

sues, spanning economics, sociology and political science, as well as a broad array of issues ranging from labour-market outcomes to political behaviour. But this strategy comes with a loss of clarity: who are in- and outsiders; what policies are good or bad for outsiders; what is endogenous and what exogenous to the process? For instance, what type of political cleavage is 'insiders vs outsiders'? Political economists have long debated the question what sets rich and poor voters apart. These are complex issues, but in some ways much simpler than the issue of dualisation. For instance, you might assume that what sets rich and poor voters apart is their (latent) productivity, which is assumed to be independent from the level of redistribution. You would then deduce that more (less) productive voters are against (in favour of) redistribution. With insiders vs outsiders the issue is much more complicated. The cleavage is endogenous, it lies in the institutions themselves. For instance, in many cases you need to have some level of employment protection to create the cleavage, which is then important for maintaining the level of employment protection. This characterisation produces huge problems for theories and empirical interpretations. Do we think that an institution somehow 'falls from heaven' or drives a wedge between voters and then stabilises the institution? The book gives answers to these questions, but it rarely reflects on them in a theoretical way. Similarly, different dimensions of the phenomenon do not need to go hand in hand. Let's use minimum wages as an example. If there are none, political economists would say, no rents are created, no political outsiders exist, but there may still be social outsiders (e.g. the working poor). With sectoral minimum wages we see that protection may create rents, and hence a strong incentive for pork-barrel politics for trade unions and employers. With national minimum wages, again we might find no sectoral/occupational divides, but maybe a national minimum wage creates unemploy-

ment or social exclusion. A stronger theoretical focus might have helped to unravel these different scenarios.

Despite these criticisms the edited volume is a very valuable addition to the literature. It sharpens our understanding about outsiders in terms of poverty, labour-market exclusion and political alienation; it maps the different national paths to dualisation; and it reveals some of the structural and political determinants of dualisation in the long run.

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Kai Leichsenring, Jenny Billings and Henk Nies (eds.): *Long-Term Care in Europe. Improving Policy and Practice*
Basingstoke 2013: Palgrave MacMillan, 416 pp.

A growing number of books in recent years are addressing different issues and perspectives on Long-Term Care (LTC) in Europe, examples being the articulation between formal and informal care in different Welfare regimes, interaction with other social policy sectors, such as employment and gender equality, the governance of home care, or the more general matter of the ongoing reforms in LTC in different European countries. What has prompted such a large amount of research is the important challenge that is facing decision makers, academics and citizens: the ageing of society. This phenomenon and its consequences on health care, social care, insurance systems (including pension systems), employment markets, and housing are often portrayed as the 'ageing tsunami' or as a threat to the sustainability of developed welfare systems [Colombo et al. 2011].

Analysis of measures in the field of LTC introduced by policymakers does not always consider the different levels of implementation and, even less so, the explicit

demands formulated by the groups targeted by these policies. From this point of view, and compared to many other publications, *Long-Term Care in Europe. Improving Policy and Practice* represents a rich and very welcome contribution. It proposes a cross-national analysis of LTC in Europe, adopting a multilevel perspective that combines the policy level (macro), the organisational level (meso), and the levels of professionals, users and carers (micro). It also reveals the very positive contribution of the LTC sector to demonstrating the importance of a better understanding of the gaps between cure and care, health and social services, and the numerous paradigm shifts that are at work in this sector, where patients are no longer just patients but are defined as 'users', 'clients', 'consumers', 'citizens' or 'people with LTC needs', depending of the rationales at stake among actors.

The complexity of the LTC sector is perfectly described and explained in this collective book, which was written by 30 authors, has over 15 chapters, and is the result of a long process of research. It originated out of INTERLINKS, a 7th Framework Programme of the EU, that was conducted between late 2008 and the end of 2011, involving a consortium of 40 scholars, 15 partners in 13 EU Member States and Switzerland, representing very different 'cultures of care' in Europe. The objective of this consortium of research was to get beyond policy divisions between formal and informal care, or between health and social care services, in order to reach shared definitions, and to 'elaborate on the interfaces and links between prevention, rehabilitation, quality of services, informal care and governance' (p. 5). This is certainly a very challenging endeavour as the aim is to get past a list of obstacles and focus on the progression and improvement of policy and practices in order to show the way to improve LTC policy at the EU level.

The first chapter of the book (by Jenny Billings, Kai Leichsenring and Lis Wagner) sums up this process of production.

INTERLINKS proposes a method to reach this global objective, that is, a shared understanding of LTC (using the 'vignettes' method), and suggests the construction of a database with hundreds of examples of validated practices in LTC for older people in order to identify best practices and the conditions for their implementation or circulation between countries. This construction of an interactive website involved national expert panels made up of policy-makers, users' organisations, representatives of providers, and researchers. Among these promising practices, we can mention user-centred care, joint working, care coordination, support for informal carers, new approaches to integrated care provision, advancements in quality development, the use of information technology, and even controversial issues like migrant care work or ethical issues concerning palliative care are considered.

In Chapter 2, Henk Nies, Kai Leichsenring and Sabina Mak focus on the central question: what exactly is LTC? This chapter underlines the fact that 'the connections between [the] formal systems and the resources of informal care have not yet developed into an integrated LTC system' (p. 19). The authors highlight the need for a new 'LTC for older people identity', which requires overcoming a threefold challenge: going beyond the dominant paradigms of the 'quality of care', the opposition between health care and social care, and the dichotomy between formal and informal care. They identify a new LTC paradigm and values, such as substituting the traditional health-care concept of passive recipients of care (being a 'patient') with an LTC perspective that views the person as an active and empowered service user, or replacing the prevailing 'quality of care' paradigm with a quality of life, self-care and dignity LTC paradigm. But even if there are some signs that such a new paradigm is emerging (opposed to the traditional paradigms of medical care and social care), it remains invisible in most countries. The

authors are therefore right to underline the challenge that applying this perspective represents on the levels of society and organisations, and the barriers that have to be overcome to integrate services at all levels as an answer to the overall fragmentation on different levels of LTC.

The second and third parts attest to the book's real methodological challenge, which is to provide a comparative analysis at the European level and not just a sum of different chapters presenting national case studies. But the book has even greater ambitions. It not only identifies innovative practices across European countries, but presents a range of 'good practices' and the conditions under which they can be transferred between countries, taking into account their different cultural, historical and structural contexts.

The second part of the book more specifically addresses the question of overcoming the dichotomies between health care and social care (and their corresponding paradigms), and between formal and informal care. Chapter 3, by Michel Naiditch, Judy Triantafillou, Patrizia Di Santo, Stephanie Carretero and Elisabeth Hirsch Durrett, proposes a critical analysis of the emphasis on the active-client paradigm in recent LTC policies and the renewed interest for the providers of informal care in two groups of users of long-term care services—older people, and their informal carers, who are usually family members, friends and neighbours. The authors insist on the conflicting nature of these relationships, contrary to the dominant paradigm which considers caregivers to be mainly guided by positive values of caring (love and affection, a sense of duty and obligation, and so on). The chapter also questions the pertinence of the new consumer-oriented paradigm of choice when applied to LTC through the issue of cash for care. It examines its impact on older users and their carers in a cross-national perspective by acknowledging a range of negative effects. This chapter contains very useful ta-

bles proposing an analytical scheme for classifying measures relating to informal carer support policies (pp. 63–66).

In Chapter 4, Kerry Allen, Jon Glasby and Ricardo Rodrigues focus on the opposition between health and social care, but also on the best way to promote more effective partnerships between them, through the concepts of linkage, coordination and integration. Chapter 5, by Jorge Garcés, Francisco Ródenas and Teija Hammar, links these two perspectives (informal *versus* formal care and health *versus* social care) in a comparative way, confronting the Nordic and Mediterranean approaches. This chapter offers, for instance, a very clear picture of the positive input of case managers to facilitate hospital discharge and a better use of health and social services. Finally, Chapter 6, by Pierre Gobet and Thomas Emilsson, deals with the notion of integration, which, next to such notions as coordination and networking, is seen as a promising principle for reconstructing LTC. The authors discuss several definitions of integration and present a 'different take on integration, which is understood as a "boundary redefinition process"' (p. 119). In this perspective, integration is viewed as a process that not only configures closer ties between entities, but also modifies the relationship between entities by transforming the entities themselves (p. 119).

The third part of the book presents a range of good practices emerging across Europe. Chapter 7, by Suzanne Kümpers, Georg Ruppe, Lis Wagner and Anja Dietrich, concentrates on the need to apply a comprehensive perspective to prevention and rehabilitation (P&R) within LTC. Two types of interventions are emerging, ranging from isolated to systematic P&R strategies at the opposite ends of a continuum. The first type—linear and disease-oriented—is predominant across Europe, whereas the second—person-centred and comprehensive—is being developed in the UK, Denmark and the Netherlands. The au-

thors highlight the need to exercise caution in the manipulation of instruments, which 'can counteract collaborative processes needed to shape comprehensive care pathways' (p. 164). They also discuss current debates on the risks of transferring responsibility from the state to the individual level, leaving the individual to cover his or her own care needs, including the P&R of LTC. The next chapter, by Kai Leichsenring, Henk Nies and Roelf van der Veen, addresses a central issue for LTC—the question of quality. It begins by expressing concerns about the adequacy of some quality management and assurance activities connected with LTC's specific requirements. One factor that 'complicates' the definition of quality in LTC is the vast range of stakeholders, in particular, frail people themselves and informal caregivers. The emergence of a shared view of LTC systems is identified as the first step necessary in order to define LTC and quality management. Small initiatives towards such a vision can be seen in Finland, the Netherlands and the UK. But a wide range of challenges still need to be addressed with respect to the development of quality management in LTC. The chapter ends by identifying these challenges and by posing a range of questions concerning the quality assessment needed to attract practitioners in LTC and the incentives for promoting quality management and improvement within and across organisations.

In a similar approach, in Chapter 9 Ricardo Rodrigues and Henk Nies discuss the appropriateness of applying the notion of cost-effectiveness to LTC. The person receiving care is often also the co-producer of care, which in some cases renders the quantification of resources employed in LTC irrelevant. The next two chapters deal with issues that concern providers of care to frail elderly people. Chapter 10, by Rastislav Bednárík, Patrizia Di Santo and Kai Leichsenring, analyses the phenomenon of migrant carers, who are private care workers, in response to the widening 'care gaps'.

Migrant care work is developing rapidly in many (mainly Southern but also Western European) countries as an easy way of reducing costs and making up for low public investment. The authors distinguish between three different types of migrant care worker. One of the specific characteristics of migrant carers is that they are situated at the interface between formal and informal care. The chapter analyses the perspectives both of destination countries and of the source countries of migrant carers. It ends with an empirical analysis based on Slovakia, describing emerging practices that help to protect the rights of both private care workers and families. The next chapter, by Kvetoslava Repková, Karin Stiehr and Barbara Weigl, concentrates on volunteering as a potential area for social innovation. Volunteers are important stakeholders in so far as the provision of LTC is concerned. Still, there is a need to raise the profile of volunteers and to improve the supporting conditions for this activity. Both organisational and individual levels are analysed in the chapter. A delicate balance needs to be achieved between the call for professionalising volunteer management and the risk this could pose to paid staff if their numbers are cut and they are replaced by volunteers.

Chapter 12, by Jenny Billings, Stephanie Carretero, Georgios Kagialaris, Tasos Mastrogiannakis and Satu Mariläianen-Porras, addresses a more technical issue—information technology and innovative applications in LTC. Developments in this area are viewed as a way of putting the user at the centre of the system, reducing the burden on informal carers and offering solutions for elderly people suffering from different pathologies, such as diabetes. Nevertheless, some pragmatic difficulties need to be overcome to make these technologies transferable to different national contexts. The third part of the book ends with a chapter dealing with palliative care within LTC, by Laura Holdsworth and Georg Ruppe. It reviews palliative practic-

es across Europe, describing a number of 'good' examples such as multidimensional care, patient-centredness and the integration of services and sectors.

The fourth part of the book contains the two concluding chapters. Jenny Billings devotes Chapter 14 to the conditions required to improve the evidence base. Billings underlines the difficulties in combining emerging practices, experimentations and evaluation or evidence-based approaches. The lack of evidence is certainly an obstacle, but the author argues that social care and health care evaluations also need to be more pluralistic and dynamic in order to avoid the rigidity and/or mechanical use of evidence-based approaches. The INTERLINKS project is certainly a good example of this compromise between the need to validate and link good practices and experiments with evidence, and the necessity to include a more global and pluralistic approach by taking into account project effects on users, carers and organisations. In Chapter 15 Kai Leichsenring, Jenny Billings and Henk Nies summarise the main arguments and findings of the book, highlighting key challenges and what still needs to be addressed in the field of Long-Term Care for elderly frail people and old people in need of care.

To conclude, the book makes a major contribution in numerous respects. It is worth underlying again the significance of the INTERLINKS Framework for LTC analysis. It also represents a valuable review of a range of 'emerging practices' that provide evidence for the sector's dynamism cross-nationally. In that sense, once again, the European Centre Vienna has demonstrated its wonderful capacity to coordinate, interconnect and compare at the EU level—the best way to promote and adapt our respective national social policies. But we are somewhat more sceptical as far as understanding the exportability of these practices is concerned. As the authors themselves recognise, solutions that have proved successful in some contexts

are not always transferable. Political scientists have emphasised the great importance of 'national prisms' and of the 'translator agents' when transferring policies and 'best practices' from one context to another. Knowledge provided by the sociology of the professions indicates also that various forms of resistance can arise when it comes to changing professional identities and practices.

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Note: The print edition of issue no. 6/2013 mistakenly omits Alis Sopadzhian as the second author of this review. The editors apologise for this error.

Robert A. Hahn and Marcia Inhorn
(eds.): *Anthropology and Public Health: Bridging Differences in Culture and Society*

New York 2009: Oxford University Press,
730 pp.

The field of global public health is currently undergoing a dynamic transformation. As Robert A. Hahn and Marcia Inhorn describe in their introduction, while the 20th century was marked by major advances in combating infectious diseases, the 21st century has seen a shift towards an increasing burden of chronic diseases, which are now