Social Policy and Society Themed Section

Policies and practices shaping long-term care: between inclusivity ethos and service delivery realities

Guest Editors:

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Introduction

Population ageing has been rapidly increasing in most of the developed world. However, healthy life expectancy has not been growing at a similar pace, resulting in an expansion in the number of years older people live with acute health and care needs. Long-term care (LTC) provision is very diverse across Europe and more economically developed countries with input from different actors and agencies ranging from informal family carers, the state, and, increasingly, migrant workers. Nevertheless, the ethos of LTC polices in the UK, Europe and Australia are informed by philosophies of person-centeredness, independence and inclusion. One of the core concepts in LTC policies revolves around 'ageing in place' and the importance of people being able to grow older within their homes and communities for as long as possible. However, the role of care homes remains essential for certain groups of older people with multiple and complex care needs. While concepts of dignity, independence and choice are evident in many LTC policy documents, funding pressures, escalating demands and an expansion in the diversity of need have led to a reliance on marketisation and in many cases on inadequate care provision. At the same time, other state policies on migration, social housing, support for younger people with disability, employment regulation as well as the nature of work in social care shape the practices of LTC service delivery. Shifts in population structures are also influenced by other important historical and current dynamics, including migration and mobilities and their interplay with LTC supply and demand. For example, past generations of migrants are now growing older in host countries while the squeeze of the working age cohort requires additional migrant labour, including in the provision of LTC. The practices of LTC service delivery also draw on and reflect national discourses around older people, the nature and value of LTC and, increasingly, the ethnicity of service users and workers in LTC.

The COVID19 pandemic has shown a strong light on the LTC sector for all the wrong reasons. From high levels of infection and death rates in care settings, particularly residential care (OECD, 2020) to evidence of failure to protect its workforce with fragmented and contradicting guidelines and delays in supplies of personal protecting equipment and training (Allin et al., forthcoming). The significant effects of COVID19 combined with long-standing multiplicity of challenges - including many related to funding, ensuring diverse and adequate service, and ensuring a well-trained and supported workforce - call to understand the granularities of the different facets of LTC provision. In this issue, we bring together a selection of papers from leading authors in the area of LTC research from the UK, Europe and Australia. Our aim is to explore the paradoxical position of LTC between an official ethos of dignity, quality and inclusivity, and the realities and pressures of providing inclusive, person-centred and sustainable LTC. These pressures and realities include an increased financial

burden on the state and individuals; commissioning practices; meeting the needs of specific groups, including people with learning disabilities and culturally diverse populations; the role of social housing as a key component within the ageing in place paradigm; and addressing workforce issues, including supply and demand, understanding the factors related to retaining formal care workers and the growing reliance on migrants with their associated opportunities and challenges.

This special issue brings several prominent scholars in the field of LTC research from different disciplines including health economics, sociology, demography, social policy, organisational studies, labour regulation and health and care policy. The contributors employ diverse methodological approaches, ranging from reviews and policy analysis to in-depth qualitative and quantitative methods. They also bring a diversity of perspectives and vantage points from which to assess how the delivery of LTC is shaped 'on the ground', extending from cross-national comparisons of LTC and other policy settings to how workers, particularly those from minority groups, experience the day-to-day work of LTC.

The state-of-the-art article of this issue, Roland and colleagues, considers the different LTC funding and delivery models across Europe, along with a diverse range of other OECD countries. They assess the range of models used from LTC insurance schemes, reliance on general taxation, to 'safety-net' models that leave most of the financial burden on individuals and their families. They also assess diversity in the degree of centralisation of responsibility for LTC within countries. Looking at the broader context, Lindblom and Torres examine intersecting media representations of older people and migrants in long term care.

Lindblom and Torres consider the broader context within which LTC policy and delivery is located. Inspired by Pickering (2001), they analyse news articles in the two largest national daily newspapers in Sweden between 1995 and 2017 with a focus on how language is used to locate and identify the 'others', in this case where migration and elderly care intersects. Their analyse questions the role of media in the process that segment and other minorities with adverse effects on the inclusivity and equality of the provision and quality of LTC. They draw attention to the rhetorical practices used to 'Other' these groups both as service users and workers in a variety of ways. They argue that while such process and rhetorical representation seems to be a viable tool in the recognition of minority groups within the parameters of care receiving and delivery. However, they conclude that the public discourse and media representation is used as a tool for recognition, and mis-framing, of these groups yet it does not attempt to tackle issues of inclusivity nor injustice.

Darton's core analysis revolves around housing as a key component of achieving ageing in place, and focuses on the role of extra care housing. Increasingly, local authorities in the UK have commissioned extra care housing to support people outside traditional residential care. However, a range of pressures have led to changes in the balance of care and greater inflexibilities in the provision of social care and support, and he discusses the need for further research to explore the implications for the future development of this form of provision.

Allan and colleagues show how LTC supply, and in particular that provided in people's own homes, has changed over the last six years in England. Engaging with national and local

policies to highlight components for sustainability of LTC provision, they examine the incentives and deterrents of ensuring adequate workforce supply to match the growing needs.

Finally, Hussein examines racial inequalities in health and social care work outcomes in the UK, including the recruitment, work experience and rewards. She also investigates the differential experiences of racialised health and social care workers during the pandemic. Employing a rapid review methodology, she identifies 51 outputs published since 2017 that examines that differential experience of minority ethnic health and social care workers in the UK.