 175
- Department of Economic and Social Affairs, UN, 351
- dependence, 226, 245, 301, 327
  - eligibility, 52, 57
  - eligibility, defining and measuring need, 60, 61, 63
- depression, 93–94, 163, 302
- devices, assistive, 207, 273
  - medical, 343
  - wearable, 215
- diagnostic inequity, 183
- digital literacy, 130, 149, 215
- digital technologies, 141, 149, 151, 217
- dignity, personal, 96
- disability, 36, 222, 309
  - eligibility, 72–73
  - see also* eligibility
  - eligibility and wellbeing, 93
  - financing long-term care, 159, 169, 184, 187
  - future drivers, 20, 24, 37
  - service delivery, 138, 139
- disease management, 215
- diseases, 26, 302
- doctors, specialised, 58
- Donabedian, A, 204, 205
- Dutch Exceptional Medical Expenses Act (AWBZ), 183
- dynamic equilibrium hypothesis, 26
- earnings, 292, 293
  - women's, 337
- economic growth, 318–322, 356
  - background, 325
  - concluding comments, 342–344
  - policies to support caregivers, 338–342
  - why countries need it, 326–330
  - women labour supply, 330–338
- economies, countries, 169, 188–189
- education, 89, 160, 355, 358
  - care quality, 209, 210, 319, 326
  - economic growth, 338, 340
- effectiveness, 126, 205, 251, 303
- efficiency, 180, 207, 358, 360
  - eligibility, 53, 56, 66, 78
  - service delivery, 126, 147, 151
- Elderly Guide, 206
- eligibility, 18, 49–52, 240, 331, 362
  - assessment of needs, 55–59
  - care coverage, 68–73
  - care utilisation and wellbeing, 85–91
  - conclusions, 96–101
  - defining and measuring long-term care, 60–64
  - families, 269, 270, 291
  - financing long-term care. *see* financing long-term care
  - informal care for need assessment, 64–68
  - means testing, 78–84
  - need for long-term care, definition, 52–55
  - policy experiment, 91–96
  - potential coverage, 74–77
- empathy, 304, 305, 306
- employment, 310
  - economic growth, 325, 328, 330
  - families, 285, 286–288, 292
  - financing long-term care, 160, 167
- empowerment, 226
- enforcement, 142, 219
- England, 275
  - care quality, 205, 208, 211, 224
  - eligibility, 58, 65, 77, 78
  - financing long-term care, 163, 182, 183
  - future drivers, 26, 36, 37
  - health system benefits, 253, 254
  - means testing, 172–173
- English Longitudinal Survey of Ageing (ELSA), 32, 35
- entitlement, 166
  - needs-based, 324
- environments, 24, 148, 210, 214, 226
  - built, 57
  - urban, 212
- equality, 30, 351
  - see also* inequality

- equity, 131, 299, 355
  - eligibility, 53, 56, 66–68, 78
  - families, 268, 269, 273, 275
  - financing long-term care, 172, 188
  - intergenerational, 351
  - see also* eligibility
- Esping-Andersen, G., 77
- Estonia, 58, 59, 79
- ethics, 149, 150, 151
- ethnic populations, 160
- ethnicity, 18, 221
- European Care Strategy, 189, 351, 353
- European Centre for Social Welfare Policy, 311
- European Council, 351
- European Pillar of Social Rights, 121
- European Union, 60
  - Economic Policy Committee, 36
- evidence, 352, 362
  - care quality, 223, 224, 225, 227
  - health system benefits, 238, 241, 242
- exams, licensing, 340
- exclusion, 212
- exemption thresholds, 275
- expectations, 247
- expenditure, 37, 38, 354, 355, 363
- expertise, 141, 210, 217, 309
- Extreme Gradient Boosting (AGBoost)
  - algorithm, 32
- Fahle, S., 333
- Fair Deal scheme, 274, 275
- fairness, 30, 172
  - see also* equality; equity; families
- families, 260, 302, 359, 361
  - care quality, 208, 211, 219
  - economic growth, 322, 325, 331–335
  - eligibility, 52, 54, 66, 91–96
  - financing long-term care, 160, 177, 178, 179, 181
  - future drivers, 18, 28, 29, 39
  - service delivery, 122, 124, 128–129
  - see also* sharing the burden; unpaid carers
- fees, 164
- females, 28, 39
- Fernández, J.-L., 54, 56, 207
- fertility, 17, 21, 22, 122, 158, 312
- financial protection, 352
- financial resources, 18
- financing long-term care, 158–159
  - case study, China, 179–182
  - case study, Denmark, 175
  - case study, England, 172–173
  - case study, India, 163
  - case study, Jamaica, 161–162
  - case study, Japan, 178–179
  - case study, United States, 166–167
  - charitable funding, 168–169
  - co-payments, 167–168
  - comparing systems, 184–186
  - conclusions, 189
  - coverage, 171–172
  - financial protection, 182–183
  - impacts of underfunding, 186–188
  - income, savings and assets, 163–164
  - private financing, 159–160
  - private in-kind resources, 160–161
  - private insurance schemes, 165–166
  - public financing, 169–170
  - relationship to health care, 183–184
  - revenue raising, 174
  - social insurance, 175–177
  - tax-funded, 174
- financing mechanisms, 352
- Finland, 58, 78, 126
  - see also* Nordic countries
- flexibility, 360
- forecasts, 36
- formal care, 29
  - see also* professionals
- fragmentation, 352
  - financing long-term care, 184, 189
  - health system benefits, 248, 254, 255
  - service delivery. *see* service delivery
- frailty, eligibility, 97
  - assessment of needs, 57, 61
  - defining need, 52
  - implications for assessment, 62, 63, 64
- frameworks, 38
- France
  - eligibility and disabilities, 72
  - eligibility and potential coverage, 77
  - eligibility and wellbeing, 93
  - eligibility, assessment of needs, 58
  - eligibility, informal care, 64, 65
  - eligibility policy experiment, 92
  - families, 272, 276

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

- impoverishment, 269, 362
  - families, 286, 288, 289, 291, 292
- impoverishment, strategic, 80
- in-kind contributions, 268
  - see also* informal carers
- inaction, costs of, 362–363
- inadequacies, 189
- InCARE project, 310, 311
- incentives, 167, 274, 355, 361
  - care quality, 224, 225
  - economic growth, 328, 341
  - service delivery, 131, 136, 145, 148
- inclusion, 309, 310, 311
- income-related payments, 271–273
- incomes, 221, 318
  - eligibility, 74, 80
  - families, 277, 285, 286–288, 292
  - financing long-term care, 163–164, 168, 179
  - future drivers, 30, 31, 36
  - OOP payments, 278–282
- independence, 310
  - care quality, 209, 216, 226
  - eligibility, 51, 54, 63, 64
  - financing long-term care, 178, 187
  - health system benefits, 239, 240, 256, 257, 259
  - see also* instrumental activities of daily living (IADL)
- India, 163
- Individual Budgets, 208
- individual freedom, 53
- inefficiencies, 357
- inequality, 85–86, 351, 361, 362
  - financing long-term care, 159, 160, 164, 182
  - future drivers, 16, 31
  - intergenerational, 358–359
  - service delivery, 148, 149
  - wellbeing, 300, 301, 304
- inequity, 172
- informal care, 19, 29, 49, 51
  - eligibility, 64–68
  - see also* caregivers
- informal caregivers, 28, 147, 151
- informal carers, 352, 356
  - care quality, 211, 227
  - eligibility, 59, 66, 67
  - families, 285, 292
  - service delivery, 123, 124
- information and communication
  - technology, 216
- information (information systems), 18, 186, 221, 255
- infrastructure, 57, 135, 149, 189, 255, 358
- inheritance tax, 274
- innovations, 354, 355, 356, 358, 360
  - economic growth, 319, 326, 343
- inspections, 219
- institutional care, 241, 245
  - see also* care homes
- institutionalisation, 62
- instrumental activities of daily living (IADL), 123, 252
  - eligibility, 56, 57, 92
  - eligibility and care coverage, 69
  - eligibility and disabilities, 72
  - eligibility defining and measuring, 61
  - future drivers, 24, 26
- insurance, 50, 128, 131, 147, 273
- insurance schemes, private, 165–166
- integration
  - financing long-term care, 170, 184
  - health system benefits, 237, 238, 248–249, 254
  - health system benefits and macro integration, 251, 252
  - health system benefits and substitution, 240
  - service delivery, 136, 139, 146, 150, 151
- interactive activities, 309
- interdependence, 304, 357
  - health system benefits, 237, 239, 248, 259
  - health system benefits and implications, 256
  - health system benefits, Covid-19 in UK, 256
- International Alliance of Carer Organizations (IACO), 162
- International Classification of Functioning, Disability and Health (ICF), 60
- internet (IT), 18, 130
- interRAI (resident assessment instrument), 222
- 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
- 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
- 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
  - see also* economic growth; workforce
- labour markets, 124, 302, 356, 358
  - 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, J.-F., 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
- 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
- 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
- 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
- measurement, 220
- measuring, 216
- measuring and assessing, 205, 206, 222
- Medicaid, 166
- medical visits, virtual, 215
- Medicare, 166, 184, 343
- medicine (medical science), 21
- mental health, 93, 94
- mental illness, 25
- Mercier, J., 71
- meso integration, 252–253
- micro integration, 253–254
- migrants, 211, 272
- migration, 39, 142, 161
- misconceptions, 352
- mobility, 56, 57, 61, 69
- models, economic, 18, 19
- models, prediction, 31
- monitoring, 131, 145, 149, 215, 216
- Moody, E., 273
- morbidity, 20, 123, 240
- morbidity compression hypothesis, 26
- morbidity expansion theory, 26
- mortality, 21
- mortality rates, 22, 26, 36, 37, 62, 255
- multidisciplinary teams, 252
- myths, 352, 354
  
- negative carer-sighted systems, 65
- neighbours, 307
- Netherlands, Kingdom of, 183, 271
  - care quality, 211, 213, 214
  - eligibility, 64, 77, 78, 80
  - The Hogeweyk*, 311
  - service delivery, 128, 129
- networks, 151, 214, 305, 306, 307, 313
- New public Management reforms, 218
- non-governmental organisations (NGOs), 168
- Nordic countries, 58, 61, 270, 276, 282, 286
- 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
  
- obligations, 160
- OECD, 53
- Older Person's Cooperative Union (*Koreikyo* Union), 312–313
- Oliveira Hashiguchi, Tiago Cravo, 56, 69, 274
- OOP, 80
- organisations, care, 212
- out of pocket (OOP) costs, 59, 163, 166, 324, 359
  - asset-related payments, 273–276
  - family payments, 276
  - income-related payments, 271–273
  - see also* sharing the burden
- outcomes, 31, 128, 208, 259
  - clinical, 210
  - conclusions, 355, 358, 361
- oversight, 148–149, 151, 218
  - for quality, 219–220
  
- parental leave, 335–338
- participation, 335, 337, 362
  - wellbeing, 309, 310, 313
- partnerships, 224
- pay, 363
  - see also* wages
- payment barriers, 240
- payment mechanisms, 137
- pensions, 169, 293, 334
- personal allowances, 271
- personcentredness, 208
- physical frailty, 61, 62
  - see also* frailty, eligibility
- physicians, 139
- planning services, 36, 150, 353, 357, 358, 361
- pleasure, 94
- Poland, 70, 72, 73, 92, 169
- policies, 36
  - 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
- political will, 188–189
- politicians, 255, 256, 259
- population ageing, 354
  - future drivers, 20, 37, 38, 39
  - future drivers and definition of needs, 24
  - see also* longevity
- populations
  - ethnic, 160
  - insured, 180
- Portugal, 188
- positive carer-sighted systems, 65
- post-acute care, 323–325
- poverty, 359, 363
  - care, 28
  - eligibility, 51, 52, 78, 96
  - families, 292, 293
  - families and effects of caregiving, 288–291
  - families and financial impacts, 285, 286
  - families and OOP payments, 269, 278–282
  - financing long-term care, 160, 161, 164, 182
  - wellbeing, 303
- practitioners, care, 16, 31
- prediction models, 31, 32, 33
- preferences, personal, 29, 39, 207, 361
- prejudices, social, 312, 313
- prevention, 33, 148, 311, 355, 357
  - eligibility, 56, 71, 97
  - financing long-term care, 159, 170, 178
  - health system benefits, 239–240, 258
- prices, 219
- privacy, 18
- private providers, 130–131, 359–361
- privatisation, 148–149, 151
- 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
- programmes, 321, 326, 328
- protection, 209
  - financial, 170
- psychological status, residents, 214
- public expenditure, 319
- public financing, 169–170
- public funding *see* funding, public
- public reporting, 218, 219, 220–222, 225, 226
- public service providers, 135
- quality control systems, 220
- quality management systems, 216–217, 352
- quarantine, 308
- reciprocity, 312
- recruitment, 40, 210, 227
- reforms, 188–189, 218, 259, 355
- regulations (regulatory frameworks), 17, 255, 274, 341, 360, 361
  - care quality, 214, 217, 219
  - financing long-term care, 185, 186, 189
  - service delivery, 128, 131, 145, 148–149, 151
- regulators, 219
- rehabilitation, 39, 62, 97, 141, 148, 352
- relationships, 304, 305, 306, 310, 312
  - care staff and residents, 246
  - see also* care homes
  - social solidarity, 309
- religious institutions, 168
- Republic Of Korea, 29, 79, 131
  - financing long-term care, 168, 176
  - health system benefits, 251, 252
  - wellbeing, 302, 303, 313
  - Yeomindongrak*, 307–309
  - Yoyanghohosa*, 313

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

- social norms, 18
- social programmes, 328
  - see also* programmes
- social protection, 355, 360
- social security systems, 21
- social services, 357
- social solidarity, 309, 353
- social workers, 58
- socialisation, 216
- societal changes, 39
- societal welfare, 66
- societal wellbeing, 299–300, 355
  - social innovation, 309–313
  - social justice, 300–304
  - social solidarity, 309
- socioeconomic status, 291, 301, 359
  - financing long-term care, 158, 162
  - future drivers, 19, 30–31
- solidarity, social, 309
- Spain, 36, 211, 311, 334
  - eligibility and care coverage, 70, 71, 72
  - eligibility and means testing, 78, 80
  - eligibility and potential coverage, 77
  - eligibility and wellbeing, 93
  - eligibility policy experiment, 92
  - families, 282, 284, 286, 288, 290
  - financing long-term care, 168, 188
- staffing, 122, 147, 208, 214, 246, 256
- stakeholders, 50, 150, 310, 313
- standardisation, 218, 222–223, 227, 247, 340
- standards, quality, 148, 219, 220
- states, 310, 361
- status, 343
  - social, 18
  - see also* socioeconomic status
- strategic commissioning, 224
- stress, 255, 320, 334, 335
- subsidiarity, 270
- subsidies, 179
- substitution, 240, 243
- supply sources, 19
- support networks, 29, 49, 65, 213
- surveillance, 219, 220
- Survey of Health Ageing And retirement in Europe (SHARE), 69, 85, 333
  - families, 268, 277, 285, 291
- sustainability, 269, 299, 351, 355
  - financing long-term care, 188–189
  - financing long-term care and private insurance schemes, 166
  - financing long-term care and social insurance, 176, 177
  - financing long-term care and underfunding, 186
  - financing long-term care and universal coverage, 171
  - financing long-term care, case study China, 181
- Sustainable Development Goals, UN, 282
- Sweden, 79, 131
  - care quality, 211, 218
  - case study, 145–147
  - families, 290
  - families and financial impacts, 285
  - families and OOP payments, 271, 278, 281
  - families, employment and incomes, 288
  - see also* Nordic countries
- Switzerland, 286, 290
- Taiwan, 29, 208
- task-specific theory, 19, 20
- tax-funding, 174
- taxation (taxes), 319
  - economic growth, 319, 320, 321, 322, 342
  - economic growth and families, 335
  - economic growth and why it's needed, 326–330
  - economic growth, long-term care versus post-acute care, 325
  - economic growth, parental leave and childcare, 338
  - financing long-term care, 171, 188
- teams, multidisciplinary, 252
- technologies, 26, 65, 355
  - care quality, 212, 215–216, 226
  - economic growth, 326, 328, 329
- ter Meulen, R., 306
- Thailand, 127
- The Hogeweyk*, 311
- time banks, 311, 312
- TioHundra, 146
- training, 40, 356
  - care quality, 209, 210, 211
  - economic growth, 340, 342, 343

- service delivery, 126, 139
- staff, 215
- transparency, 54, 221
- Tront, Joan, 300, 301
- trust, 304, 305, 306
- Tubbe model, 311
- unaffordability *see* affordability
  - (unaffordability)
- uncertainties, 320, 344
- underfunding, 186–188
- unemployment, 177
- United Kingdom
  - care quality, 213, 223, 226
  - Covid-19 pandemic, 255–256
  - economic growth, 334, 341
  - financing long-term care, 158, 166, 169, 187
  - future drivers, 27, 30, 36
  - wellbeing, 303, 312
- United States of America (United States), 272, 312
  - care quality, 205, 226
  - care quality and procurement, 225
  - care quality and public reporting, 221
  - care quality, culture of residential care, 214
  - care quality, user and carer relationships, 208
  - economic growth, 319, 331, 343
  - economic growth and families, 334
  - economic growth, long-term care versus post-acute care, 323, 325
  - economic growth policies and to promote caregivers, 341
  - eligibility, 52, 58, 80
  - financing long-term care, 165, 166–167, 183
  - future drivers, 26, 29, 30, 36
- universal care coverage, 171
- universalism, 240, 270
- unmet needs, 172, 292
  - future drivers, 28, 30
  - see also* eligibility
- unpaid carers, 211
  - financing long-term care, 160, 167, 169, 187–188
  - health system benefits, 240, 245, 257, 260
  - see also* informal carers
- user-carer relationship, 207
- users, care, 207–209
- values, social, 18
- Van Houtven, C. H., 333, 334
- Vanguard programme, 253, 254
- virtual medical visits, 215
- virtual wards, 141
- volunteers, 168
- vulnerability, 65
- wages, 40, 292, 334, 335, 337
  - see also* pay
- Walsh, B, 242
- wealth, 74, 275, 277, 322
- wearable devices, 215
- Wei, M., 29
- welfare, 65, 67
- welfare, societal, 66
- welfare systems, 77
  - changing the narrative, 354–355
- wellbeing, 28, 63, 126, 361, 362, 363
  - care quality, 205, 214
  - eligibility for home care, 93–94
  - financing long-term care, 160, 163, 167
  - psychological, 94–96
  - see also* eligibility; health system benefits; societal wellbeing
- will, political, 188–189
- Wittenberg, Raphael, 27
- women, 124, 363
  - families, 279, 287
  - financing long-term care, 160, 161, 188
  - see also* economic growth; young women
- workers, 124, 137, 187, 211, 356
  - retention, 144
- workforce, 256, 353, 356, 361, 363
  - care quality, 209, 226, 227
  - economic growth, 326, 327, 344
  - financing long-term care, 162, 187, 189
  - future drivers, 17, 39
  - investment in, 207, 209–211
  - service delivery access, affordability and quality, 126
  - service delivery and de-institutionalising, 148
  - service delivery and digital 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