

Review Symposium

DO THE ELDERLY GET VALUE FOR MONEY?

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E. Matilda Goldberg and Naomi Connelly, *The Effectiveness of Social Care for the Elderly*. Heinemann, London, 1982, pp. 258, £6.50, ISBN 0 435 833545.

The discussion which follows does not attempt to review comprehensively what is in itself a comprehensive review. This commentary is in four parts; first, the overall approach of the authors to their task; secondly, certain specific issues raised by the authors are debated, the choice of which (out of a multiplicity) is dictated by the reviewers' own interests and preoccupations; thirdly, certain gaps or 'thin-nesses' are pointed out; fourthly, the overall impact of the book is briefly appraised.

This is an ambitious book, in that it attempts to survey an extremely wide area of research activity, even though the authors impose their own limits by concentrating mainly on social care provided by the personal social services or through voluntary activity. The only substantial exception is a chapter which deals in part with sheltered housing. It is irritating if reviewers reproach authors for not having written a different book, and the boundaries drawn round the content are quite defensible with, I believe, one important exception. That is to do with the structure and professional links between health and social care. Whilst this literature review could not have moved into the territory of health care without a massive extension of its scope, there was room at the boundary for some consideration of the challenges and problems which divided services for the frail elderly pose. For example, experiments in joint funding arrangements have been the subject of descriptive research, a mode which is utilised elsewhere in the book.

Part I, 'The Methodology of Evaluation', is written with admirable clarity and will be helpful to students and, perhaps especially, to practitioners and managers, whose main interest lies in the substance of the book but who need some guidelines about the aims and methods of evaluative research. Those who are specialists in research methodology

will probably feel some frustration that there is no whiff of the controversy surrounding the nature of evidence in the social sciences and the best means of obtaining it. A sub-heading in the book (p. 257) suggests 'there are many roads that lead to Rome'. For the authors, however, this seems to apply to service provision rather than to research. One has the impression that there is only one real road to evaluation, a road beset by many obstacles, which it is the task of the researcher to clear. Perhaps, in humility, one should remember Polanyi's warning:

If the scientific virtues of exact observation and strict correlation of data are given absolute preference for the treatment of a subject matter which disintegrates when represented in such terms, the results will be irrelevant to the subject matter and probably of no interest at all (Polanyi, 1958).¹

The difficulty for the authors is that once other than purely evaluative research is admitted as evidence, it is by no means clear where the boundaries should be drawn. The authors, quite properly, draw extensively upon descriptive and analytic work, pointing out that it is often a necessary precursor to sound evaluation. But quite what they will accept as important within that category is not clear. Their criteria for omissions are never clarified, nor the reasons for giving weight to some descriptive research and not to some other, especially in areas relevant, but not central, for their theme. (This will be further discussed in relation to social work.) These are obviously matters of complex academic judgement, which arise as soon as one decides to consider work which feeds into evaluative research. The criticism should not detract from the fact that the range of research considered is impressive.

The second part of the book begins with a rather weak chapter 'Evaluating Trends in Community Care'. This is too simplistic an account to be helpful. Either the reader knows more or he needs to know more, and there is an ample and growing literature from which to learn. For example, the extent to which research has influenced policy guidelines (p. 44) is a complex and contentious issue, and 'the cross fertilisation' is neither as self evident nor as general as the authors state. The penultimate sentence: 'But we are still a long way off achieving territorial justice' (p. 48) seems somehow to imply that this, an agreed objective, is difficult to achieve. The potential reality is not thus. However, this is not the meat of the book, which is contained in the comprehensive chapters which follow on domiciliary care, social work, day care and voluntary activity.

It is at this point, in the second part of this critique, that the choice of matters to raise must reflect the particular interests of the reviewer, for there is a superabundance of questions for debate.

The chapter on domiciliary care is mainly concerned with home help provision and meals on wheels. The critical part played by the former in the support of elderly people makes the evidence from a wide variety of sources of great importance for those who manage services and formulate policy. Goldberg and Connelly show that 'whatever the reasons, the mismatch between apparent need and actual service delivery' is marked (p. 57). It is apparent that the role of the Home Help Organiser is crucial for the effective provision of this service which, as the authors point out, must include a system for *reassessment* if need and provision are to remain in equilibrium. The authors assert, with justification:

'Whatever the pattern of coordination or integration of service, the role of the H.H.O. emerges as critical. The studies highlight two major organisation problems; the multiplicities of roles the H.H.O. has to carry out; and the enormous variation in work loads even in one authority (p. 68).

The complexities of the role are discussed, but not the place of the H.H.O. within the overall structure and hierarchy of social services departments. It is not simply a question of their weaknesses in relation to social workers, although it is clear that co-operation between the two groups is often rudimentary. There is also a question, paralleled in the position of occupational therapists, about the status and career line for such personnel within social service departments. In the case of H.H.O.s, training needs should also be more clearly identified in relation to role and the technological developments which are certain to affect their work. It is probably no exaggeration to say that the effectiveness of social care for many elderly persons pivots upon the effectiveness of the H.H.O. The review has highlighted major areas of concern, which require urgent attention, but has not addressed some of the central questions arising from the findings.

This chapter is strangely silent about the role of occupational therapists and, considering the emphasis given to other themes, is oddly superficial about the associated question of aids and adaptations. One gets the impression that the authors are not very interested in this area of disablement generally – hence, perhaps, the fact that boundaries between health and social care do not receive much attention. The roles and tasks of occupational therapists, social workers and social work assistants respectively in this important element of domiciliary provision require further clarification, upon which research in progress at Keele University should throw further light.

Social work is discussed fully in chapter 6, though referred to at various points elsewhere, including the conclusions. It is difficult to get

to the core of the authors' views and therefore to provide an effective critique. It is a pity that the central issue – how social workers work, or do not work, with elderly people today – is preceded by more general, rather sketchy observations about social work and evaluative research generally in the past twenty years. This is a complex matter, deserving of further treatment in a book of this standing. For instance, the differences between the USA and UK are not stressed; although American research is utilised, the atypicality of the British agency, which Timms and his American colleague Mayer² chose to explore in 1970, is not given weight in an account of the findings. Furthermore, the use of this work and that of Rees³, with scant and somewhat selective reference to Sainsburys⁴ scholarly research in the same area is odd. (The latter major work was in progress during the period of this review and preliminary findings were available.) However, in a sense this does not matter. What of today? The evidence that the attention and enthusiasm of social workers in S.S.D.s has not been focused upon elderly people is clear. It is for debate whether this has anything to do with the characteristics of social workers, as the authors suggest, or is a reflection, in common with other professionals, of pervasive social attitudes and of countervailing pressures in the way their jobs are defined. Certainly, it had seemed to the reviewer that the tide was on the turn, to judge by the emergence of successful British texts, such as that of Rowlings⁵, by well-attended conferences and other such professional straws in the wind. Unfortunately, just as such initiatives seem to be bearing fruit, one sees the force of competing and legitimate demands on social work time. Child abuse does not go away; new mental health legislation is introduced; a select committee deliberates on children in care, and so on.

This leads to a question with which, it has to be said, the authors do not grapple well, namely the issue of specialisation in social work. It would be improper not to declare an interest in the topic as the author of a recent book on the subject⁶. But the issues are central to the definition of an appropriate role for social workers in work with elderly people. Goldberg and Connelly devote considerable space to an account of developments in 'patch' social work and its relationship to informal care. They suggest, with good evidence, that such ways of organising service may be of particular benefit to the frail elderly many of whom are, perforce, dependent on *local* networks for their wellbeing. Social work attempts to support, or even to promote, such networks are surely a priority for evaluative research. The first and third of their concluding questions are: 'Do these' (social casework) functions demand post-qualification specialisation in gerontology?: and

How can collaboration between health and personal social services be brought about... based upon firm organisational arrangements and structural mechanisms designed to enhance collaboration? (p. 114).

Their answer to the first is confusing.

If generic training equips social workers to tackle problems associated with childhood, adolescence and family functioning, why should it not prepare them to deal with problems of old age at home when 15% of the population are senior citizens? (p. 255).

It is not clear what the authors mean by gerontology, since they go on to say that some specialisation in the case of the elderly may be appropriate amongst senior social workers. The issue, however, is a much wider one, concerned with post-qualifying studies generally. There is no incompatibility between a reasonably solid initial training and the need for continuing education afterwards.

The other question posed, however, concerning organisation and structure, should logically precede the consideration of training. It is not answered. For what are social workers to be equipped? The relationship between 'patch social work' and specialist teams is not considered in this book, although at the very time when the former is being advocated in some places, a strong opposing trend in the development of specialist teams for the elderly, or a combination of client groups including them, is apparent. It is a serious flaw in this analysis – as in the Barclay report⁷ – that the evidence of this opposing trend, the respective contribution of each model and the tensions inherent in their relationship, is not considered.

A final comment on the social work analysis: the evidence suggests that the potential role of the social worker covers many aspects not conventionally described as casework (though that takes us down some definitional by-ways). What is not clear is whether the authors have accepted that in a minority (but not insubstantial) number of cases, social work involvement will be long-term even if task-centred and -focused. There is a tendency to confuse the merits of purposeful intervention with short-term work. When one considers the burden of care over many years by relatives who tend the mentally infirm and who, as Levin suggests (cited by the authors, p. 149) find it difficult to express negative attitudes to volunteers, the potential long-term skilled role 'in relationship work' with *some* families seems clear. It would have been helpful to see this confirmed, which is to not to suggest that other roles and tasks will not usually predominate.

The burden on this reviewer of issues unraised also weighs heavily. Suffice in conclusion to say that there are some surprising and some not

surprising gaps. It is surprising to find the Crichton Royal Behavioural Rating Scale scales appended to the chapter on residential care, without any appraisal of their limitations and problems of application. It is very surprising to find such a poor index in a book of this kind. It is not surprising to find the section on 'assisted lodgings' (what an awful phrase) so thin, since research is sparse; yet the potentialities and limitations of such a form of provision need urgently to be related to the impetus given, and resources devoted, to foster-home finding for hard-to-place children and for mentally handicapped adults.

In summary: this is work which needed to be done. We should be glad that commitment to the frail elderly should have been expressed through a programme of research, with considerable breadth and depth, ably surveyed and analysed by Goldberg and Connelly. Any researcher is likely to point to omissions and any policy analyst to its naivety in this area. It will nevertheless, be widely used by those 'at the sharp end' as a resource and will contribute to dissemination of findings which is urgently needed.

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NOTES

- 1 Polanyi, M. (1958). *Personal Knowledge: Towards a Postcritical Philosophy*. London, Routledge & Kegan Paul.
- 2 Mayer, J. & Timms, N. *The Client Speaks*. Routledge & Kegan Paul, London, 1970.
- 3 Rees, S. *Social Work Face to Face*. Edward Arnold, 1978.
- 4 Sainsbury, E. *Social Work with Families*. Routledge & Kegan Paul, 1975. Sainsbury, E. & Nixon, S. *Social Work in Focus*. Routledge & Kegan Paul, 1982.
- 5 Rowlings, C. *Social Work with Elderly People*. Allen & Unwin, 1982.
- 6 Stevenson, O. *Specialisation in Social Service Teams*. Allen & Unwin, 1981.
- 7 'The Barclay report' *The Roles of Social Workers*. Bedford Square Press, London, 1982.

'Who are you, aged man,' I said, 'and how is it you live?'
 (The White Knight's Song – *Alice through the Looking Glass*,
 Lewis Carroll)

In 1981 these authors edited and published an international review of evaluative research of the social care provided for people of all ages with many different kinds of problems.¹ A year later, this second book narrows the focus to British evaluative studies of services for the elderly.

Despite such industry, I think it useful to start this review by clearing the ground of what the book does not set out to do. Firstly, it does not attempt to evaluate the social care provided directly by central government through pensions and indirectly by grants to local government. In the main, it is a book about local practice not central policies, a limitation recognised by the authors. Of course, the sound foundations of good health care and adequate income are essential to underpin effective local social care. The policy set out in *Growing Older*,² placing the primary responsibility for the care of the elderly on family, neighbours and volunteers, reminds me of the unreal, inverted world of Lewis Carroll's *Through the Looking Glass*, especially as every time the aged man responded to the quoted exhortation he was clumped! The effectiveness of local services, especially of an informal or voluntary nature, is impaired by poor provision of the things local services cannot provide. I do not offer this as a criticism of the book, but rather to set the framework and emphasise what it does attempt, that is to evaluate the care provided by local *personal* social services and to a much lesser extent by special accommodation. Of course, because of the complexities of the subject, it is quite beyond the scope of the book to consider local *health* care, as a glance at Clark and Forbes³ shows, but the two types of service are interdependent, especially for the elderly, whose physical and mental frailty requires social support.

Evaluative studies are usefully classified under two heads: those that attempt a systematically detailed account of how a service is provided, usually referred to as *monitoring* or *process evaluation*, then those that, whatever the content, try to assess the benefit, if any, to the person helped – *experimental* or *outcome evaluation*.

Systematically, the authors' review studies within this framework as applied to four settings and services: Domiciliary, Social Work, Day Care Services and Voluntary Action. I believe a more helpful order would have been to have moved from the mainly practical (Meals-on-Wheels, Aids and Adaptations) to those mostly practical but with important friendships (Home Helps) and then those mostly friendships but with some practical (Volunteers) and lastly to the concern, sympathetic assistance and assessment, based upon specialised knowledge and the authority to use other resources (Social Work). After these community services come studies on Assisted Lodgings, Sheltered Housing and Residential Care.

It will come as no surprise to the reader of this Journal that most of the studies reviewed are of monitoring and far fewer attempt experiment. It is quickly clear that there is a great deal more research than generally appreciated, much of it unpublished or in publications of very limited

distribution. Many of the smaller studies carried out by local authority researchers are on practical services such as Meals or Home Helps whose efforts can more easily be counted. It is clear how indebted we are, not only to these authors but to colleagues responsible for the Clearing House for Local Authority Social Services Research. The list of references for chapter 5 on Domiciliary Care illustrates how much work is to be found there. Surely some way should be found to make these data more widely available.

The potentially larger but comparatively uncharted field of volunteer support is considered in chapter 8. As it is my own field of work, I would like to expand a little to illustrate how research described in the book can be used to test out policy assumptions.

The concept of 'neighbourliness' and its possible translation into a solid contribution to the overall pattern of care is a crucial issue for both local services and the present government. The authors quote the 1981 White Paper *Growing Older*, which states that 'the primary sources of support and care for elderly people are informal and voluntary'. It goes on to outline the aim of community self-help. 'These [the primary sources] spring from personal ties of kinship, friendship and neighbourhood. They are irreplaceable. It is the role of public authorities to sustain and, where necessary, develop – but never to displace such support and care. Care *in* the community must increasingly mean care *by* the community.'

These are very large hopes indeed and, as the authors point out, contrast with the low expectation social workers have of volunteers.⁴ As they say, assuming the potential is there to meet the need, should a society with high and possibly permanent unemployment try to mobilise the better off to give free help? What is the reality between the markedly different attitudes of social workers and politicians? Perhaps it would be better before trying to unravel these complicated policy issues to use the results of some of the research outlined in the book to see if volunteer potential is there or not.

It is clear, for instance, from Abrams *et al.*'s national survey of Good Neighbour Schemes⁵ that there are many hundreds, perhaps several thousand, groups of volunteers providing neighbourhood care. However, the 'mapping' of that survey was very incomplete, with considerable regional variation and overall just over half of those contacted sending back information. Another approach is to ask the general public whether or not they are involved in volunteer activity. Data from the General Household Survey showed 3% claimed to give help directly⁶ (of course not only to the elderly but to all age groups). But for how long? How frequently? How regularly?

As a guide to those retirement areas where nationally live 12% of all pensioners with high proportions of the very elderly, our own work in Weston-super-Mare included thorough investigation of the potential and of the actual volunteer response.⁷ Over several years and on three separate occasions in districts of different character there was a 1% response from the general public of those aged 16 and over. Follow-up over six years showed that the usual operating level was about half of all those who initially volunteered and started. For a seaside town of 53,000 total population this means that there are 150 volunteers available. Usually volunteers have time to visit one or at most two elderly people needing help... say 300 are visited. How many need visiting if volunteers are to be one of the two 'primary sources of support'? (In addition to the existing level of statutory primary health and social care.)

The town has 9% of its total population aged 75 and older. Work by Hunt⁸ shows about one-third of this age group to be so frail as likely to need support. A careful screening survey of one health centre practice population confirmed this to be the case. One-third of the age group had three or more limiting symptoms and restricted mobility, and could not manage at least one essential personal or household task needed to enable independence. One-fifth overall needed the type of help that a local neighbourhood volunteer might give and asked for someone to call immediately. For the town this means 1,000 elderly people aged 75 and over requiring support. It seems then that in such retirement areas for every person in this age group needing and receiving volunteer help there would be two others for whom there are no volunteers. As the book says, such studies need replication in similar and other environments, but it seems unlikely in those parts of the country with the highest proportion of the very elderly that there could be anything like enough organised volunteer neighbourhood care.

Even for those receiving such support, there are vital questions of the content and quality of the volunteer-care to be considered. Here the reports from The Volunteer Centre⁹ are encouraging, and my own experiments show volunteers to be sensitive and flexible if properly supported by the professionals. However, before a national policy of neighbourhood care can become even a limited reality, much remains to be done.

Throughout the book the authors not only array clearly the great volume of research reviewed but thus also highlight the gaps in knowledge – can we learn from the very elderly who manage so well and need no support; are social workers able to fulfil the key 'social planning' role as spelt out in the Barclay Report;¹⁰ if we are to learn

whether or not 'social care' works have researchers the appropriate measures of outcome?

Overall the tone of the book is cautiously optimistic. Clear advances in research methodology; many imaginative innovations in care; a lot more is known than generally recognised before it was brought together in this way.

A final caution from the authors: 'How to translate even freely accessible knowledge into policy and practice remains one of the hardest nuts to crack.' Well, reading this book will help!

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NOTES

1. Goldberg, E. M. and Connelly, N. (eds). *Evaluative Research in Social Care*. Heinemann Educational Books, London, 1981.
2. D.H.S.S. *Growing Older*. HMSO, London, 1981.
3. Clarke, E. M. and Forbes, J. A. *Evaluating Primary Care*. Croom Helm, London, 1979.
4. Hatch, S., Smolka, G. and Mocroft, I. *Social Service Departments and the Community*. Policy Studies Institute London, 1981.
5. Abrams, P., Abrams, S., Humphrey, R. and Snaith R. *Action for Care: a Review of Good Neighbour Schemes in England*. The Volunteer Centre, Berkhamsted, 1981.
6. Office of Population Census and Surveys: General Household Survey – Annual Report. H.M.S.O. London, 1977.
7. Power, M. J., Clough, R., Gibson, P. and Kelly, S. *Helping lively minds – a volunteer experiment in residential care of the elderly*. University of Bristol, 1982.
8. Hunt, A. *The Elderly at Home*. H.M.S.O. London, 1978.
9. *Directions in Neighbourhood Care*. The Volunteer Centre, Berkhamstead, 1978.
10. *Social Workers – Their Role and Tasks*. Bedford Square Press, NCVO, London, 1982.

I read this book with great pleasure, but mounting apprehension as I registered the weight of the material to be taken aboard and applied – so much research summarised so succinctly. The final chapter was, therefore, a relief as Goldberg and Connelly pose some unanswered questions, some of them unanswerable. So it is in practice.

I work at the management end of a Social Services Department – East Sussex – serving an authority with a very large elderly population. The 1981 Census showed 10.9% of the resident population to be over 75, compared with an average 5.7% in England and Wales. In East Sussex 2.3% of the population is aged 85+ (1% in England and Wales): elderly people here make big demands on society but also a big contribution. The book rightly emphasises the need to mix and match

the contributions with the demands – an act that in practice requires artistic judgement as much as professional skill.

I only have space to pursue two of the themes that run through this book, one conspicuous by its presence, the other by its absence. The first is the writer's focus on assessment of needs as the prerequisite of effective social care. The second is the almost complete exclusion of any reference to income and wealth, and the economic and political climate of the 1980s. This is extraordinary, but clearly reflects the preoccupations of those who have commissioned and carried out research in this field.

Tilda Goldberg believes in the need to Be Clear About What You Are Doing And Why. This is obviously essential, but experience suggests it is difficult to achieve in practice. The research confirms this. When we talk about the assessment of need and set up systems to achieve it I think we very often put practitioners in the same position as research workers asked to investigate preferred forms of service – it becomes a hypothetical exercise. Thus in East Sussex we established an elaborate system of Elderly Needs Assessment that fell into disrepute because it was too comprehensive. It did not link directly to available resources, and was, therefore, partly hypothetical. And while each part was relevant to somebody most of it was irrelevant to most of the customers. Like the security staff at an airport, staff became dazed by the boring familiarity of 95 % of what they saw, just as the routine body search fails to reveal the unexpected bulge. The need, clearly, is for assessment not of *needs* but of *task*.

I have a working hypothesis-not refuted and partially confirmed by this book – that meaningful assessment of task will only happen where two conditions are met. The first is that practitioners assessing the task should be in control of or in a direct bargaining relationship with those who hold the resources needed to carry out that task. In practice, most of the systems and methods of the personal social services seem to make this as difficult to achieve as possible, in spite of Seebom. There are nevertheless some promising ways forward. The University of Kent Personal Social Services Research Unit's Thanet Project is one, in which the welfare team have the power to choose how they will spend money on a client, but must pay for all services, including those normally provided 'free'. Our own development of the patch system in East Sussex is another. We have 44 patch teams, each serving on average a population of 16,000. Each team includes social workers, one or two welfare assistants, and the Heads of local Homes or Day Centres. Most include a Home Help Organiser. Each team has a manager, who is not necessarily a social worker. So our practitioners assessing the task in relation to an individual client are in direct control of resources or in

a good negotiating position (particularly with the voluntary and neighbourhood networks, primary health care teams and housing). Hospital-based geriatric services are unevenly distributed and less closely linked.

The second condition to be met if practitioners are to assess the task in a meaningful way is the responsibility of management, who must be primarily concerned with task definition rather than system maintenance throughout the organisation. This is about the process of management rather than its structure, about style and virility at all levels. Recent experience suggests that the introduction of Business Accountants to the audit and inspection of public sector services will focus attention on the effectiveness of services, subsuming more limited measures of efficiency and probity. The Accountants will be looking at the translation of policies into plans into practice, and will thus be fishing in the pool traditionally named Research (while taking their fees from a government that has substantially reduced support for research activities). In East Sussex we have sought to anticipate these developments by introducing monitoring and inspection systems, and organising systematic project evaluation as part of each Area Development Programme.

Within this context, the published research that seems most immediately of use in the development of social services policies is of the kind Goldberg and Connelly describe as 'cross-sectional', where a structure, a method and its application are all evaluated.

However clear our policies for meeting the needs of the elderly, and however firm the leadership, those involved in assessing the task in relation to individual needs must have the necessary experience and basic skills. That is a problem which this book addresses in principle, but the scale of the problem does not emerge so clearly. In East Sussex, for example, we employ 1,300 full-time equivalent staff who work exclusively with the elderly (over 2,000 individuals). The majority have had training that must be measured in hours rather than days. We have an annual training budget of more than £0.5m and 15 full-time training staff, but it will take some years even to meet the more basic training needs.

Tilda Goldberg and Naomi Connelly have written an excellent guide to research into the effectiveness of social care for the elderly. However, I am startled to find so little reference to income and wealth as major determinants of need and demand for service. I suspect that a similar book on the social care of children could not have been written without substantial chapters on poverty and income maintenance. Perhaps the omission is somewhat less surprising if one considers how little

information of this kind is available from government to show the differences in the socio-economic characteristics of the elderly population between local government areas. Thus, for example, decisions on the distribution of Home Help hours between areas may still be taken on the crude basis of past demand in relation to the gross numbers of elderly people. In practice income is obviously a major determinant of the need for social care. Personal income above that needed for subsistence cannot buy friendship, but can buy transport to visit friends. It cannot buy good health, but can buy adequate heating, and keep the house in good repair. Elderly people with adequate income but in need of help have previously had a choice – whether to accept a welfare service provided by the local authority, free or at a charge, or buy what they need on the private market. Goldberg and Connelly question whether this choice will continue to be available, or whether at some time in the future local authorities may restrict their service to meeting the needs of the poor. This is hardly a question for the future: some social services departments already ration by income, screening out those applicants for domiciliary services or residential care who can afford the full cost and directing them to the private market. Thus the redevelopment of a Poor Law service is a policy option for the 1980s not a spectre for the 1990s. This is inevitable in a situation where all policy decisions and service developments are taking place in an environment where resources are being systematically reduced. Thus in East Sussex the authority plans to reduce expenditure in 1983/84 by 1% in real terms over 1982/83, *and* to find savings equal to the committed growth (generated by debt charges, salary increments, the implementation of new legislation and the year's additional bill for projects previously financed through the Urban Programme or Joint Finance). This 'committed growth' is about 2% of the budget, so the total required reduction in expenditure is 3%. It is intended to reduce expenditure by a similar amount in each of the following two years.

In this environment the results of research will only be relevant to the extent that they offer a prospect of better services for the same money, or savings. Many of the projects reviewed in this book were not constrained by such a prospect. Their findings will inevitably be used very selectively. For example, we recently undertook a full survey of Meals on Wheels provision. So far the only findings that have led to action concern the development of central kitchens to provide meals through the Cool-chill process. This will bring substantial cost savings.

There is one recent development that will have far-reaching consequences for the whole future of services for elderly people. I did not find it mentioned anywhere in this book. This is the fact that elderly people

on supplementary benefit who qualify for Attendance Allowance can now receive allowances up to £92 per week, and thus purchase a place in a private residential home offering a reasonable standard of care. East Sussex has an exceptionally large number of private and voluntary homes, but the figures are still worth quoting to illustrate the scale of what is now a major industry in the South-East. There are 360 registered Private and Voluntary Homes (Rest Homes) in East Sussex. Of these 320 Homes are largely or exclusively for elderly people, of which about 80% are private. Over 6,000 elderly people live in these 320 Homes, compared with only 2,000 in Homes run by the Social Services Department. The relationship between the private homes and the local authority is thus a major logistical and political issue – in terms of inspection, minimum standards, advice, training and support. A rich field for future research!

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