节选自2018年12月第一套试题

Questions 22 to 25 are based on the recording you have just heard.

22. A) The lack of supervision by both the national and local governments.

B) The impact of the current economic crisis at home and abroad.

C) The poor management of day centres and home help services.

D) The poor relation between national health and social care services.

23. A) It was mainly provided by voluntary services.

B) It mainly caters to the needs of the privileged.

C) It called for a sufficient number of volunteers.

D) It has deteriorated over the past sixty years.

24. A) Their longer lifespans.

B) Fewer home helpers available.

C) Their preference for private services.

D) More of them suffering serious illnesses.

25. A) They are unable to pay for health services.

B) They have long been discriminated against.

C) They are vulnerable to illnesses and diseases.

D) They have contributed a great deal to society.

答案：

22.D 23.A 24.C 25.B

听力原文：

Today's crisis in care for older people in England has two main causes. First, people are living longer

with a lot more complex needs. Second, they rely on a system that has long been marked by a poor

relation between national health and social care services. Current services originate in two key measures. They are the National Health Service and the 1948 National Assistance Act. This required local governments to provide residential accommodation for older people and supervise care homes run by independent organizations. They also provided home and community services, including meals, day centres and home helpers and other subsidized services. The National Health Service was free and wholly publicly provided. It delivered the best health care for all.

No such vision guided residential and community care though. The care was substantially provided by voluntary services which worked together with local authorities as they long had, with eligibility based on income. Today, life expectancy has risen from 66 for a male at best in 1948 to around 80 now. In addition, there is better overall health and improved medical knowledge in care. This means an unprecedented number

of people are surviving longer in conditions requiring experts' support. Families provide at least as much care as they ever did. Even so, they can rarely, without subsidized support, address serious personal needs. Care for older people faced persistent criticism as these trends became apparent. From the early 1960s, local authorities were required to plan health and welfare services. The aim was to enable older people to remain in their own homes for as long as possible. But this increased concern about the lack of coordination between free health and paid-for social care. Through the 1970s, a number of measures sought to improve matters. However, at a time of financial crisis, funding diminished and little changed. In the 1980s, the government cut spending. Meanwhile, preference for private over public services made management even more difficult. Simultaneously, the number of sick older people grew. Governments emphasized the need to improve services. They did so, though, while doing little to stop the erosion of available aid. Services were irregular across authorities. Unless you were prepared to pay, they were increasingly difficult to obtain for any but the most severely disabled.

Why has 60 years of criticism produced so little change? Discrimination against older people has a

long history. Additionally, those affected by inadequate health and social care are too vulnerable to launch theprotests that have addressed other forms of discrimination.