

Benchmarks and Other Approaches to Planning Community Support Services: An Annotated Bibliography

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BENCHMARKS AND OTHER APPROACHES TO PLANNING COMMUNITY SUPPORT SERVICES: AN ANNOTATED BIBLIOGRAPHY

by

Lynn Sitsky



Social Policy Research Centre

THE UNIVERSITY OF NEW SOUTH WALES
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Finally, special thanks to Lynda Pawley for her help in the typing of this bibliography.

FOREWORD

In 1989, the Social Policy Research Centre received funding from the Department of Community Services and Health to examine the feasibility of developing national service provision benchmarks for the Home and Community Care program in Australia.

The main objectives of this study were to examine and critically appraise existing methodologies of planning both in Australian and overseas; to clarify the conceptual issues involved; to examine the feasibility, on the basis of existing international experience and the range of approaches that have been identified in the literature, of implementing national guidelines in Australia; and to develop recommendations for establishing and costing guidelines on a national basis.

The final report of this study is published as SPRC Reports and Proceedings No. 94, 1991, **Benchmarks and Other Approaches to Planning Community Support Services: A Review of International Experience**, by Michael Fine and Sara Graham with Adrian Webb.

This bibliography is intended as a companion volume to this report and it is hoped that it will provide a useful resource for research in this area.

Sheila Shaver
Acting Director

INTRODUCTION

This bibliography is published as part of a study funded by a Research and Development Grant from the Commonwealth Department of Community Services and Health in 1989. It complements the final report of this study published as SPRC Reports and Proceedings No. 94, 1991, **Benchmarks and Other Approaches to Planning Community Support Services: A Review of International Experience**, by Michael Fine and Sara Graham with Adrian Webb.

The broad aims of this study were to examine and critically appraise existing methodologies for the planning of community services to older, frail people, people with disabilities and the carers of both groups; to clarify conceptual issues; to examine the feasibility of implementing national planning guidelines in the light of international experience; and to develop recommendations for establishing and costing the guidelines on a national basis.

Material for this study, and hence the bibliography, was obtained in a number of ways. An on-line bibliographic search was undertaken in July 1989, with an update in September 1990. Relevant government departments and research institutions in 22 countries were contacted with requests for information on their planning methods. Personal contact was made with people working in the area of community service planning. In August 1989 a number of interviews were conducted with personnel involved in the planning and delivery of services in the United Kingdom at all levels of government, with the voluntary sector, and with academics. In September 1990, to update information received earlier, a questionnaire was sent to the relevant government departments of the 22 countries which sought information on the scope of their services, the existence of benchmarks or planning formulae, and on the problems and issues associated with the planning and delivery of services in their countries.

The bibliographies and references of all material examined led to further items for inclusion in this bibliography of over 700 annotated entries.

This bibliography mainly concentrates on the post-1985 years, however, some relevant material from earlier years can be found in SWRC Research Resource Series No. 2, April 1987, **Community Care of the Elderly: An Annotated Bibliography**, by Lynn Sitsky.

ORGANISATION

This bibliography includes whole books, parts or chapters of books, conference papers, papers in series and journal articles. No newspaper material or items of one page or less have been included. All the items have been sighted.

Each item has been annotated to give an indication of the scope and nature of the work. The annotations are descriptive only and no attempt has been made at criticism or evaluation of the content. Wherever possible the author's or publisher's abstract has been used (indicated by quotation marks) and in other cases an attempt has been made to use the language of the author or authors concerned.

Arrangement: All annotations are arranged alphabetically by author, or, where applicable, corporate body or title.

The name is followed by the year of publication. When more than one work by the same author is cited, the works are arranged chronologically from the earliest to the most recent, and if there are several in the same year, they are then ordered alphabetically by title. Authors as single authors appear first, followed by that author in joint authorship with others.

The title of the book or the name of the journal appears in bold.

The last numbers in the citations indicate the length of the item (x pp. for a complete publication or :x-y for part of a book or journal).

Each annotation is given a record number which appears beside the citation.

Each annotation is followed by key-words which indicate the subjects covered in the item. In this bibliography, key-words are of four kinds: those indicating the type of article, e.g. case studies, policy analysis, etc.; those indicating types of service/support, e.g. carers, domiciliary services, health services, etc.; those indicating issues to do with planning, organisation or policy, e.g. case management, financing, targeting, etc.; and finally location.

Each key-word is followed by a group of record numbers indicating which annotations have been placed within that key-word category.

There is an alphabetical listing of authors, separate from the annotation, which includes joint authors. The number following the names are the record numbers of the annotations (not page numbers).

- 1 Abbey, Robert, Jeane Hall and Michael Rungie (1987), 'Community options: a new approach in assessment and the delivery of services in the aged care field', **Australian Journal on Ageing**, 6(2), May:10-14.

'This paper draws attention to a pilot programme sponsored by Aged Cottage Homes Inc. in South Australia with the aim of reducing the the movement into residential care of elderly people assessed as urgently needing and eligible to enter such forms of care. The programme focuses directly on those factors precipitating movement into residential care. By negotiating with existing service providers, advocating on behalf of users of the programme, establishing new services which are specific to user needs, the Community Options programme has demonstrated that many users of aged accomodation services can be supported to live in their own homes. The benefits of the programme include enhanced lifestyles for elderly people, individuality of specific programmes for users, close and continuing contact with users, and the process is cost effective in terms of government outlays.'

CASE STUDIES, NEEDS, CASE MANAGEMENT, ORGANISATIONAL INNOVATION, SOUTH AUSTRALIA

- 2 Abbot, David and Elizabeth Hobbin (1988), 'Maintenance vs rehabilitation in home care of the aged and disabled - the role of the paramedical aide', **Community Health Studies**, 12(3):296-303.

'This paper reviews an attempt to change the focus of work of Paramedical Aides (PMAs) in a South Australian domiciliary care and rehabilitation service. Faced with a rapid rise in the number of clients, and a demand for maintenance care at the expense of rehabilitation, the service put four supernumery PMAs to work as "dedicated" rehabilitative aides under the direct supervision of physiotherapy and occupational therapy professional staff. Evaluation of the scheme showed an increased rate of case closures, an increase in the time spent by professionals in assessment and treatment, and increased job satisfaction, during the project period. Dedication to a nucleus of PMAs to a rehabilitation role was also seen as the most efficient arrangement in a context of high referral rates and caseloads.'

EVALUATION, HEALTH SERVICES, SOUTH AUSTRALIA

- 3 Abrams, Philip, Sheila Abrams, Robin Humphrey and Ray Snaith (1989), **Neighbourhood Care and Social Policy**, H.M.S.O., London, 168pp.

This book comes from the research project investigating **Patterns of Neighbourhood Care**. Informal neighbourly care is 'unlikely to develop spontaneously in local communities among non-related residents except in certain social contexts.' A basic policy question 'concerns the desirability and possibility of generating care by non-related local people on an unpaid basis for others who fall outside of spontaneous neighbourly care or who possess only wholly inadequate informal family caring mechanisms.' In discussing goals for the informal sector of care, the broader strategy adopted by the formal sector must be taken into account. This work provides a conceptualisation of the themes and issues of neighbourhood care and develops an analytical framework which places 'the patterns of neighbourhood care within the dynamic, structural interrelationships which significantly determine that patterning.' The organisation and limitations of the schemes within this project are described, and policy implications drawn.

POLICY ANALYSIS, CARERS, ORGANISATION AND CONTROL, UNITED KINGDOM

- 4 Age Concern England (1988), **Developments in Community Care: Report of a Symposium Exploring Possible Post Griffiths Developments in Community Care**, London, 32pp.

The papers here examine alternative methods of service management and delivery, based on existing work and projected into the future. Questions considered included: who will fund care in the community? Who will control

the budgeting and at what level? How will client groups be defined? Will the possible brokerage capacity of a budget holder lead to a change in the character of providers of services?

FINANCING, ORGANISATION AND CONTROL, TARGETING, UNITED KINGDOM

- 5 Age Concern England - Information & Policy Department (1988), **Community Care and Elderly People - Age Concern's Response to Community Care: An Agenda for Action**, London, 42pp.

This is Age Concern's submission in response to the Griffith's Report, **Community Care: An Agenda for Action**. Part I presents a summary and some recommendations to the Government for improved community care for elderly people. Part II considers the wider context of community care for elderly people, not discussed in any detail by Griffiths. Part III discusses the elderly person as a 'consumer' of community care, and presents Age Concern's views about the protection of the rights of the elderly in need of care; and, Part IV discusses the implications for services for elderly people of some of Griffith's specific proposals for finance and service delivery.

POLICY ANALYSIS, DEMOGRAPHIC GROUPS, FINANCING, UNITED KINGDOM

- 6 Age Concern England - Working Party (1989), **Working Together: Multidisciplinary Approaches to Working With Elderly People in the Community**, London, 40pp.

This working party was convened in late 1986 because of concern with the difficulties arising in introducing multidisciplinary practice in work with elderly people in the community. 'The recommendations of Sir Roy Griffiths' and Lady Wagner's reviews of community and residential care emphasised the importance of assessment and of collaborative working in order to ensure that care location and service packages are as appropriate as possible for individual clients and consumers. However, neither report fully explored the benefits or pitfalls of successful multidisciplinary practice. This is partly due to the nature of the reports, which were not intended to investigate such issues in detail. But it must also be due to the complexity of the subject, and to the formidable difficulties of tackling issues of training and practice, and of devising effective means of evaluating them, in order to enhance operational success.' The working party was divided into three subgroups: Practice, Training and Research. The subgroup on Practice devised some guidelines for practice, and also some barriers and constraints to the promotion of multidisciplinary work. The Training Subgroup found that examples of good practice in relation to training were scarce, shared training ventures were rare. The Research Subgroup found that for both practice and training, methods must be devised to measure and evaluate the effectiveness of new approaches.

EVALUATION, ORGANISATIONAL INNOVATION, UNITED KINGDOM

- 7 Aged Care Coalition (1986), **'If Only I'd Known': a Study of the Experiences of Elderly Residents in Boarding Homes, Hostels and Self Care Units**, Australian Consumers' Association, Sydney, 88pp.

'This study arose out of a concern to document the experience of residents of special retirement accommodation.' It documents the experiences of sixty residents of boarding houses, hostels and independent units and sought their views on reasons for admission; experience of admission procedures; their expectations and the reality of residential life; the relations between residents and staff, and residents and management; opportunities to participate in the administration of the facility; arrangements concerning fees, maintenance and general control of finances; and, concern for change and the experience of residents who pursue it. The overriding question the study seeks to answer concerns the effectiveness of the mixes of care offered in meeting the variety of elderly persons' needs. It also looks

at whether there may be 'unforeseen side effects with costs of both a financial and personal nature for consumers.' A detailed discussion of the methodological issues arising from this qualitative research approach is contained in Appendix A.

METHODOLOGY, NEEDS, QUALITY OF LIFE, DEMOGRAPHIC GROUPS, NEW SOUTH WALES

- 8 Akhtar, A.J., G.A. Broe, Agnes Crombie, W.M.R. McLean, G.R. Andrews, and F.I. Caird (1973), 'Disability and dependence in the elderly at home', *Age and Ageing*, 2:102-10.

'A group of 808 people randomly selected from those over 65 living at home were studied in three surveys designed to identify "disability" and "dependence", and their causes. Each subject was clinically examined, and an assessment made of mobility, continence, domestic care, self-care, and psychiatric state. "Disability" was defined as inability to exist at home without help, and "dependence" as a further degree of impairment of self-care. The prevalence of disability increased from 12 per cent at age 65-9 to over 80 per cent over the age of 85. In 48 per cent of the 227 disabled subjects a neurological disorder contributed to disability; 22 per cent had a functional psychiatric disorder, 38 per cent a cardiorespiratory diagnosis, 24 per cent joint disease, 16 per cent obesity, and 11 per cent visual impairment. Only 3 per cent were persistently incontinent. The prevalence of dependence as defined was 2 per cent under the age of 85 and 25 per cent over that age. Of the 27 dependent subjects 93 per cent had a neurological disorder (77 per cent with dementia); 33 per cent were persistently incontinent. These findings are discussed in the light of previous studies of disability in the elderly.'

NEEDS, DEMOGRAPHIC GROUPS, AUSTRALIA

- 9 Allen, Isobel (ed.) (1989), *Social Services Departments as Managing Agencies*, Policy Studies Institute, London, Discussion Paper No.23, 62pp.

This is a collection of six papers from a seminar which looked at the developing role of social services departments as managing agencies. 'It examines the question of how accountability for vulnerable members of society will be maintained if most day-to-day management of their care is carried out by voluntary or private organisations. And it looked closely at the relationship between social services departments and those with whom it will be drawing up contracts. The question of what kinds of contract will be drawn up and how they will be enforced came in for scrutiny. The implications of the widespread introduction of competitive tendering in social services were discussed, and the question of quality and standards was seen to be paramount, particularly in guaranteeing quality of care for those consumers least able to protect themselves. Experience from other local government departments and the health service was called upon, and a warning was given that social services departments needed to acquire new attitudes and new skills to meet the challenges of their future role.'

ORGANISATION AND CONTROL, RESOURCE ALLOCATION, UNITED KINGDOM

- 10 Allen, Isobel (ed.) (1990), *Care Managers and Care Management*, Policy Studies Institute, Discussion Paper No.26, London, 44pp.

This is a collection of four papers delivered at a seminar which examined the implications for social services departments of the widespread introduction of care managers and care management. The distinction between care managers and the management of care systems was examined and there was discussion on the level at which care managers would operate and from which disciplines care managers would be drawn. There are examples of schemes where care management is in operation but with warnings of some of the difficulties departments might face. The various functions of those providing care are examined with particular reference to the level at which budgets were to be held. The financial implications of care management systems are examined and an analytical

description is given of what social services departments could learn about devolved budgeting from other local authority departments. There was general agreement that social service departments would need to acquire new skills.

CASE MANAGEMENT, FINANCING, ORGANISATION AND CONTROL, UNITED KINGDOM

- 11 Allen, Isobel (1990), 'Community care: rhetoric or reality?', *Policy Studies*, 11(2), Summer:53-58.

Community care is a term which is much used but not always understood. The article begins with the definition used by the white paper, *Caring for People: Community Care in the Next Decade and Beyond*, 1989, and states that the reality of delivering good community care is a great deal more complicated than the white paper would suggest, although the white paper does acknowledge that its proposals should be seen in conjunction with those of the white paper on the management of the health services, *Working for Patients*. Taken together the white papers set the scene for a major shake-up in the delivery of community care services and put forward plans for the reorganisation of the social services departments by what some see as the impossible timetable of April 1991. Funding is seen as a big problem. The papers also mark a shift in thinking about the role of the health and community services in British society. Both stress 'consumer choice' and the provision of a 'range of options' with the social services departments in future being less providers of services but rather assessing needs, determining priorities and ensuring that there is a flourishing independent sector. However, 'rolling back the frontiers of the state may not be as easy as it sounds if there is not a lot to take its place.' All the evidence suggests that neither social services departments nor the independent sector are ready for such changes. The burden on the informal care sector could become intolerable.

POLICY ANALYSIS, FINANCING, RESOURCE ALLOCATION, UNITED KINGDOM

- 12 Allen, Isobel, Malcolm Wicks, Janet Finch and Diana Leat (1987), *Informal Care Tomorrow*, Policy Studies Institute, Occasional Paper, London, 44pp.

This paper reports on a seminar on the future of care in the community by family, friends, neighbours and volunteers. Malcolm Wicks looks at family and demographic changes and how these will affect informal care. Janet Finch focuses on the extent to which the tradition of caring has been women's work and how this might change in the future. Diana Leat looks at the changes affecting the availability of neighbourhood care and volunteers. In the opening section Isobel Allen examines some of the issues to come out of research and practice in recent years. One theme that emerges is that very little is known about quality of care. Expectations and demand for services are rising and this has implications for the allocation of resources. It has already been shown that many 'demonstration projects' presently being funded to provide assistance to informal carers often rely on the charisma and drive of one or two people and collapse when they leave and many are very local and difficult to replicate elsewhere. How can untapped resources of informal care be released in the community and how much can professionals interweave with the informal sector? The concept of 'choice' is discussed. There has been a lot of stress put on the right of the individual to choose. This usually means the dependent. But what of the carer? If people are offered incentives to care by being paid do we end up with two classes of carer - the paid and the unpaid - and what are the implications of that? Finally, it is suggested that the question to be asked should not be what can we do now, but rather how should we be planning for tomorrow.

DEMOGRAPHIC TRENDS, CARERS, RESOURCE ALLOCATION, UNITED KINGDOM

- 13 Alter, Catherine Foster (1988), 'The changing structure of elderly service delivery systems', *The Gerontologist*, 28(1):91-8.

'Comparison of a first and second generation interorganizational service system serving the elderly demonstrated that integration of Medicaid programs with the Administration on Aging funded system is changing the structure of community-based elderly services. The second generation system served a larger volume of clients because it was more centralized, differentiated, formalized, and smaller in size.'

CASE STUDIES, ORGANISATIONAL INNOVATION, UNITED STATES

- 14 Amann, Anton (ed.) (1980), *Open Care for the Elderly in Seven European Countries: A Pilot Study in the Possibilities and Limits of Care*, Pergamon Press, Oxford, xii, 225pp.

'This volume brings together the research of seven countries around the question of age and care. Each of the research reports considers aging, old-age, and the care system in relation to a particular socio-economic, political, and cultural environment. The investigations sought to discover common themes punctuating the situation of the elderly, threats to care organisation, and the particular types of solution to problems.' Chapter I gives a survey of the main topics of the whole project. Chapters II-VII study the seven countries: Austria, Denmark, Greece, Hungary, The Netherlands, Poland and Yugoslavia. Chapter IX is intended 'to make a contribution towards developing a general framework of reference for open care for the elderly, including their participation. It looks at the relations between open care, closed care and the family; needs, values, and the dilemma of social policy; the orientations of the home services; an empirical-theoretical approach to open care for the elderly; and, the needs of the elderly and patterns of support.

INTERNATIONAL COMPARISONS, NEEDS, POLICY ANALYSIS, DOMICILIARY SERVICES, DEMOGRAPHIC GROUPS, ORGANISATION AND CONTROL

- 15 Anderson, Glen (1980), *Pride and Poverty: an Examination of Unfilled Needs*, Brotherhood of St Laurence, Fitzroy, Vic., iv, 98pp.

This document describes the Needs Action Review of the Brotherhood of St Laurence, which takes an exploratory look at the current broad state of needs and associated action from the point of view of the Brotherhood and its service consumers. It defines *needs* and *action*, sketches a brief history of the Brotherhood of St Laurence and its fields of concern and outlines the approach used in conducting the Needs Action Review. The Review focuses on three major groups of consumers: families, youth and the aged. Needs discussed range from material needs to underlying emotional and support needs. Particular needs of each group are detailed, as well as those in common such as low income and problems in areas such as people's feelings about help seeking, self esteem, reciprocity, independence and support. The need for support emerges as a central theme of great importance across all age groups. Service delivery modes are discussed, and suggestions made for working out how services can be delivered in the best possible way to meet people's needs.

METHODOLOGY, NEEDS, DEMOGRAPHIC GROUPS, ORGANISATION AND CONTROL, VICTORIA

- 16 Anderson, N.A. (1978), 'The assessment of need for support services', *Australian Family Physician*, 7, March:304, 307, 309-12.

'This report presents data obtained from two surveys - one of general practitioners in three Health Commission regions in New South Wales, the other of the aged, living in Sydney's inner suburbs. Attitudes of GPs to certain types of problems commonly presented, their assessment of need for support services and acceptance of the health

team concepts are discussed. Some aspects of the health status of the aged interviewed are described, together with an assessment of their use of services, awareness of and attitude to support services.'

HEALTH SERVICES, DEMOGRAPHIC GROUPS, SERVICE UTILISATION, NEW SOUTH WALES

- 17 Andrews, Gavin, Christopher Tennant, Daphne Hewson, and Malcolm Schonell (1978), 'The relation of social factors to physical and psychiatric illness', *American Journal of Epidemiology*, 108(1):27-35.

'A study in 55 factors associated with illness status was conducted in an Australian suburban community. Forty six per cent of adults reported a chronic physical condition and twenty four per cent were psychiatrically impaired. Life event stress, adverse childhood experience and poor social support were related to both physical and psychiatric illness. Low occupation status was associated with poor physical health and poor coping style was associated with psychiatric illness. Twenty per cent of the physical illness and thirty seven per cent of the psychiatric impairment could be attributed to the presence of social factors.'

CASE STUDIES, NEEDS, QUALITY OF LIFE, AUSTRALIA

- 18 Andrews, G.R. and S.M.Carr (1987), 'Implications of policy and management decisions on access, quality, and type of services for the elderly in Australia', *International Journal of Health Planning and Management*, Special number, April:97-112.

'There can be little argument that the need for a clearly articulated health care policy for the ageing is a legitimate concern. An optimum health system response will only evolve in a climate of clear definition of responsibilities in concert with an effective policy-making mechanism. Within the health system there is likely to be a greater consensus concerning the elements of such a policy than would have been possible at any previous time. What is more likely to be debated is the question of what constitutes the legitimate boundaries of health as a concept to be applied to ageing populations and individuals. It is in our view essential that arguments about professional demarcation and alternative paradigms of ageing do not cloud the fundamental health and health care issues; these must be vigorously addressed if the otherwise inevitable burden of age-related illness and disability is to be effectively tackled.'

POLICY ANALYSIS, HEALTH SERVICES, AUSTRALIA

- 19 Andrews, R.J., P.B. Berry, J. Elkins, and B. Wells (1981), *A Study of Australian Organizations and Services for Handicapped Persons Funded Through the Handicapped Persons Assistance Act (1974): Part 1: Organizations*, Fred and Eleanor Schonell Educational Research Centre, Department of Education, University of Queensland, St Lucia, xiii, 137pp.

This was a study undertaken with the support of the Department of Social Security, Canberra. As part of an overall project aimed at developing evaluation and accreditation procedures for use in the broad area of rehabilitation, this study, based on a questionnaire survey, was undertaken in 1978-79 and involved voluntary organisations which provide services for people with disabilities in Australia. It presents a detailed descriptive view of these organisations, their services and clients in rehabilitation programs operated with at least partial support from subsidies under the Handicapped Persons Assistance Act (1974). The aims included documenting the diversity among these organisations and facilities and highlighting the significance of this diversity for the future of rehabilitation services.

EVALUATION, DEMOGRAPHIC GROUPS, ORGANISATION AND CONTROL, AUSTRALIA

- 20 Anstey, T.J. and K. Gaskin (1985), 'Service providers understanding of the concept of normalization', *Australia and New Zealand Journal of Developmental Disabilities*, 11(2):91-5.

'In a mail questionnaire survey, service providers working with persons with intellectual handicap were asked to describe the concept of normalization in their own words. They were further asked to indicate their attitude toward a number of service issues related to the normalization concept. The results indicate that 61 percent of service providers successfully described normalization in terms of definitions described by Nirje and Wolfensberger. A quarter of respondents described the concept in-correctly. Fifty-three percent of service providers considered that the adoption of the normalization concept to guide the provision of services was "highly desirable". Policy implications of these results are discussed.'

METHODOLOGY, POLICY ANALYSIS, ORGANISATIONAL INNOVATION, AUSTRALIA

- 21 Antrum, Jeanette (1990), 'Meals on Wheels in N.S.W.', *Health Issues*, (24), September:39-42.

Meals-on wheels services have always been a 'user pays' service, never a charity, but with recent moves to privatise the public hospital catering services in NSW, the majority of meals-on-wheels services have been forced to increase the cost of meals to the consumer, and move towards increased user contribution. Those services which do not utilize public hospital kitchens are not directly affected, but are nevertheless traditionally more expensive. 'The dilemma facing all meals-on-wheels services however, is the maintenance of local autonomy and determination. This should not jeopardize the positive aspects of standardization which promotes access, equity, and above all, choice for the consumer.'

DOMICILIARY SERVICES, FINANCING, NEW SOUTH WALES

- 22 Applebaum, Robert A. (1988), 'The evaluation of the National Long Term Care Demonstration. 3. Recruitment and characteristics of channeling clients', *Health Services Research*, 23(1), April:51-66.

'The National Long Term Care Demonstration (channeling) was designed to provide coordinated community-based long-term care services to those older persons at high risk of nursing home placement. A key component of the program was the process established to accomplish this targeting effort. In this article, the outreach and eligibility procedures developed in the demonstration are described. Characteristics of channeling clients are compared to those of clients from other long-term care demonstrations, a national nursing home sample, and a simulated national sample of functionally impaired older persons. Results indicate that the channeling clients were quite frail, more so than the clients served in most of the other long-term care demonstrations, but were younger, slightly less disabled, and more likely to be married than a national sample of nursing home residents.'

EVALUATION, TARGETING, UNITED STATES

- 23 Applebaum, Robert, Frederick W. Seidl and Carol D. Austin (1980), 'The Wisconsin Community Care Organization: preliminary findings from the Milwaukee experiment', *The Gerontologist*, 20(3):350-5.

The Wisconsin Community Care Organization is a project designed to develop and operate a comprehensive and co-ordinated system of in-home and community services for the functionally disabled elderly. It makes available to them alternatives to premature or inappropriate institutionalisation. The highest priority put on the project by both officials and sponsors was for the reduction of costs. The evaluation method is described and costs for clients are given in comparison with a control group.

CASE STUDIES, EVALUATION, METHODOLOGY, FINANCING, UNITED STATES

- 24 Applebaum, Robert A., Raymond J. Baxter, James J. Callahan and Stephen L. Day (1985), 'Targeting services to chronically disabled elderly: the preliminary experiences of the National Long Term Care Channeling Demonstration', **Home Health Care Services Quarterly**, 6(2), Summer:57-79.

'In response to concerns about the adequate provision of long term care, the National Long Term Care Channeling Demonstration has been funded by the [United States] Department of Health and Human Services. The project is designed to provide co-ordinated community services as an alternative to institutionalization to those elderly individuals at risk of placement. This preliminary work examines the Demonstration's experience in its attempt to target services to these individuals. Although final research results are not yet available, the method, problems, and the results of the initial case finding and screening approaches provide additional knowledge concerning the targeting experience.'

METHODOLOGY, TARGETING, UNITED STATES

- 25 Applebaum, Robert A. and Nancy L. Wilson (1987), 'Prescreening at-risk elders for entry into a community-based long-term care program', **Home Health Care Services Quarterly**, 8(1), Spring:75-86.

'Despite the expansion of community-based service alternatives, demand for case coordinated community care continues to rise. Many programs, under pressure to target their services to the most disabled, have developed comprehensive entry criteria to determine eligibility. Their criteria generally require an in-person assessment to make the determination, but because of the volume of potential applicants, in-person assessment of each applicant has proven to be impractical. Although most programs have developed some type of screening method and a wide range of approaches are used, little research exists to validate the screening effects. This study reports on a screening method used in the national channeling demonstration and compares the results of a telephone screen to the results of an in-person assessment.'

METHODOLOGY, CASE MANAGEMENT, TARGETING, UNITED STATES

- 26 Applebaum, Robert A., Jon B. Christanson, Margaret Harrigan and Jennifer Schore (1988), 'The evaluation of the National Long Term Care Demonstration. 9. The effect of channeling on mortality, functioning, and well-being', **Health Services Research**, 23(1), April:143-159.

'A key component of the channeling evaluation was its focus on the life quality of program clients and their caregivers. In this article, life quality results in the areas of mortality, functioning, and client and caregiver well-being are presented for research treatment and control group members. Results show no significant differences in mortality, some beneficial program effects on client and caregiver well-being, and somewhat mixed effect on client functioning.'

EVALUATION, QUALITY OF LIFE, UNITED STATES

- 27 Armstrong, Helen and Catherine Thompson (1986), **Community Care in Rural Areas: a Topic Paper from NCVO's Community Care Project**, Community Care Project, National Council for Voluntary Organisations, London, 24pp.

This paper explores issues and problems in rural community care and identifies a number of ways in which plans and provision could be better tailored to meet rural needs. It concludes that there needs to be 'a more general awareness of particular characteristics of community care in rural areas and how it can be developed and planned; more locally based initiatives; more sharing of information about new schemes; more debate and thought about the

best ways of providing support for and resourcing local action community care; more funding for community care schemes in rural areas.' This paper is intended as a discussion paper.

NEEDS, DEMOGRAPHIC GROUPS, PLANNING, UNITED KINGDOM

- 28 Atkins, G. Lawrence (1985), 'The economic status of the oldest old', *Milbank Memorial Fund Quarterly*, 63(2):395-419.

In the United States those who survive to the oldest ages appear to have limited economic resources. Cash income is particularly low for the oldest old because they are now fully dependent on retirement income which is not indexed for inflation. There is also a predominance of single persons in the oldest cohorts who have significantly lower economic status than married older couples. With rapidly rising health care costs, spending by the elderly for health care is also rising and consuming an increasing share of their income. Consideration of proposals to shift more of the cost of health care to the elderly themselves could be self-defeating, forcing an even greater reliance by this age group on publicly financed health care.

DEMOGRAPHIC TRENDS, HEALTH SERVICES, DEMOGRAPHIC GROUPS, FINANCING, UNITED STATES

- 29 Australia - Auditor-General (1988), *Efficiency Audit Report: Department of Community Services and Health: Home and Community Care Program*, A.G.P.S., Canberra, vi, 74pp.

At the time of this report the Department was not in a position to assess the administrative effectiveness of the Home and Community Care Program nor was Audit able to make such an assessment because of lack of information as to details of specific services, who is receiving them and to what extent. 'Nevertheless the available information summarised in this report makes it apparent that the Program is not yet achieving the goals and objectives set by the Commonwealth. These include goals relating to integration of services and assessment, equity between regions, monitoring of effectiveness and rationalisation of services. There appear to be variations among the States in Program services.' More work needs to be done to achieve the integrated range of services envisaged and Program funds need to be examined. Audit found that the Department should focus its attention on the point where services are provided to clients. Improved coordination and assessment procedures were thought to offer the most effective means of improving the Program and Commonwealth funds ought to be directed there.

EVALUATION, FINANCING, RESOURCE ALLOCATION, AUSTRALIA

- 30 Australia - Department of Community Services (1986), *The Home and Community Care Program: Commonwealth Priorities for Service Development*, Department of Community Services, Canberra, 22pp.

The identified priorities of the government in relation to the Home and Community Care Program are that: the Commonwealth's commitment to broadening the target group and improving access and equity for special groups will require the implementation of specific stages at the State level; attention must be given not only to expanding services but to ensuring that all services are provided in such a way as to be responsive to individual needs and to increase the user's control over his/her own life; and new and existing services should be blended in a manner which ensures both a coherent and integrated program. Improved assessment and co-ordination mechanisms will be a crucial element in the delivery of an appropriate package of services to meet the needs of individuals.

POLICY ANALYSIS, PLANNING, RESOURCE ALLOCATION, AUSTRALIA

- 31 Australia - Department of Community Services and Health (1988), **Home and Community Care Program: National Guidelines**, Canberra, 33pp.

The purpose of these guidelines is 'to set out the parameters for the operation of the Program and provide a body of information to assist and guide service providers and users.'

METHODOLOGY, ORGANISATION AND CONTROL, AUSTRALIA

- 32 Australia - Department of Community Services and Health (1989), **An Evaluation of the National Disability Projects Program**, A.G.P.S., Canberra, xiii, 588pp.

The review of services to people with disabilities found that there were problems in the type, scope and flexibility of current service provision. A solution was the creation of the new Disability Services Act which incorporated a set of principles and objectives as the basis for future services, but there still remained a gap between theory and practical application. The demonstration program was developed to bridge this gap. This report evaluates the various projects of the demonstration after presenting an overview of the policy guidelines and evaluation methodology.

EVALUATION, METHODOLOGY, POLICY ANALYSIS

- 33 Australia - Economic Planning Advisory Council (1988), **Economic Effects of an Ageing Population**, Council Paper No.29, Canberra, 107pp.

This paper examines the effects of an ageing population on social expenditure, considers the broad implications for tax expenditures and discusses possible policy responses. 'A major argument of the paper is that the consequential economic and social changes can be adjusted to, provided that they are foreseen and appropriate action is taken.'

DEMOGRAPHIC TRENDS, DEMOGRAPHIC GROUPS, FINANCING, AUSTRALIA

- 34 Australia - Home and Community Care (HACC) Review Working Group (1989), **First Triennial Review of the Home and Community Care Program: Final Report of the Home and Community Care Review Working Group to Commonwealth, State and Territory Ministers**, December 1988, A.G.P.S., Canberra, xxiv, 95pp.

The HACC Agreements require that their operation be reviewed at least every third year and this review was set up for that purpose with two main focuses. Firstly, improving the efficiency of the administration of HACC; and secondly, developing strategies to enable further program development and provide firm directions for subsequent trienniums. In particular, the working group devoted attention to: the shape and scope of HACC in relation to other programs; assessment and service co-ordination for individuals; standards of service and user rights; and planning in relation to other programs (including the development of appropriate consultative mechanisms).

EVALUATION, PLANNING, AUSTRALIA

- 35 Australia - National Women's Advisory Council (1984), **Please Listen To Me: A Report of the National Women's Advisory Council's Survey of Women Over 60**, August 1983, A.G.P.S., Canberra, vi, 32pp.

'Women are the majority of the aged population in Australia. The average number of years remaining to women aged 60 is 21.9 years. The National Women's Advisory Council undertook a survey to identify

specific aspects of the circumstances of older women that are fundamental to an understanding of their life conditions and basic needs, aiming also to use submissions from women themselves concerning the personal meanings of ageing as a guide to the formulation of policy recommendations to the Commonwealth government. Included in the analysis are 1154 voluntary responses to questionnaires. Results highlight the important contribution older women make in supporting older men, adult children and aged parents who cannot care for themselves. Recommendations are summarised, results of the survey demonstrating that the problems of ageing have many facets requiring multiple solutions, suggesting a range of strategies and services, rather than isolated action addressed to one specific aspect.'

NEEDS, CARERS, DEMOGRAPHIC GROUPS, AUSTRALIA

- 36 Australia - Office of Multicultural Affairs (1988), **Access and Equity Plan: Community Services and Health Portfolio, Three Year Plan 1987-88 to 1989-90**, Access and Equity Plan No.2, A.G.P.S., Canberra, viii, 55pp.

From April 1986, government guidelines required relevant government departments and authorities to prepare three-year plans to show what action is being taken. This report contains information on the Access and Equity plans drawn up for the Community Services and Health portfolio. Present and future strategies are outlined for all the various programs of the Department.

POLICY ANALYSIS, DEMOGRAPHIC GROUPS, PLANNING, AUSTRALIA

- 37 Australia - Parliament - House of Representatives - Standing Committee on Expenditure (1982), **In a Home or at Home: Accommodation and Home Care for the Aged**, A.G.P.S., Canberra, xiv, 143pp.

The Committee sought to identify the reasons for the continued dominance of expenditure on institutional care and establish a framework which allowed governments to make cost effective decisions on the provision of both accommodation and home care for the aged. Also, to establish what evaluation had been carried out on Commonwealth programs and identify the evidence for changing the existing balance of institutional and home care services. A major part of the Committee's work involved investigating departures from stated policy and reaching an understanding of the basis of present policy. The report made a number of recommendations to redress the balance between institutional and home care services, but considered that major progress would only be made with changes in financial procedures and Commonwealth/State financial arrangements.

POLICY ANALYSIS, FINANCING, ORGANISATIONAL INNOVATION, AUSTRALIA

- 38 Australia - Social Welfare Policy Secretariat (1984), **The Impact of Population Changes on Social Expenditure: Projections from 1980-81 to 2021**, Social Welfare Policy Secretariat, Canberra, 52pp.

'The aim of this study was...to establish the level of dependency of various age groups on government outlays and to express total per capita government outlays on the aged as a ratio of total per capita government outlays on the young. Per capita outlays for each age group in 1980-81 were then applied to projections of the population at ten year intervals to the year 2021 in order to assess the impact of changes in the structure of the population on future government social expenditures. This paper summarises the final results of the analysis and is accompanied by three supporting papers providing details of the earlier phases of the work, comprising: 1. A review of the current and projected demographic position. 2. An overview of levels of dependency on Commonwealth Government income support programs for 1980-81 and 1981-82. 3. A description of the analysis of government social expenditures by age group.'

DEMOGRAPHIC TRENDS, DEMOGRAPHIC GROUPS, FINANCING, AUSTRALIA

- 39 Australian Bureau of Statistics (1982), **Australia's Aged Population**, ABS Cat.No.4109.0, Canberra, vii, 56pp.

This report gathers together information on the group of persons aged 65 years and over. It contains statistics describing characteristics of these persons, as well as comparisons of the aged population as a group with the younger population. Non-household population, including persons living in institutions, is either excluded or only partially covered.

DEMOGRAPHIC GROUPS, AUSTRALIA

- 40 Australian Bureau of Statistics (1984), **Handicapped Persons, Australia**, 2nd Edition, ABS Cat.No.4343.0, Canberra, xvii, 186pp.

This report presents a range of statistics relating the persons with disabilities in Australia, derived mainly from a survey conducted during February to May 1981. It highlights the major results from the survey in both descriptive and analytical form and compared people with disabilities with the population generally.

DEMOGRAPHIC GROUPS, AUSTRALIA

- 41 Australian Bureau of Statistics (1984), **Social Indicators, Australia, No.4**, ABS Cat.No.4101.0, Canberra, xxii, 337pp.

This report contains statistical information relating to health, education, income and working life. The statistics attempt to describe social conditions in Australia and to monitor changes in these conditions over time. This report complements the 'social groups' series released so far on the aged, handicapped and the family.

QUALITY OF LIFE, DEMOGRAPHIC GROUPS, AUSTRALIA

- 42 Australian Bureau of Statistics (1985), **Projections of the Populations of Australia, States and Territories 1984 to 2021**, ABS Cat.No.3222.0, Canberra, viii, 180pp.

This report contains the results of projections of the population of Australia, the States and Territories for the period 1984 to 2021. They are not intended as predictions or forecasts but rather illustrations of growth and change in the population which would occur given certain specified assumptions based on an analysis of past demographic trends. Alternative projections have been provided in recognition of the uncertainty of future movements in demographic trends, and to give the users a range of options.

DEMOGRAPHIC TRENDS, AUSTRALIA

- 43 Australian Bureau of Statistics (1988), **Disabled and Aged Persons, Australia, Preliminary Results**, ABS Cat.No.4118.0, Canberra, 48pp.

This report contains summary tables of the number of persons with disabilities and the number of handicapped by type and severity of handicap and requirements for care by activities of daily living. It also contains the number of principal carers of people with disabilities/handicaps.

NEEDS, CARERS, DEMOGRAPHIC GROUPS, AUSTRALIA

- 44 Australian Bureau of Statistics (1990), **Carers of the Handicapped at Home, Australia, 1988**, ABS Cat.No.4122.0, Canberra, 50pp.

'This report contains data on household composition and other characteristics of principal carers; characteristics of the main recipient of care; and help provided by, and support provided to, the principal carer.'

CARERS, AUSTRALIA

- 45 Australian Bureau of Statistics (1990), **Disability and Handicap, Australia, 1988**, ABS Cat.No.4120.0, Canberra, v, 52pp.

'Data in this publication show the numbers and basic demographic characteristics of disabled and handicapped people and the need for, and provision of, help to disabled people.'

NEEDS, DEMOGRAPHIC GROUPS, AUSTRALIA

- 46 Australian Bureau of Statistics - Queensland Office (1984), **Care for the Aged at Home, October 1983**, ABS Cat.No.4306.3, Brisbane, 16pp.

This report published the results of a survey conducted throughout Queensland in October 1983 to investigate the use of domiciliary and community support services by older people in their own homes. The survey investigated the means by which basic household tasks were carried out in the household. In addition, details were obtained about nursing care and alterations to dwellings occupied by persons 60 years and over. Two sources of assistance were identified: regular assistance from outside the household and assistance from within the household.

DOMICILIARY SERVICES, GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS, QUEENSLAND

- 47 Australian Bureau of Statistics - Queensland Office (1988), **Disability and Ageing, Queensland**, ABS Cat.No.4403.3, Brisbane, 24pp.

This report shows the characteristics and household composition of people with disabilities and aged persons and also of carers of the disabled. Other information includes type and severity of handicap, disabling conditions, need for assistance, accomodation, assistance provided by carer and assistance provided to carer.

NEEDS, CARERS, DEMOGRAPHIC GROUPS, QUEENSLAND

- 48 Australian Bureau of Statistics - South Australian Office (1985), **Accomodation for the Aged, South Australia**, ABS Cat.No.4102.4, Adelaide, vii, 60pp.

This report was compiled by the ABS jointly with the South Australian Department of the Premier and Cabinet. It aims to provide a reference for anyone wishing to assess the demand for, and supply of, different types of accomodation for the aged. It includes a profile of the aged in South Australia and data on the provision of accomodation and community services.

NEEDS, DEMOGRAPHIC GROUPS, SOUTH AUSTRALIA

- 49 Australian Bureau of Statistics - Tasmanian Office (1989), **Social Report, Tasmania**, ABS Cat.No.4101.6, Hobart, 150pp.

This report provides a broad background to social conditions in Tasmania. Statistics are provided under the following headings: population; families; health; education; labour force; income and social security; crime and justice; and housing.

DEMOGRAPHIC TRENDS, QUALITY OF LIFE, TASMANIA

- 50 Australian Bureau of Statistics - Victorian Office (1987), **Domiciliary Services, Victoria, October 1986**, ABS Cat.No.4402.2, Melbourne, 38pp.

This report summarises the results of a survey concerning domiciliary services conducted in Victoria in October 1986. It contains data on assistance received with household tasks from family members, friends, neighbours, organisations, or paid help. The tasks included were meals, laundry and housework, gardening and mowing, home maintenance, and transport. Information was also collected about nursing, personal and paramedical care received within the home. The survey ascertained the number of household members who had been an inpatient in a hospital or nursing home during the twelve months prior to the interview.

DOMCILIARY SERVICES, VICTORIA

- 51 Australian Bureau of Statistics - Victorian Office (1988), **Disability and Handicap, Victoria**, ABS Cat.No.4117.2, Melbourne, 30pp.

This report contains tables of disabled, aged or handicapped persons by age, sex, housing characteristics, type and severity of handicap and requirements for care by activities of daily living. Also included are details of the principal carers of disabled and handicapped people.

NEEDS, CARERS, DEMOGRAPHIC GROUPS, VICTORIA

- 52 Australian Bureau of Statistics - Victorian Office (1989), **Older People in Victoria**, ABS Cat.No.2501.2, Melbourne, x, 43pp.

This report presents an overview of the social, demographic and economic characteristics of older people in Victoria using data from the 1986 Census in order to assist in understanding the nature of the older population and to facilitate planning for their health, welfare and security. Older people are defined as those aged 60 years or more.

DEMOGRAPHIC GROUPS, VICTORIA

- 53 Australian Bureau of Statistics - Western Australian Office (1986), **The Aged Population in Western Australia**, ABS Cat.No.4106.5, Perth, 40pp.

This report presents a range of statistics on the aged in Western Australia, compiled mainly from the 1986 Census data with assistance from the Bureau for the Aged, Western Australia. It features sections on population; demography; housing; income and employment; and a geographical profile.

DEMOGRAPHIC GROUPS, WESTERN AUSTRALIA

- 54 Australian Council for Rehabilitation of Disabled (1984), **Australian Attendant Care Study**, Working Paper No.1. Population Projections from the Survey of Handicapped Persons Australia 1981, [and] Working Paper No.2. Population Estimates from Organisations for People with Physical Disabilities, ACROD, Canberra, 22pp.

The first paper aimed to estimate the size of the potential client population who would use attendant care if it were financed by the federal government. The second paper aimed to obtain counts of people who could be eligible for attendant care and who were also registered with an organisation providing services to people with disabilities. The papers found that the clients for an attendant care scheme existed in significant numbers, whether they were identified in anonymous statistics or as names on the membership lists of organisations.

DEMOGRAPHIC TRENDS, DOMICILIARY SERVICES, DEMOGRAPHIC GROUPS, TARGETING, AUSTRALIA

- 55 Australian Council on the Ageing and Australian Department of Community Services (1985), **Older People at Home: a Report of a 1981 Joint Survey Conducted in Melbourne and Adelaide**, A.G.P.S., Canberra, xxvii, 586pp.

This Survey 'was intended as a pragmatic response to the need for quantitative data on the prevalence of those needs of older people living at home'. In particular, the Survey sought to provide information on: the use of, and need for, domiciliary and community support services; the extent to which demand for those services was dependent on a persons's health, income, living arrangements, and other support available to that person from relatives, neighbours and friends; the factors which assist or inhibit a family in providing support to an older relative, in particular the difficulties and need for support experienced by persons caring for a handicapped older person at home; and, the concerns, attitudes and aspirations of older people living in the community. 'In addition, particular emphasis was given in the Survey to providing detailed descriptive data on the circumstances of older migrants living at home... No specific policy recommendations have been made in this report...'

NEEDS, CARERS, DOMICILIARY SERVICES, GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS, AUSTRALIA

- 56 Australian Institute of Multicultural Affairs (1986), **Community and Institutional Care for Aged Migrants in Australia: Research Findings**, Melbourne, xxi, 338pp.

From late 1982 the Australian Institute of Multicultural Affairs undertook an extensive program of research to examine the changing demographic characteristics of the migrant population and the implications of those changes for health and welfare services provided to the aged. This report presents the main findings of the research, in particular by analysing the responses to the major surveys of aged migrants at home and in ethno-specific accommodation. The survey instrument is presented as an appendix. The research shows the need for mainstream aged services to develop facilities more responsive to a multicultural society.

DEMOGRAPHIC GROUPS, AUSTRALIA

- 57 Baghurst, K.(1989), 'Meals-on-wheels: potential for an expanded role in the community care of elderly and disabled persons', **Medical Journal of Australia**, 150(4), February:171-3.

This article gives a brief history of the meals-on-wheels service and discusses how the service is funded, and the costs of the subsidy to the government. Evaluation of the effectiveness of the service is investigated and brief details are given of some of the small-scale studies and an extensive 1986 study by Pargeter, et al. of the nutritional value of the meals-on-wheels service in Victoria. It concludes by stressing the importance of the social contact aspect of

the service, and suggests ways of freeing time from food preparation to enable more social contact between volunteers and recipients.

EVALUATION, DOMICILIARY SERVICES, FINANCING, AUSTRALIA

- 58 Baldwin, Sally and Gillian Parker (1989), 'The Griffiths Report on community care', in Maria Brenton and Clare Ungerson (Eds), *Social Policy Review*, 1988-9, Longman, Harlow, Essex:143-165.

This chapter begins by briefly describing the developments in the ideal of community care in the three decades prior to the Griffiths Report *Community Care: Agenda for Action* of March 1988. The authors do not deal with problems of the implementation or finance of Griffiths, which they say have been done elsewhere, but they look critically at the Report's subtext: 'at assumptions its author makes without question but which are in fact contestable; at the tensions which underlie (and belie) its skilful presentation as common sense; at the real possibilities of meeting the expectations it raises for vulnerable people and their carers; and, crucially, at the kind of public service it seems likely to deliver to them in terms of equity and adequacy, equability of access and the rights of users.' On balance the authors believe the proposals have the potential to dramatically improve the delivery of community care but that it will depend on confronting the issues examined here, as well as the more immediate problems of implementation.

POLICY ANALYSIS, ORGANISATION AND CONTROL, ORGANISATIONAL INNOVATION, UNITED KINGDOM

- 59 Baldwin, Sally, Christine Godfrey and Carol Propper (eds) (1990), *Quality of Life: Perspectives and Policies*, Routledge, London, ix, 256pp.

The papers presented here derive from a conference on the issue of quality of life held by the Institute for Research in the Social Sciences at the University of York, November 1987. 'The critical issues identified ... revolve around the search for, development, use, and implications of a measure (or set of measures) of quality of life.' Part One begins with an examination of the philosophical basis of the concept of quality of life. Part Two focuses on the development of a measure of quality of life that can be used in policy evaluation, a central issue being whether it is possible, or useful, or appropriate to develop a single measure. Part Three examines aspects of quality of life in particular settings. Part Four examines the interface between quality of life and government policy. The common ground here being the interrelationship between individuals and society when resources are constrained. From the research in this section it is clear that measuring quality of life does not resolve issues of resource allocation.

QUALITY OF LIFE

- 60 Barer, Morris L., Robert G. Evans, Clyde Hertzman and Jonathan Lomas (1987), 'Aging and health care utilization: new evidence on old fallacies', *Social Science and Medicine*, 24(10):851-62.

'The proportion of the population in the older age groups will increase dramatically over the next four decades. Furthermore, current per capita rates of hospital and medical care utilization rise sharply with age beyond the age of about 55. However, demographic trends alone do not imply health care cost increases in excess of what is supportable by normal economic growth. A "cost crisis" will only occur if per capita rates of utilization among the elderly increase faster than for the general population. In this paper we present some descriptive data from published sources suggesting that this has been the case over the recent past in one Canadian province. The implications for the policy debate over the effects of an aging population are discussed.'

CASE STUDIES, DEMOGRAPHIC TRENDS, HEALTH SERVICES, FINANCING, CANADA

- 61 Barker, William H. (1984), 'Development of innovative health services for the frail elderly: a comparison of programs in Edinburgh, Scotland and Rochester, New York', **Home Health Care Services Quarterly**, 5(3/4), Fall/Winter:67-88.

'This paper delineates a model of health services for the elderly in industrialized societies and examines innovative developments in these services in recent years in Edinburgh, Scotland and Rochester, New York. Emphasis of innovations in the former has been upon early intervention in health problems of the frail elderly in the home and avoidance of hospitalization ("preventive geriatrics"). The focus of the latter has been largely upon improving efficiency and appropriateness of placement of elderly persons who require long term care. These experiences reflect the distinctive organization and financing of health services in the UK and the US as well as the exemplary efforts of professional leaders in identifying and addressing unmet needs of frail elderly persons in the respective communities studies. Opportunities for each society to benefit from the other's experience are discussed.'

INTERNATIONAL COMPARISONS, HEALTH SERVICES, ORGANISATIONAL INNOVATION, UNITED KINGDOM, UNITED STATES

- 62 Barnett, Kate (1989), **Optional Parameters: Metropolitan Services**, Review of Domiciliary Care Services in South Australia, Supporting Paper, No.3, Adelaide, 49pp.

This paper is a working document to assist the Review of Domiciliary Care Services in South Australia. It describes the operation of the domiciliary services in terms of: 'Operational parameters, particularly: Goals/Objectives/Operational Guidelines; Target groups, their needs and extent of unmet need; Scope of Service; Fees policy; Adequacy of days/times of operation; Impact of the HACC Program on the extent of service provision in "no growth" areas; and Rationing policy. The paper is essentially descriptive and is based on structured interviews with Senior Allied Health Professionals, Administrative Officers, some Medical Directors, and Home Help Co-ordinators from the metropolitan services as well as Co-ordinators from the Special HACC Program.'

DOMICILIARY SERVICES, SOUTH AUSTRALIA

- 63 Baum, Herbert M. (1981), 'An examination of the demographics of stroke victims using prevalence and mortality data', **Public Health**, 95(1), January:9-14.

'This paper examines stroke data to determine whether any differences would result for health planners if prevalence versus mortality data were used. Using data for the United States, it was shown that similar conclusions about sex and racial differences were obtained if age-adjusted data were used. A crude approximation of one stroke death per 15 prevalence cases of stroke was determined. Additionally, it is estimated that for each stroke death there are 3.5 hospital discharges with primary discharge diagnosis of stroke. Since mortality data are readily available on an annual basis, health planners may opt to use these approximations to estimate the extent of the problem in their jurisdiction.'

DEMOGRAPHIC GROUPS, UNITED STATES

- 64 Baxter, Christine (1987), 'Professional services as support: perceptions of parents', **Australia and New Zealand Journal of Developmental Disabilities**, 13(4):243-253.

'The purpose of this study was to investigate the social support function of professional services from the perspective of parents. Interviews were conducted with 131 mothers and fathers of children/adults in three age cohorts. Parent-perceived stress was measured on five point Likert type scales. The study revealed a discrepancy between the importance attributed by parents to types of "help" from services and help received by them. The proposition that services are more likely to be used by parents experiencing stress was supported and the data were

interpreted as being consistent with highly stressed parents utilizing and receiving help from services and subsequently experiencing a reduction in stress.'

NEEDS, CARERS, AUSTRALIA

- 65 Baxter, Christine (1989), Parent-perceived attitudes of professionals: implications for service providers', **Disability, Handicap & Society**, 4(3):259-269.

'While parents' reactions to a diagnosis of disability in their child have been well documented, less is known of parents' reactions to the professionals who provide the diagnostic and support services used by parents. This study identified four major parameters within which the attitudes of professionals are perceived by parents of children/teenagers diagnosed as intellectually disabled. Comments of the 131 mothers and fathers interviewed helped shed light on what they have expected of service providers, and suggest adjustments that may need to be made by professionals to the attitudes they convey in interaction with parents.'

NEEDS, CARERS, AUSTRALIA

- 66 Bayley, Michael, Paul Parker, Rosalind Seyd and Alan Tennant (1987), **Practising Community Care: Developing Locally-Based Practice**, Joint Unit for Social Services Research, Sheffield University in collaboration with Community Care, Social Services Monographs: Research in Practice, v, 44pp.

This book describes the setting up and evaluation of a locally-based, multi-disciplinary health and welfare project with real and effective local participation called the Neighbourhood Services Project, in Dinnington, a mining village in South Yorkshire. 'The aim of the project was to establish a new model of health and welfare provision...sensitive and responsive to informal care and able to mesh in with and support it more efficiently and take account of the reciprocal nature of informal care. It was also hoped that such a system would be more amenable to a degree of control by local people and enable them to participate actively in the planning and running of the health and welfare services.' The main studies in the research program were: the caseload study; the referral study, the general practitioner study; the user study; the principal carer study; the non-user study; and, the worker study. This book describes how such an approach can be set up and developed and draws lessons from both the successes and failures of the project. A step-by-step outline of the program is given on pages 8-9 and followed in more detail on subsequent pages.

CASE STUDIES, EVALUATION, METHODOLOGY, ORGANISATION AND CONTROL, UNITED KINGDOM

- 67 Beardshaw, Virginia (1988), **Last on the List: Community Services for People with Physical Disabilities**, King's Fund Institute, Research Report, No.3, London, 54pp.

'**Last on the List** analyses the health and social support services presently available for disabled people in Britain within the wider framework of national social and community care policy. It attempts to piece together a comprehensive picture of current provision from a wide variety of sources.' It describes 'a piecemeal approach to service development which results in haphazard service delivery' with little co-ordination of service provision and failure of agencies to agree goals and develop complementary service plans. Problems of co-ordination are compounded by lack of communication between professionals. 'The report stresses the need for change in the way that services are planned, managed and monitored. Options for the future are discussed in the light of current policy developments. Increasing the involvement of disabled people in service design and management is seen as an essential element for future progress.'

DOMICILIARY SERVICES, HEALTH SERVICES, ORGANISATION AND CONTROL, PLANNING, UNITED KINGDOM

- 68 Bebbington, Andrew (1988), **The Outcomes of Social Care Services for Elderly People Living in the Community**, Personal Social Services Research Unit, University of Kent at Canterbury, Discussion Paper, No.565, 1v.(various pagings).

One of the aims of this study was 'to find out how variations in inputs of community based social services affect the welfare of elderly clients. Part I is a technical introduction. In it are defined the outputs, that is the potential benefits of social services care; also the community services that were studied and the circumstances of clients. Part I outlines the mode of analysis. Part II examines the relationship between the needs of the client, the services that were provided, and these outcomes. Part II also investigates whether some authorities are more effective than others in creating these benefits. Part III draws some general conclusions.'

METHODOLOGY, NEEDS, DOMICILIARY SERVICES, GENERAL SUPPORT SERVICES, UNITED KINGDOM

- 69 Bebbington, A.C. and Bleddyn Davies (1980), 'Territorial need indicators: a new approach, Part I, *Journal of Social Policy*, 9(2):145-68.

'Territorial indicators of need, describing variations in the characteristics of areas ranging from wards to standard regions of the United Kingdom, represent a mainstream application of social indicators in this country. The development of these indicators has, for the most part, been based on an intellectual tradition which has paid little attention to theoretical argument. In Part I of this article, a typology of existing need indicators is developed. By analysis of some of the best known and most sophisticated examples, it is illustrated how this lack of theory has severely limited their usefulness in policy practice, particularly with regard to resource allocation, where they are potentially very important. A predominant symptom of the problem encountered with empirically based need indicators is the difficulty of establishing criteria for testing their validity. For the "meaning" of a need indicator to be clear, the indicator must be theoretically based. More specifically, it should be rooted in theoretical conclusions about the policy of welfare interventions.'

METHODOLOGY, NEEDS, RESOURCE ALLOCATION, UNITED KINGDOM

- 70 Bebbington, A.C. and Bleddyn Davies (1980), 'Territorial need indicators: a new approach, Part II', *Journal of Social Policy*, 9(4):433-62.

'In Part II, the theory of the need judgement as a cost-benefit decision is used to provide a basis for a need indicator. The method is then explicated with regard to social services provision for the elderly, so as to provide an indicator which is in fact a standard level of expenditure for social services departments in England and Wales.'

METHODOLOGY, NEEDS, RESOURCE ALLOCATION, UNITED KINGDOM

- 71 Bebbington, A.C. and Bleddyn Davies (1983), 'Equity and efficiency in the allocation of the personal social services', *Journal of Social Policy*, 12(3), July:309-330.

'This paper investigates two issues of equity in the receipt of the home help service, one about territorial justice, the other about sex discrimination. It uses GHS data for 1980. An argument is developed about the efficiency with which services are targeted on persons who by normative criteria would appear to have most need of them. Efficiency is of two types: horizontal efficiency, the proportion of persons judged in need who receive services; and vertical efficiency, the proportion of services allocated to persons judged in need. The findings are that there is evidence of inequity both between different areas and between the sexes. Metropolitan areas are advantaged

compared with rural areas, and this cannot be explained by differences in social support nor by the availability of other domiciliary services. Among the elderly living alone, neither sex is advantaged, but in elderly married couple households the home help service is more frequently provided in the case of a husband caring for a disabled wife than in the case of a wife caring for a disabled husband.'

DOMICILIARY SERVICES, RESOURCE ALLOCATION, TARGETING, UNITED KINGDOM

- 72 Bebbington, A.C. and H. Charnley (1987), **Joint Health and Social Services Care for the Elderly: Rhetoric and Reality**, Personal Social Services Research Unit, University of Kent at Canterbury, Discussion Paper, No.561, 15pp.

'With the growing trend towards maintaining highly dependent elderly people in their own homes, management arrangements for the delivery of health and social care services have been brought under the spotlight. Joint planning and the use of joint finance monies represent a top down approach to the question of interagency provision, and have received considerable attention in the research literature of the last decade. How such arrangements filter through to front line practices has however received rather less attention. This paper examines joint working arrangements at field level for a group of elderly people receiving both community health and social services. It demonstrates how uncertainties at planning level are mirrored in the unco-ordinated management of individual cases, and concludes that despite hopes for positive achievements of joint planning, there has been no major impact on mainstream health and social services for elderly people living in the community.' Section 5.1 describes A Typology of Need, accompanied by a sevenfold classification of need presneted as Table 6.

NEEDS, DOMICILIARY SERVICES, HEALTH SERVICES, CASE MANAGEMENT, PLANNING, UNITED KINGDOM

- 73 Beland, F.T.I. (1987), 'Identifying profiles of service requirements in a non-institutionalized elderly population', **Journal of Chronic Diseases**, 40(1):51-64.

'Studies of service requirements for non-institutionalised elderly have tried, more or less successfully, to consider the effects of the elderly environment. Here, the environment of elderly is explicitly introduced in a secondary analysis of a data bank of service requirements of a sample of elderly. The environment of the elderly is described in terms of their housing environment, the resources available and the physical characteristics of the housing. A cluster analysis of variables was done on these variables in order to identify the context in which the service requirements would have to be met. Twelve living arrangements groups were obtained. A cluster analysis of the service requirements was run on each of these living arrangement groups. The profile of services obtained was much the same for each of these groups. Four different profiles were identified. Half of the sampled elderly were classified in the first profile as not requiring any services beyond those already available to middle-aged adults in the community. The group of elderly people (9%) in need of all the services that can be prescribed in the study were also living in the most congenial social and physical environment, which suggests that they had found a living arrangement which met their level of service needs. One third of the sample needed help with heavy housework only. Another 6% of the elderly needed help with many activities of daily living, but did not have access to help. The analysis of the service requirements should always explicitly consider the resources available to the individual whose needs are assessed.'

NEEDS, DEMOGRAPHIC GROUPS, TARGETING

- 74 Beland, Francois (1988), 'Utilization of health services as events: an exploratory study', *HSR:Health Services Research*, 23(2), June:295-310.

'The concept of propensity to use ambulatory care is defined as the probability that a utilization occurs in a very small interval of time given that no utilization has been observed before. With this definition of utilization, survival analysis can be used to assess the effect of a set of predictors on utilization. The results of this analysis are compared with the results of the prediction of utilization by the same set using a logistic regression model and a linear regression model.

METHODOLOGY, HEALTH SERVICES, SERVICE UTILISATION

- 75 Bennett, C. and R. Wallace (1983), 'At the margin or on average: some issues and evidence in planning the balance of care for the aged in Australia', *Community Health Studies*, 7(1):35-41.

'Aged people can be cared for in a variety of institutional and non-institutional settings. While many arguments have been advanced for changing the balance of institutionalised and community-based care in view of the ageing of Australia's population, the debate has generally lacked a methodological framework for comparing the alternatives under consideration. In this paper, some of the issues involved in a comparative cost analysis of alternative forms of aged care are discussed, the results of an Adelaide-based survey are summarised and possible implications for policy making are suggested.'

METHODOLOGY, TARGETING, SOUTH AUSTRALIA

- 76 Beresford, Peter and Suzy Croft (1986), *Whose Welfare: Private Care or Public Services?* Lewis Cohen Urban Studies Centre, Brighton Polytechnic, xvi, 384pp.

This is the study of a patch based social services scheme in Brighton, U.K. It has several focuses: the views and experiences of the consumers themselves; the countrywide reorganisation of the social services which affects them; and the debates and developments at academic and political levels that are the context of both. The book is in three parts; the first discusses the development and principles of patch and draws a sketch of the case study area and the methodology used for the study. The second part is concerned with what the local people surveyed had to say about the social services, patch and themselves, and the meanings for them of 'community' and 'care'. It also examines what services they would like to see, what say they see people having and comparing this with their experience in voluntary organisations. The final section looks at the implications of the issues raised and sketches a framework for citizen involvement.

CASE STUDIES, METHODOLOGY, NEEDS, ORGANISATION AND CONTROL, UNITED KINGDOM

- 77 Berg, Stig, Laurence G. Branch, Anne E. Doyle and Gerdt Sundstrom (1988), 'Institutional and home-based long-term care alternatives: the 1965-1985 Swedish experience', *The Gerontologist*, 28(6):825-9.

'Substituting home care for institutional care has been the official old-age care policy in Sweden for 30 years. The evidence for substitution is refutable. Some substitution of the two forms of long-term care took place between 1965 and 1975, but did so during a general expansion of all kinds of programs for the aged population. Thereafter, use of long-term care institutions and home care has remained stable or contracted, with only partial evidence for substitution, notwithstanding continuing ideological pushes in that direction.'

POLICY ANALYSIS, SWEDEN

- 78 Bergmann, K. (1985), 'Epidemiological aspects of dementia and considerations in planning services', *Danish Medical Bulletin*, 32, Supplement 1:84-91.

We know very little about the characteristics of dementia presently associated with the need to institutionalise the elderly demented person. However, a comparison of psychopathological profiles of community-resident elderly demented persons with those in hospital shows that the two groups differ in various psychotic features, disorientation and lack of insight. The crises destabilising the elderly are often acute and although many are amenable to treatment and management, little is known of the efficacy of various interventions which are already undertaken. 'Earlier ascertainment of psychiatrically vulnerable populations may increase the potential for intervention, and target populations for screening could be defined as: Those living alone who are over 75 years of age, the recently bereaved, those recently in hospital for any reason, those requiring social support or extra help from families, and those showing an explicable change of personality or behaviour. Some form of screening within the community might well offer the possibility of earlier help. In the end, some form of evaluation also has to be built into such an endeavour. Some models are give.

METHODOLOGY, DEMOGRAPHIC GROUPS, PLANNING

- 79 Berk, Aviva Ancona and Thomas C. Chalmers (1981), 'Cost and efficacy of the substitution of ambulatory for inpatient care', *New England Journal of Medicine*, 304(7), February 12:393-7.

'The substitution of ambulatory for inpatient care has become a common cost-containment proposal; it assumes that an equivalent or better clinical outcome at lower cost will result. However, when criteria for measuring cost and efficacy are appropriately defined, there is little published information available that supports this assumption. Only four of the 134 relevant papers that we analyzed provided enough data on both cost and efficacy to allow statistically valid conclusions. Two of the four demonstrated that potential savings would be accompanied by a slightly poorer clinical outcome; two showed ambulatory care to be as effective as inpatient care and less costly. Future study should include both appropriate calculations of costs and properly controlled measurements of clinical outcome. Indirect costs cannot be ignored in such calculations if the total costs of illness, not simply payments to the health industry, are to be reduced.'

HEALTH SERVICES, FINANCING

- 80 Berk, M.L. and A. Bernstein (1985), 'Use of home health services: some findings from the National Medical Care Expenditure Survey', *Home Health Care Services Quarterly*, 6(1):13-23.

'Data from the National Medical Care Expenditure Survey (NMCES) are used to produce national estimates of the use and sources of payment for home health care services for various demographic groups. The findings indicate that age and health status are strongly associated with home health care use and the vast majority of home health care services are delivered to this population. Nevertheless, there are a large number of younger, relatively healthy people who also use home health care services. Such use is generally non-intensive, often involving only a single visit. In addition it was found that private insurance is only rarely mentioned as a source of payment for home health care.'

HEALTH SERVICES, FINANCING, SERVICE UTILISATION, UNITED STATES

- 81 Bertelli, L. and P. Wilkinson (1986), 'The Italian aged and their carers', in **Ethnicity and Multiculturalism National Research Conference, 1st, Melbourne**, Paper no. 53, Australian Institute of Multicultural Affairs, Melbourne, 13pp.

'The authors present a brief profile of the Italian aged, highlighting some of the more basic demographic characteristics which emerge from the 1981 Census and indicating some future trends where these are discernable. They draw on some of the findings of Australian Institute of Multicultural Affairs surveys in order to provide qualitative insights into what it means to be an individual elderly Italian in Australian society. The focus is on the needs of the Italian aged and living at home, with discussion also on accomodation services established specifically for the ethnic aged, and among them those providing for the Italian aged. Support networks and the extent of assistance received are discussed. Suggestions are made for improving ways of meeting the needs of the Italian aged, through "mainstream" community services, and through Italian community groups and organisations.'

DEMOGRAPHIC GROUPS, AUSTRALIA

- 82 Beverfelt, Eva (1986), **The Elderly of Norway: A Look Ahead**, Brookdale Institute of Gerontology and Adult Human Development, Jerusalem, International Forum, IF-10-86, 14pp.

'The increase in the numbers of elderly and in their longevity will clearly lead to changes in retirement policies and service provision. This paper discusses likely trends among the elderly in Norway, where the scenario of the 1990s will probably feature high unemployment levels and a near-universal desire to retire at the earliest possible age. While improvements in the self-sufficiency of the elderly are expected, domiciliary services will, at best, keep pace with the present coverage of needs. The lack of institutional beds will be at least as problematic as it is today. Labor force relocation has reduced the informal support available to aging parents. The ability and willingness of the young-old to serve as social service volunteers may represent one possible solution.'

DEMOGRAPHIC TRENDS, DEMOGRAPHIC GROUPS, NORWAY

- 83 Binney, Elizabeth A., Carroll L. Estes and Stanley R. Ingman (1990), 'Medicalization, public policy and the elderly: social services in jeopardy?' **Social Science & Medicine**, 30(7):761-71.

'This paper examines the medicalization of community-based services for the elderly; a process of restructuring to provide more highly medical services to a frail older population at the expense of providing a broader range of social and supportive services to older persons with varying levels of need. Medicalization is tied to changes in government policy (particularly Medicare reimbursement) which have led to increased competition within the health and social service sector. The paper utilizes data on services, policy impact and staffing from the DRG Impact Study conducted at the Institute for Health and Aging (UCSF), a 3-year study of the impacts of federal policy on 7 types of community providers of services to the elderly. Data are presented from telephone interviews conducted at two points in time (1986 and 1987) with directors of a representative sample of home health agencies (HHAs). Findings include: HHAs were more likely to report adding highly medical services and cited social/supportive services (as opposed to highly medical and/or highly technical services) as the most commonly requested services they cannot provide. Policy effects and societal implications of the medicalization of home care are considered.'

POLICY ANALYSIS, DEMOGRAPHIC GROUPS, UNITED STATES

- 84 Birnbaum, Howard, Robert Burke, Christine Swearingen and Burton Dunlop (1984), 'Implementing community-based long-term care: experience of New York's Long Term Home Health Care Program', *The Gerontologist*, 24(4):380-6.

'This paper describes the process of implementing the New York State Long Term Home Health Care Program (LTHHCP) during its initial 3 years of operation. Over half the states are currently establishing community-based long-term care programs (under Section 2176 of the Omnibus Reconciliation Act of 1981) that are often very similar to the LTHHCP. Sponsors of these programs should be aware of the New York State experience with regard to the need for program flexibility and the length of time required for start-up and implementation.'

CASE STUDIES, ORGANISATIONAL INNOVATION, UNITED STATES

- 85 Black, S.E., G. Blessed, J.A. Edwardson and D.W.K. Kay (1990), 'Prevalence rates of dementia in an ageing population: are low rates due to the use of insensitive instruments?' *Age and Ageing*, 19(2), March:84-90.

'The varying prevalence rates of dementia reported in elderly populations may be partly due to the use of different diagnostic measures. In a recent study in which diagnosis was based on the CAPE, a 12-item questionnaire, the prevalence rate for severe cognitive impairment for the age group 75 years or over was lower than previously reported. In the present study, the performance of the CAPE was examined in an elderly general practice sample with a higher than usual risk of dementia. The study diagnosis was based on a combination of the diagnosis made by the computer program AGE CAT and a clinical diagnosis made by the interviewing psychiatrist. Forty-five per cent of patients with definitive or probable dementia, as defined, and 100% of those with possible dementia had scores above the cut-point on the CAPE. The sensitivity of the CAPE was low compared with that of the other rating scales. It is concluded that the low reported rate with the CAPE is probably due to only the more severe cases being identified. For comparative purpose it is important to know the level of dementia that the instruments used are detecting.'

METHODOLOGY, DEMOGRAPHIC GROUPS, UNITED KINGDOM

- 86 Blieszner, Rosemary, William J. McAuley, Janette K. Newhouse and Jay A. Mancini (1987), 'Rural-urban differences in service use by older adults', in Brubaker, Timothy H. (ed.), *Aging, Health and Family: Long-Term Care*, Sage, Newbury Park, Calif.: 162-174.

'This chapter focuses on the use of services by elders residing in the community...Consideration of the geographic location of elderly service users has been neglected in planning for older clients...Comparison of rural and urban elderly adults with regard to need for and use of various services is important for several reasons': (1) there has been a disproportionately large population growth among older people in rural America, (2) there is an inadequacy of community services in rural areas, (3) service delivery is also inadequate, and (4) the research necessary to provide direction to practitioners is both methodologically limited and sparse.

DEMOGRAPHIC GROUPS, SERVICE UTILISATION, UNITED STATES

- 87 Boldy, Duncan and Reginald Canvin (1984), 'Community care of the elderly in Britain: value for money?' *Home Health Care Services Quarterly*, 5(3/4), Fall/Winter:109-21.

'An increased emphasis on community care for the elderly has been apparent in Britain for some time. However, if appropriate levels of care are provided at home and like patients are compared with like, residential care can be cheaper than community care. Nevertheless, if society places a value on maintaining the elderly in the community rather than caring for them in institutions, then community care may well be value for money in this wider sense.'

However, we must not lose sight of the fact that value for money, and not just cheaper alternatives, is what we should always strive to attain.'

POLICY ANALYSIS, RESOURCE ALLOCATION, UNITED KINGDOM

- 88 Borsay, Anne (1990), 'Disability and attitudes to family care in Britain: towards a sociological perspective', **Disability, Handicap & Society**, 5(2):107-22.

'Attitudes to family care are critical to the quality of community support offered to people with physical and mental handicaps. Yet despite their importance, they have attracted comparatively little social research. This paper examines the "hotchpotch" of material which is available through the eyes of psychology and sociology. The potential of the psychologists's four-part anatomy of attitudes is recognised: the perceptual, evaluative, affective and behavioural components. However, attention is drawn to the narrow, consensual framework within which these components are often placed, and an alternative sociological or structural model is developed for family care, where the attitudes of disabled people and their relatives are seen as products of the family's socio-economic role. The conclusion discusses some of the policy implications.'

CARERS, UNITED KINGDOM

- 89 Bowman, Margaret (1987), 'Providers of services: local government', in Chris Foster and Hal L. Kendig (eds), **Who Pays? Financing Services for Older People**, Commonwealth Policy Co-ordination Unit and ANU Ageing and the Family Project, Canberra:163-184.

This paper summarises the role of local government as it affects the financing of services for older people, and then describes the diverse services provided by local government which are particularly relevant to the needs of older people. To the extent that information is available, the aggregate of dollars spent by local government is given, the source of funding indicated, and the implications for old people of the service system and its financing considered. Where relevant, inter-State variations are noted.

DOMICILIARY SERVICES, GENERAL SUPPORT SERVICES, ORGANISATION AND CONTROL, AUSTRALIA

- 90 Boyle, Terry (1988), 'Evaluating disability services: contribution from the client', **Australian Disability Review**, 1(4):19-27.

'This article outlines the development and testing of an evaluation instrument designed by service users for use in the monitoring of services for people with disabilities. Thirty-two persons took part in a pilot study, the object of which was to test the evaluation instrument for its relevance and effectiveness. (A copy of the evaluation questionnaire is appended to the article.) It is a practical demonstration of how this client group can participate meaningfully in the administration, management and delivery of services.'

EVALUATION, METHODOLOGY, AUSTRALIA

- 91 Braddock, David, Richard Hemp and Ruth Howes (1987), 'Financing community services in the United States: results of a nationwide survey', **Mental Retardation**, 25(1):21-30.

'Results of an analysis of state-federal expenditures for community services between Fiscal Years (FYs) 1977 and 1984 were summarised. Important trends identified rapid real economic growth in total nationwide community spending, in federal Immediate Care Facility for the Mentally Retarded reimbursements, and in funds derived from

state-source revenues. In real economic terms, however, Title XX/Social Services Block Grant and Supplementary Security Income state supplementation dropped 26% and 10% respectively; and there was great diversity in states' fiscal patterns. Financing strategies in Nebraska and Michigan, two states leading the community-care movement, were described in detail, and all states were ranked in terms of fiscal effort.'

POLICY ANALYSIS, FINANCING, UNITED STATES

- 92 Bradshaw, Jonathan (1977), 'The concept of social need', in Neil Gilbert and Harry Specht, **Planning for Social Welfare: Issues, Models, and Tasks**, Prentice-Hall, Englewood Cliffs, N.J.:290-6.

This chapter discusses four separate definitions of the concept "need": normative need, felt need, expressed need, and comparative need, with a chart which demonstrates diagrammatically the interrelation of the four.

NEEDS

- 93 Braithwaite, V.A. (1990), **Bound to Care**, Allen & Unwin, Sydney, xi, 179pp.

Current community care policies have failed to address the needs of those who must face the task of providing such care, those 'bound to care'. 'This book provides insights into why caregiving is so stressful to individuals and families. It demonstrates why and how community care programs must broaden their focus to cater for the needs of the carer as well as those of the cared for.' This study measures caregiving burden and its presumed contributing factors and statistically examines the importance of these factors, individually and collectively, as predictors of burden.

NEEDS, CARERS, AUSTRALIA

- 94 Branch, Laurence G. (1985), 'Home care is the answer: what is the question?', **Home Health Care Services Quarterly**, 6(1):3-11.

'The purposes of this article are three. First, to emphasize a basic implication of the common demographic summaries and projections as they apply to long-term care, namely that we need to age-adjust utilization projections. Second, to discuss an example in which the Health Care Financing Administration reminded the rest of us several years ago of the requirement to age-adjust long-term care utilization projections, but presently are ignoring their own counsel in their waived programs which require a constant absolute level of long-term care utilization over time (and constant absolute levels by definition are not age-adjusted). Third, to pose a question for which home care might be the answer, but the question must be phrased very carefully.'

DEMOGRAPHIC TRENDS, PLANNING, UNITED STATES

- 95 Branch, Laurence G. and Alan M. Jette (1983), 'Elders' use of informal long-term assistance', **The Gerontologist**, 23(1):51-6.

'Over eighty per cent of a sample of community-living elderly in Massachusetts aged 71 years or over are self-sufficient in performing basic activities of daily living (ADL); only 18 per cent are self-sufficient in performing instrumental ADL. Most elders who use long-term care assistance rely solely on the informal support network in

both instrumental (86%) and basic (50%) ADL. Increasing physical disability is the key predictor of the amount of informal assistance each use. An elder's living situation is the only informal support network characteristic consistently related to use of informal services.'

DEMOGRAPHIC GROUPS, SERVICE UTILISATION, UNITED STATES

- 96 Branch, Laurence G. and Neil Stuart (1985), 'Towards a dynamic understanding of the care needs of the noninstitutionalised elderly', **Home Health Care Services Quarterly**, 6(1), Spring:25-37.

'The functional status profile generated from static, cross-sectional data can be misleading. The dynamic perspective generated by longitudinal data emphasize that the loss of functional status is not a unidirectional, universal process. The substantial rate of turnover among community-living elders dependent in Activities of Daily Living (ADL) demonstrates that the impairments experienced by a sizeable minority (one-eighth to one-third, depending on the time span and the definition of dependency) were only temporary. Alternatively, approximately one-fourth of those ADL-dependent elders living in the community entered the high-cost institutionalized or predeath cohorts within the short term of 15 months compared to the 6 to 8 percent of the ADL-independent community elders. The implications of these population-based, longitudinal data for planning health care systems are emphasized.'

NEEDS, DEMOGRAPHIC GROUPS, PLANNING, UNITED STATES

- 97 Brennan, A. (1984), 'Home care: the origins and implementation of the national home care program', in Australian Association of Gerontology, **Care of the Elderly: Current Issues and Future Prospects**, Proceedings of the 19th Annual Conference, Sydney:48-52.

'The history of our national domiciliary care programs reveals that the most serious problems which have affected the development of efficient and effective home care services for people with moderate or severe disabilities, have been at the level of policy and program design. The focus of this paper is on a complex of Commonwealth legislation...which remains as the Commonwealth's main instruments for national planning in the field of home care.' It has provided for a number of discrete schemes, each with their own administrative structures and objectives. 'Further, it is argued that this cluster of policies with multiple aims and confusing objectives has been helped to survive by the lack of consensus in the community about home care services; and also by the different meanings which attach to the term "home care".'

POLICY ANALYSIS, DOMICILIARY SERVICES, AUSTRALIA

- 98 Brenton, Maria (1982), 'Changing relationships in Dutch social services', **Journal of Social Policy**, 11(1):59-80.

'Social services in the Netherlands have traditionally been delivered by non-state agencies, in a climate of support for "private initiative" and resistance to direct intervention by government. These agencies have, however, become almost totally dependent upon government finance, while operating virtually autonomously in a non-politicised sphere where services have become increasingly sophisticated and expensive. The power exercised over public resources and public services by these "private" agencies, particularly at a national level, and the lack of control over the welfare sector by government, has been the subject of growing criticism in recent years. The dysfunctions of a "voluntary" system of social services have become glaringly evident. This article traces the development of a relationship between state and "private enterprise" in the social services which has developed from a strictly "separatist" model to one where a high degree of inter-penetration has been reached. It also examines current efforts

to extend this second "incorporated" model of voluntary-statutory relationships by placing social welfare services under a greater measure of public control within a decentralized system of local political responsibility.'

ORGANISATION AND CONTROL, NETHERLANDS

- 99 Brickner, Philip W., Anthony J. Lechich, Roberta Lipsman and Linda K. Scharer (1987), **Long Term Health Care: Providing a Spectrum of Services to the Aged**, Basic Books, New York, xvi, 383pp.

'This book attempts a systematic compilation and evaluation of information about older persons' long term care needs and how they may be met.' It is hoped 'to define the necessary components of a national policy, one that will lead to development of a spectrum of long term care services for the aged.' The book discusses the program components, history, and financing of a long term care spectrum and the health status and functional ability of the elderly. It also reviews trends and forecasts leading to policy recommendations. The problems of dementia and alcohol abuse are examined in depth.

NEEDS, DEMOGRAPHIC GROUPS, PLANNING, UNITED STATES

- 100 Brilliant, Eleanor L. (1986), 'Community planning and community problem solving: past, present and future', **Social Service Review**, 60(4), Dec:568-89.

'Once a promising area for social work practice, local planning councils were centers for community-wide planning efforts [in the United States]. This paper discusses the history of local planning councils and gives reasons for their decline in the past two decades. The role of health and welfare planning are analyzed in relation to the United Way system of federated fund raising in which councils have been a major subsystem, and research findings are presented from a larger study of the United Way nationwide. The discussion concludes with consideration of five current models of community planning and community problem solving and argues for more social work involvement in these activities.'

PLANNING, UNITED STATES

- 101 Brodsky, Jenny, Jack Habib, Esther Goldsher and Denise Naon (1988), **Evaluation of a Program to Provide Coordinated Care to the Elderly in the Community: Methodological Issues**, Brookdale Institute of Gerontology and Adult Human Development, Jerusalem, 32pp.

'This paper reports on a demonstration project that has recently been initiated to provide more coordinated and comprehensive care by integrating health and social services within the Israeli service system and by putting greater emphasis on health promotion in primary health care. The demonstration project is being accompanied by an evaluation which examines both process and outcome...In this paper we discuss the methodological issues which arose in the design of the evaluation, including choice of control group strategy, choice of process and outcome measures, the time period and unit of evaluation, and the role of the evaluation in the overall development of the project.'

EVALUATION, METHODOLOGY, ISRAEL

- 102 Brodsky, Jenny, Marc Cohen, Jack Habib and Tamar Heron (1988), 'The organization of long-term care services in Israel: an evaluation', *Social Security*, Special English Edition, June:167-95.

'This article presents the principal findings of a study designed to examine in detail the way the system functions in providing care to the elderly. The study attempted to identify the dominant patterns as well as the major differences within the agencies, among the agencies, and between different areas in Israel. The aim of the study was to create an information base to facilitate the planning of these changes.' The conceptual framework and methodology are described. This is followed by a description of the stages in the care of the elderly: referral and entry; intake and assessment; development of care plans; family involvement in development of care plans; implementation of the care plan; and, follow-up and re-assessment. Inter-agency links are explored and problems elucidated.

EVALUATION, METHODOLOGY, DEMOGRAPHIC GROUPS, ORGANISATION AND CONTROL, ISRAEL

- 103 Brody, Elaine M., Eugene A. Stead, Carroll L. Estes and Karl L. Shaner (1986), 'Institutional versus community health care of the elderly: the delicate balance of social policy', *Home Health Care Services Quarterly*, 7(3/4), Fall/Winter:113-58.

Institutional and community care of the elderly are not in competition and to frame the issues as one versus the other obscures the real problems in creating an appropriate system of continuing care. The interrelated questions considered here are as follows: 'Do institutions and community services serve the same population? Is there a policy "bias" in favour of institutional care? Is home care cheaper than institutional care? Would expanding home care insure cost reductions? Should families increase their caregiving activities?' The task ahead is 'to develop the services and facilities that appear on the theoretical continuum of care, filling in its gaps by inventing new services and facilities, and seeing to it that they are adequate quantitatively and qualitatively.' Special attention should be paid to fiscal and service supports to families caring for older dependents and the current attempts to encourage non-use of the formal system and the call to return to 'old' family values is an abdication of social responsibility.

POLICY ANALYSIS, RESOURCE ALLOCATION

- 104 Brody, J.A. (1988), 'Changing health needs of the ageing population', *Ciba Foundation Symposium*, 134:208-22.

'The drama unfolding in this century can be viewed in terms of the age at which people are now dying. Most medical needs, attention and costs occur in the last years of life. At the turn of the century about 25% of people survived age 65. In the developed countries at least 70% of the population now survive beyond this age and 30-40% of deaths are at age 80 or over. Entirely different diseases, conditions and social structures are involved when most people survive to these late ages. Increasing longevity raises the issue of net gain in active functional years versus total years of disability and dysfunction. The available evidence gives rise to pessimism: at present for each functional year gained we add about 3.5 compromised years. The need for long-term care will continue to grow. Improvements in long-term care involve economic considerations, political will and better mechanisms for the delivery and acceptance of this labour-intensive practice. The education and preparation of the ageing population in terms of normal realities and expectations are even more important. Health-care givers, politicians, and other decision makers are increasingly likely to have first-hand exposure to the good and bad realities of an ageing society, and thereby to perceive the realities of ageing more clearly than ever before. A new political will for more creative and equitable responses to the needs of the elderly and their families is rapidly emerging. The greater our familiarity with the problems of old age, the greater the likelihood for us to find means for improvement.'

DEMOGRAPHIC TRENDS, NEEDS, HEALTH SERVICES, UNITED STATES

- 105 Brody, S.J. and C.F. Masciocchi (1980), 'Data for long-term care planning by health systems agencies', *American Journal of Public Health*, 70(11):1194-8.

'Planning for the long-term care and support of the elderly is unco-ordinated. Although several agencies are charged with the planning role, the Health Systems Agency (HSA) has emerged as the major planning unit. Long-term care planning is currently based on skilled nursing facility (SNF) utilization rates. This limited focus is inappropriate and the data are inconclusive. Population-based data, including levels of functioning, age, and living arrangements of those in need of extended support would provide a more useful approach. Sources for such information are suggested. The HSA should commit itself to population-based planning with special consideration of the mental health needs of the SNF residents, and the function of nursing home auspice. All types of health and social services should be taken into account in planning a system for long-term care and support.'

HEALTH SERVICES, PLANNING, UNITED STATES

- 106 Broe, G.A. (n.d.), *Care of the Elderly: The Australian System*, unpublished paper.

There will be a dramatic increase over the next decades in the population of the 'old old' (those 75 years or more). This increase was not predicted by demographers or health planners in the 1960s and 1970s and subsequent predictions have needed to be upgraded. This means there will be a marked increase in the prevalence of specific diseases such as dementia, osteoporosis and fractured femurs. However, multifactorial syndromes of ageing such as senile gait disorder will increase even more dramatically. There will need to be a massive input of resources to maintain them in the community and to assist their families and carers over the next half century. The severely dependent will continue to need extensive institutional care. 'Unless such institutional and community support is provided the whole society but particularly women will suffer a marked decline in social, health and economic terms.' The paper discusses three areas of care of the aged in Australia: the role of the aged themselves; the role of the carers and families; and, the role of the formal care systems and in each area looks at the barriers to effective aged care and how the Australian system is dealing with these barriers. Finally, the paper concludes that 'within the complex multi level uncoordinated system of aged care in Australia there are three current initiatives which offer some hope'. These are an active policy to expand Home and Community Care (HACC); an active policy to develop Area Geriatric Services; and, an active movement lead by the Australian Geriatric Society to develop common boundaries for these two types of services (health and welfare) at a local delivery level. The final page lists five principles of aged care.

DEMOGRAPHIC TRENDS, CARERS, DEMOGRAPHIC GROUPS, AUSTRALIA

- 107 Broe, Tony (1988), *Overview of Care of the Ageing*, Paper presented to the N.S.W. Department of Health 1988 Public Health Conference, Monday, 7th November, 7pp.

The paper looks at the population projections for the aged in Australia, their use of services and the degree of disability and dependency in the elderly at home. It describes the characteristics of the elderly with high service needs, and the characteristics of carers with high service needs. The formal aged care services only 'support, validate and assist the informal network of carers who provide 80% - 90% of community care. However, to work at all, aged care services require co-ordination to meet consumers need rather than professional priorities.' In the co-ordination of these services there is need for a common geographic base, a single entry point for information provision, assessment and access to services co-ordinated within each geographic area, and there should be a case management approach to assessment and service delivery to provide a maximum of autonomy and a minimum of confusion to the client. A successful service must have: flexibility, responsiveness and availability, unhierarchical use of staff, domiciliary assessment, and willingness to collaborate with other services and agencies.

DEMOGRAPHIC TRENDS, DEMOGRAPHIC GROUPS, ORGANISATIONAL INNOVATION, AUSTRALIA

- 108 Broe, G.A. (1990), 'Targeting services to older people', *Australian Association of Gerontology, NSW Division, Bulletin*, [First? No date]:3.

The multiplicity of services available to maintain older people in their homes and the lack of co-ordination between them at the local areas level have the potential to lead to fragmentation, inappropriate service use and a failure to target services to those most in need. Two major co-ordinating systems have developed in NSW: Geriatric Assessment Teams and an increasing number of Community Options Programs. 'The majority of studies, using traditional medical diagnosis or self report of illness, have consistently defined cardio-vascular disease, respiratory disease and musculoskeletal disorders as the major cause of disability. This group of medical diagnoses are of little or no value in targeting "at risk" groups of very elderly for service use, carer support or tertiary prevention. A functional model of diagnosis, using ADL observations, is of far more value in setting targets for the delivery of services but fails to recognise potentially treatable or reversible medical problems and provides an inadequate diagnostic base for discussing progress and outcome with carers and for setting up preventive programs. Community Options Programs use a client centred model in which the "key worker" of the team, after appropriate consultation, provides those services which the elderly clients themselves feel are required to continue living at home. Perhaps the most effective approach would combine all three elements. It adds that the major causes of dependency and institutionalisation in our society in the very elderly group 75 years and over are not vascular or musculoskeletal disorders but dementia. This must be understood by those targeting services.

METHODOLOGY, CASE MANAGEMENT, TARGETING, AUSTRALIA

- 109 Broe, G.A. and Helen Creasey (1989), 'The neuroepidemiology of old age', in Tallis, R.(ed.), *The Clinical Neurology of Old Age*, Wiley:51-65.

The most common causes of dependency and disability in the elderly are neurological disorders which are described here. Dementia is the most important cause of disability and dependency. The implications for health care planning and future service needs are described. 'Given that there is at present no specific therapy for dementia, medical care is chiefly aimed at supporting independent functioning in the community for as long as possible and at minimizing the distress to the care givers. The level of such services is best determined by field studies of prevalence of varying degrees of impairment in functional terms. Such short-term needs are acute and of crisis proportion at the present time. The longer-term aim of field studies must remain, however, namely to define the pattern of illness with the hope of finding clues to the causes of dementia in old age and thus allow preventive and curative treatments to be developed.'

NEEDS, DEMOGRAPHIC GROUPS, TARGETING, AUSTRALIA

- 110 Brown, Christopher and Eddie Dowd (1984), 'The voluntary side of welfare "partnership"', *Australian Social Work*, 37, Mar:13-18.

'Renewed political interest in reducing government expenditure in social welfare has often influenced the balance of government and voluntary sector involvement in what is sometimes called a welfare "partnership". Governments seek to extend their planning and monitoring role whilst encouraging voluntary organisations to expand their capacity to deliver services. Similar trends are signalled in the Queensland Government policy papers on family welfare legislation. The views of voluntary organisations provide an alternative perspective on the non-government sector and the notion of welfare "partnership". These views are critical of public policy if government is serious about a viable pluralistic arrangement in the welfare field.'

POLICY ANALYSIS, ORGANISATION AND CONTROL, QUEENSLAND

- 111 Brown, C., J. Davey and A. Halladay (1985), 'The planning environment of non-government organisations involved in the provision of social care to elderly Queenslanders', **Australian Journal on Ageing**, 4(1), Feb:3-8.

'Despite the importance of the non-government sector as a major provider of social care for the elderly, its planning and administrative sphere remains relatively uncharted. Planner and administrators from nine Queensland non-government organisations shared perceptions of their planning environment. While government resources and program guidelines influence their work, they claim their autonomy is not eroded. Government could facilitate their work by generating needs data, establishing joint planning structures and ensuring territorial justice. The authors argue that if governments presume non-government organisations are simply vehicles for the implementation of government plans, their potential as response systems for elderly people will not be realized.'

DEMOGRAPHIC GROUPS, ORGANISATION AND CONTROL, PLANNING, QUEENSLAND

- 112 Brown, Chris, Joan Davey and Allan Halladay (1986), 'Elderly consumers and social care policy', **Australian Journal of Social Issues**, 21(4), Nov:291-312.

'The development of social care policy for elderly Australians is proceeding with little regard for the preferences and perspectives as expressed by the elderly themselves. The likely consequence is a continuation of policies based largely on other people's assumptions about what elderly people actually need and the extension of service categories into which many elderly people do not easily fit. Discussion with 71 elderly consumers during 1983 in Queensland established that they have input to make into policy and service delivery issues such as the provision of information on services, the determination of needs, the extension of choices between alternative services and choice of appropriate service providers. Social care policy should not continue to develop around singular and untested assumptions concerning what elderly people need and prefer.'

NEEDS, DEMOGRAPHIC GROUPS, QUEENSLAND

- 113 Brown, Christopher and Charles Ringma (1987), 'Disability policy: can the non-government welfare sector deliver the goods?' in Peter Saunders and Adam Jamrozik (eds), **Community Services in a Changing Economic and Social Environment**, Social Welfare Research Centre, University of NSW, Kensington, SWRC Reports and Proceedings No.70:133-47.

The authors argue that the Commonwealth's new Disability Services legislation 'does not indicate significant social reform...The basic argument regarding its lack of social reform impluse is that this new legislation is redressing the post-1974 Handicapped Persons Assistance Act settlement. In fact the HPAA legislation failed to incorporate the international changes towards normalisation that were taking place. The consequence was that service provision following the HPAA legislation moved towards institutional rather than community models of service provision. The new legislation re-dresses this development. It is therefore merely catching up and its reforms are not in the area of social consciousness but in overhauling outmoded forms of social provision which are the legacy of the HPAA.' This paper describes an accomodation support demonstration project of a church organisation dealing with the deinstitutionalisation of four persons with severe physical disabilities which has significant policy and strategy implications for the government and its service providers.

CASE STUDIES, POLICY ANALYSIS, DEMOGRAPHIC GROUPS, ORGANISATIONAL INNOVATION, QUEENSLAND

- 114 Brown, Christopher and Charles Ringma (1989), 'The myth of consumer participation in disability services: some issues for social workers', *Australian Social Work*, 42(4), Dec:35-40.

'There are many hindrances to consumer participation in the planning and management of disability services. Consumer perspectives, preferences and felt-needs are not always taken into account by those providing the necessary services. As one important group involved in social care, social workers are committed to extend the process where consumer needs and perspectives are incorporated in the planning and management of services. The Commonwealth Government's emphasis on consumer participation in planning and management of disability services, as expressed in the Disability Services Act, 1986, is therefore of interest to them in seeing those ideals realised in services which presently lack them. This article reports on some findings of a study conducted by the authors of consumer perspectives on Queensland disability services. It notes that a significant gap still exists between the ideals of consumer participation in the delivery of services highlighted in the 1970s and their practical realisation. It argues that if present Commonwealth disability policy which incorporates the ideas of the 1970s is to become reality, then the major providers of social care services will need to make structural changes that will facilitate effective consumer participation. Social workers are encouraged to both monitor and influence these changes towards participation and to implement them beyond disability services into other areas of social care.'

NEEDS, POLICY ANALYSIS, DEMOGRAPHIC GROUPS, ORGANISATIONAL INNOVATION, QUEENSLAND

- 115 Brown, Christopher and Charles Ringma (1989), 'New disability services: the critical role of staff in a consumer-directed empowerment model of service for physically disabled people', *Disability, Handicap & Society*, 4(3):241-57.

'Australian disability services have undergone a major review. Initiated by the government and now enshrined in new legislation, this review has significant implications for non-government social welfare organisations as major service providers in that it demands a significant service reorientation. This paper describes one demonstration project involving physically disabled persons, one female and three males, located in one domiciliary unit which signposts this new service direction and identifies it as a consumer-directed and empowering model. This is contrasted with previous institutional and care models of service. It identifies the staff role as important in this client-empowering model of service and raises a range of critical issues in the consumer-staff interface which enhances such empowerment. The paper suggests that where these staffing features and empowerment processes are lacking deinstitutionalisation may well have occurred without consumer empowerment being achieved.'

DEMOGRAPHIC GROUPS, ORGANISATIONAL INNOVATION, QUEENSLAND

- 116 Brown, Randall S. (1988), 'The evaluation of the National Long Term Care Demonstration. 2. Estimation methodology', *Health Services Research*, 23(1), Apr:23-49.

'Channeling effects were estimated by comparing the post-application experience of the treatment and control group using multiple regression. A variety of potential threats to the validity of results, including sample composition issues, data issues and estimation issues, were identified and assessed. Of all the potential problems examined, the only one determined to be likely to cause widespread distortion of program impact estimates was noncomparability of the baseline data. To avoid this distortion, baseline variables judged to be noncomparably measured were excluded from use as control variables in the regression equation. (Where they existed, screen counterparts to these noncomparable baseline variables were used as substitutes.) All of the other potential problems with the sample, data, or regression estimation approach were found to have little or no actual effect on impact estimates or their interpretation. Broad implementation of specific procedures, therefore, was not necessary. The study did find that, because of the frequent use of proxy respondents, the estimated effects of channeling on clients' well-being actually may reflect impacts on the well-being of the informal caregiver rather than the client.'

This and other isolated cases in which there was some evidence of a potential problem for specific outcome variables were identified and examined in detail in technical reports dealing with those outcomes. Where appropriate, alternative estimates were presented.'

EVALUATION, METHODOLOGY, UNITED STATES

- 117 Browne, Margaret (1990), 'Links between practice, evaluation and policy: a Commonwealth perspective', in A. Howe, E. Ozanne and C. Selby Smith (eds), **Community Care Policy and Practice: New Directions in Australia**, Public Sector Management Institute, Monash University, Clayton, Vic.:237-43.

'This paper argues that the Home and Community Care (HACC) Program, in its genesis and in its subsequent development, exemplifies the kind of structured review process which maintains effective links between practice, evaluation and policy. It further argues that the review process is inherently valuable; for it is not a sterile or mechanistic process, but a means of providing fruitful interaction between program managers, service providers and users.' The paper also describes the way in which Commonwealth unmatched money is being used 'to explore further the interface between residential and community care at the strategic level.' These projects are also being carefully monitored to provide a nationally consistent framework for evaluation on the projects. 'Mechanisms for evaluation include collection of a minimum data set providing essential information on client characteristics, referral and assessment, packages of care provided, the costs of these packages, client circumstances prior to entering the project, and the outcome of the project's intervention...Information being collected will allow identification of the factors most relevant to an individual's risk of entering an institution, such as whether the client has a carer or lives alone, the client's financial status, gender, and need for personal assistance.' An Attachment outlines a framework for evaluation of projects funded from Commonwealth unmatched monies.

EVALUATION, AUSTRALIA

- 118 Brubaker, Ellie (1987), 'Homemaker-home health care and family involvement', in Brubaker, Timothy H. (ed.), **Aging, Health and Family: Long-Term Care**, Sage, Newbury Park, Calif.:102-115.

'Within this chapter the assessment process completed by homemaker-home health care agencies will be examined. Findings are reported concerning attention to family involvement when determining older clients' needs for services.' Following a literature review, the chapter describes the sample and research methodology. Telephone interviews were conducted with home health care supervisors in a large midwestern state and information was collected on age, sex, professional training, position within the agency, number of aides supervised and practice in assessing family relationships. It was found that the majority of supervisors did not rate highly on the assessment index, which has implications for the involvement of family in service provision. Many agencies did not have formal procedures for assessing client needs or co-ordinating formal and informal services.

METHODOLOGY, NEEDS, CARERS, DOMICILIARY SERVICES, UNITED STATES

- 119 Bryan, Norma (1990), 'Planning services around individuals: perspective of a service provider', in A. Howe, E. Ozanne and C. Selby Smith (eds), **Community Care Policy and Practice: New Directions in Australia**, Public Sector Management Institute, Monash University, Clayton, Vic.:167-70.

This paper looks at the HACC Program through the eyes of a non-government service provider in Victoria. It looks largely from the perspective of the home nursing service. It is found that services are still infrequently planned around individual's needs; there is still unevenness in service availability, user charges, hours, flexibility and responsiveness to need from one local area to another; assessment procedures vary widely and in many areas are virtually non-existent; there is a need for service guidelines and grievance procedures for consumers; and, consumers lack influence in the planning and delivery of services. Some reasons for this are given: that state

budgets for health have not been diverted away from acute to community care as hoped; the Department of Community Services and Health has a low profile for health services; and some professionals are ideologically committed to one model of service delivery which excludes all other approaches to care.

DOMICILIARY SERVICES, PLANNING, VICTORIA

- 120 Bryson, Lois (1981), 'Abuses and uses of evaluation', *Australian Journal of Social Issues*, 16(2):103-13.

'In its recent report entitled *Through a Glass Darkly*, the Senate Standing Committee on Social Welfare claims that there is insufficient evidence available to evaluate welfare services, yet even within a brief paper this can be demonstrated to be not so. The Senate Committee however chose to ignore information about services as such, in order to discuss the process of evaluation. The apparent shortcomings of current services and the way the committee largely ignored these must be viewed in the light of the role welfare fulfils within the state - a role in which serving the interests of claimants is clearly not the major component.'

EVALUATION, AUSTRALIA

- 121 Buckland-Fuller, Dorothy (1986), *Strategies for Involving Ageing People of Non-English Speaking Background in the Home and Community Care Programme*, Paper given at the NSW Council on the Ageing, Home and Community Care Conference, 10th October, 1986

This paper discusses the ways in which the ethnic communities can participate in the Home and Community Care Program and disseminate information the elderly in their communities.

DEMOGRAPHIC GROUPS, AUSTRALIA

- 122 Bucquet, Denis and Curtis, Sarah (1986), 'Socio-demographic variation in perceived illness and the use of primary care: the value of community survey data for primary care service planning', *Social Science & Medicine*, 23(7):737-44.

'This paper addresses the question of the prevalence of self reported morbidity in the community and reports on results obtained using the Nottingham Health Profile in a population survey of morbidity. The variation between demographic and social groups and the relationship with GP are considered. The results show that certain aspects of morbidity vary according to social group more markedly than other aspects, and that some dimensions of self reported morbidity are predictive of recent consultation reported by the respondents. The interpretation of the data of this sort for health planning purposes is considered. For example, the manual groups were particularly susceptible to tiredness and sleep disturbance, but these were not conditions associated with more frequent consultation. The manual groups also reported higher levels of pain and emotional distress, which were associated with propensity to consult. Other types of morbidity associated with consultation with the general practitioner were physical symptoms of pain and feelings of social isolation, but these did not show a strong class difference.'

HEALTH SERVICES, DEMOGRAPHIC GROUPS, PLANNING, UNITED KINGDOM

- 123 Bulmer, Martin (1987), *The Social Basis of Community Care*, Allen & Unwin, London, xiii, 247pp.

'A central purpose in writing the book is to suggest that, in significant respects, "community care" policies rest upon fallacious common-sense assumptions which are wrongly presented by policy-makers as sociological truths. As a result there is a vacuum at the heart of care policy which is likely to lead to ineffective or deteriorating provision of

services, to the extent that care is transferred to "the community". Chapter 1 examines the meaning of "community care" and "care", while Chapter 2 draws on the sociological literature on community and urbanism to ask what "community" means in this context. Chapter 3 looks at informal care and the barriers to such care and Chapter 4 takes up the notion of "informal networks" and asks how applicable these are to the mobilisation of informal care. Chapter 5 examines the motives of people who care and the sociological and philosophical bases of such care. Chapter 6 looks at the barriers to the interaction of formal and informal care and the concluding chapter considers future policy issues concerning informal care.

POLICY ANALYSIS, UNITED KINGDOM

- 124 Burke, Thomas R. (1988), 'Long-term care: the public role and private initiatives', **Health Care Financing Review**, Annual Supplement:1-

'The ongoing effort of the U.S. Department of Health and Human Services to identify private financing mechanisms that can effectively assist the rapidly growing population of older persons in paying for long-term care expenses is discussed in this article. The focus on private strategies stems from the recognition that Federal and State sectors already pay almost one-half of all long-term care expenses, the proclivity of liberalized financing structures to raise total costs, and the tendency of public financing to dampen choice, flexibility, and access to care. In view of the improved economic situation of most older persons in our Nation today, the potential for market development of private financing options is thought to be excellent, particularly the market for long-term care insurance.'

FINANCING, UNITED STATES

- 125 Burr, Michael (1981), 'Regional geriatric services: an Adelaide example', in Anna L. Howe (ed.), **Towards an Older Australia: Readings in Social Gerontology**, University of Queensland Press, St Lucia:168-78.

This chapter details some of the individual features of a geriatric community care service in Adelaide, the Eastern Regional Geriatric and Medical Rehabilitation Service. The Problems encountered in the growth of the service and the limitations affecting its future expansion are discussed.

CASE STUDIES, DEMOGRAPHIC GROUPS, SOUTH AUSTRALIA

- 126 Callahan, James J. (1989), 'Case management for the elderly: a panacea?' **Journal of Aging & Social Policy**, 1(1/2):181-95.

'Case management is proposed frequently as an all-purpose solution to the problem of access, fragmentation, unnecessary institutionalization, and excessive costs in long-term care of older persons. Case management, however, is not a particular structure or process but rather a complex arrangement of goals, client groups, agency settings, and procedures. Fifteen years of research on community-based care management fails to support most of the claims of its effectiveness in solving the problems for which it was intended. Long-term care policy, in the future, must consider a wide range of strategies including enhancing consumer decisionmaking through disseminating information and expanding income supplements, and modifying the delivery system by encouraging more comprehensive organizations in which elders can enroll.'

POLICY ANALYSIS, CASE MANAGEMENT, DEMOGRAPHIC GROUPS

- 127 Callahan, James J. and Stanley S. Wallack (eds) (1981), **Reforming the Long-Term Care System: Financial and Organizational Options**, Lexington Books, Lexington, Mass., ix, 261pp. (University health policy consortium series)

There is a general lack of consensus on options for financing and organising long-term care and this volume has been designed with this lack of consensus in mind. 'Values as well as current problems dictate which set of options should be considered. Part I briefly describes the current state of long-term care needs, reviews the previous attempts to develop reform proposals, and ends by describing the limitations of these attempts as well as our effort. The options are presented in Parts II and III. Part II includes financing reforms: bloc grants, compulsory social insurance, and disability allowance. In Part III, the organizational reforms of case management, a single agency, and a Social/Health Maintenance Organization (S/HMO) are prescribed...Part III also describes a systems approach to long-term care and suggests areas worthy of future research.' Goals of long-term care services are identified and criteria for evaluating the options are listed.

FINANCING, ORGANISATION AND CONTROL, UNITED STATES

- 128 Cambridge, Paul and Martin Knapp (Eds) (1988), **Demonstrating Successful Care in the Community**, Personal Social Services Research Unit, University of Kent at Canterbury, vi, 66p.

The eight papers in this volume are based on presentations at a series of regional seminars and describe the Care in the Community demonstration programme funded by the Department of Health and Social Security from 1984-88. Twenty-eight pilot projects were launched under the initiative, each monitored and evaluated by a team of researchers at the PSSRU, University of Kent at Canterbury.

CASE MANAGEMENT, UNITED KINGDOM

- 129 Campbell, A.J., L.M. McCosh, J. Reinken and B.C. Allan (1983), 'Dementia in old age and the need for services'. *Age and Ageing*, 12(1):11-16.

'A randomly selected sample of subjects aged 65 years and over was investigated to determine the prevalence of dementia. The sample, which was stratified by age, consisted of 559 subjects living in the community and institutions. It was estimated that 7.7% of those aged 65 years and over suffered from dementia. The disorder affected both sexes equally. There was a marked increase in the prevalence with age so that in those 80 years and over the prevalence rate of dementia was found to be 19%. Those suffering from dementia were significantly more likely to be receiving institutional care ... and used significantly more domiciliary services than did those with normal mental function and were more likely to require additional services not already provided. There was a particular need for district nursing supervision, day care and relief admissions. The high prevalence rate of dementia in the elderly, and the high use those suffering from the disorder make of both domiciliary and institutional services, should be appreciated in the planning of services for the elderly.'

NEEDS, DEMOGRAPHIC GROUPS, UNITED KINGDOM

- 130 Cantor, Marjorie H. (1982), 'Social care for the aged in the United States: issues and challenges', *Social Work With Groups*, 5(2):13-20.

'This paper reviews some of the impact of industrialization on the kinship structure and the shift in familial versus societal role re the elderly. Formal and informal networks and services and relationships are discussed: some needs and gaps in service identified. The role of women in filial responsibility within the modern family situation is noted

and the need for increased supports identified. The author warns that both formal and informal systems - functioning complementarily and optimally, are needed by the increasing number of elderly people.'

NEEDS, DEMOGRAPHIC GROUPS, UNITED KINGDOM

- 131 Capitman, John A. (1986), 'Community-based long-term care models, target groups, and impacts on service use', *The Gerontologist*, 26(4):389-97.

'The intervention approaches, client groups, and impacts on use of Medicaid and Medicare reimbursed services are described for five demonstrations included in the national evaluation of community-based long-term care. Only one project produced significant reductions in nursing home use. Unlike other projects, it identified potential clients through nursing home application. Project differences in clients' functioning did not appear related to nursing home or hospital use. Results suggest that functional criteria for target group definition needs to be augmented by such improved mechanisms as preadmission screening for identifying clients with short-term risk of nursing home use.'

EVALUATION, TARGETING, UNITED STATES

- 132 Carcagno, George J. and Peter Kemper (1988), 'The evaluation of the National Long Term Care Demonstration. 1. An overview of the channeling demonstration and its evaluation', *Health Services Research*, 23(1), April:1-22.

'The channeling demonstration sought to substitute community care for nursing home care to reduce long-term care costs and improve the quality of life of elderly clients and the family members and friends who care for them. Two interventions were tested, each in five sites; both had comprehensive case management at their core. One model added a small amount of additional funding for direct community services to fill the gaps in the existing system; the other substantially expanded coverage of community services regardless of categorical eligibility under existing programs. The demonstration was evaluated using a randomized experimental design to test the effects of channeling on use of community care, nursing homes, hospitals, and informal caregiving, and on measures of the quality of life of clients and their informal caregivers. Data were obtained from interviews with clients and informal caregivers; service use and cost records came from Medicare, Medicaid, channeling, and providers; and death records for an 18-month follow-up period were examined.'

EVALUATION, METHODOLOGY, CASE MANAGEMENT, UNITED STATES

- 133 Caro, Francis G. (1981), 'Demonstrating community-based long-term care in the United States: an evaluative research perspective', in Matilda E. Goldberg and Naomi Connelly (eds), *Evaluative Research in Social Care*, Heinemann Educational Books for the Policy Studies Institute, London:151-76.

'In the past decade the United States has experienced significant ferment concerning expansion of community-based long-term care for the elderly and adult disabled. A number of major home service demonstration programmes have been initiated to explore the feasibility and desirability of increases in public financing of services designed to support independent living for the functionally disabled. The demonstrations in turn have stimulated development of evaluation research concerned with their effectiveness and cost. The major purpose of this paper is to review the research themes which have emerged in the evaluation of several of the demonstrations. To provide a basis for critical analysis of the research methods employed, it will be important to explain the context in which these demonstrations have been conducted. The paper includes a discussion of some of the limitations of the evaluation research methodology employed. An alternative approach to the conceptualisation and measurement of long-term care objectives is proposed.'

EVALUATION, METHODOLOGY, UNITED STATES

- 134 Caro, Francis G. and Arthur E. Blank (1987), **Caring for the Elderly at Home: A Policy Perspective on Consumer Experiences with Publicly-Funded Home Care Programs in New York City**, Community Service Society of New York, v, 143pp.

'Reported here are the results of a study which examined the major publicly-funded programs and surveyed a sample of elderly with long-term care needs. The study sought to learn who among them is reached by the services and how they and their informal supports are affected by home care programs...The report concludes with a discussion of policy issues reflecting broad aims of the study and its findings.'

POLICY ANALYSIS, DEMOGRAPHIC GROUPS, SERVICE UTILISATION, UNITED STATES

- 135 Caro, Francis G. and Arthur E. Blank (1988), **Quality Impact of Home Care for the Elderly**, Haworth Press, New York, 204pp.

This book reports on current research concerned with the implications of a large-scale system of publicly-funded home care for the at-risk elderly and their informal supports, the New York State Long-Term Home Health Care Program. It addresses the following questions: When and under what circumstances can families, individuals, or friends take care of the long-term sick? What kind of physical conditions require expert help? What kinds of manpower are needed and how much must they be trained and how often can families supply this manpower? What organisational means work best to link the medical and social components? Is a special coordinating device required or can independent social and health agencies find each other efficiently through market place operations? Under what circumstances does home care, or service outside of the hospital provide acceptable quality care? And what is the outcome of extended care given outside of a hospital: are hospital days reduced? Are nursing home admissions controlled? Are costs reasonable?

NEEDS, CARERS, DEMOGRAPHIC GROUPS, ORGANISATION AND CONTROL, UNITED STATES

- 136 Carter, Jan (1981), **Day Services for Adults: Somewhere to Go**, Allen & Unwin, London, National Institute for Social Work, Social Services Library, No.40, xix, 381pp.

This book reports on a national survey of day care services for adults in England and Wales made between 1974 and 1979. It examines the types of facilities provided, the types of users catered for, the rates of usage and kinds of activities provided. There is an account of the aims of the staff of these facilities and the way the aims apply to certain groups of users. It examines issues of the gains and losses currently attributed to day services by both users and staff, and finally, presents a detailed account of the methods and procedures of the survey.

METHODOLOGY, GENERAL SUPPORT SERVICES, UNITED KINGDOM

- 137 Caserta, Michael S., J. Richard Connelly, Dale A. Lund and James L. Poulton (1987), 'Older adult caregivers of developmentally disabled household members: service needs and fulfillment', **Gerontological Social Work with Families**, 10(1/2):35-50.

'The purpose of this study was to evaluate the extent to which there is a need for formal support services among older caregivers with individuals in their homes who are developmentally disabled or intellectually handicapped (DD/IH). The factors which influenced the fulfillment of such service needs were also explored. Information was obtained from a sample of 198 caregivers ranging in age from 50-84, concerning services needed and received, perceived health, competence, difficulty in locating services, as well as a variety of sociodemographic data. The sample reported a significant need for a number of key services, including housekeeping, home repairs, personal

counseling legal services, and physician's services. Only the identified need of physician's services was adequately filled. Multiple regression analyses revealed that perceived health was the strongest predictor of need fulfillment among those caregivers 60 years of age or older, while difficulty in locating services and perceived competence were influential in explaining need fulfillment of those caregivers between the ages of 50-59. Implications for public policy and future research are discussed.'

EVALUATION, NEEDS, CARERS, UNITED STATES

- 138 Chadwick, Ruth and Jill Russell (1989), 'Hospital discharge of frail elderly people: social and ethical considerations in the discharge decision-making process', *Ageing and Society*, 9(3), September:277-95.

'Using contributions from moral philosophy and sociology, this paper explores the decisions confronting care professionals when discharging frail elderly people from hospital. It is based on research into hospital discharge in South Glamorgan that has illuminated the nature of professional decision-making in multi-disciplinary ward meetings. Two key dilemmas are identified and examined in detail: first, the dilemma of discharging elderly people who, while thought by professionals to be incapable of looking after themselves and therefore "at risk", nevertheless want to go home, and secondly, the dilemma of finding residential care for elderly people who are defined as being "partly sick and partly well". Whilst the principle of autonomy may be used to support individual choice, it may also be interpreted as encouraging self-reliance, and as a way of denying a collective responsibility to elderly people's care needs. The dilemma of institutional care for the "partly sick and partly well" is found to be a persisting problem, fraught with conceptual ambiguities and resource-boundary negotiations between "medical" and "social" care. An examination of both dilemmas serves to highlight the role of political ideology in discharge decision-making.'

TARGETING, UNITED KINGDOM

- 139 Challis, David (1981), *Community Support for the Elderly*, Canterbury, Personal Social Services Research Unit, University of Kent, Discussion Paper No.204, 18pp.

This paper examines three questions relating to community care for the elderly. Firstly, what factors make a reappraisal of community support necessary and must be taken into account in future developments, e.g. the changing nature of the elderly population, unmet needs, constraints on resources, informal support systems and the low priority of care of the elderly in policy. Secondly, what responses have been undertaken by local authorities, e.g. Kent Community Care Scheme; and thirdly, what tentative conclusions can be drawn from these developments? Six important themes are extracted from these developments: personal care, integrated services, the need for a strategic perspective, self-help, evaluation, and, co-operation between formal and informal sectors of care.

NEEDS, RESOURCE ALLOCATION, UNITED KINGDOM

- 140 Challis, David (1981), 'The measurement of outcome in social care of the elderly', *Journal of Social Policy*, 10(2):179-208.

'This article is concerned with the problem of measuring the outcome of interventions of Local Authority Social Services Departments in the care of the elderly. The focus is upon the intended consequences of such interventions which are more or less explicit within the social welfare paradigm appropriate to such agencies. Seven dimensions upon which the effectiveness of care provisions may be assessed are identified, and pertinent literature of

measurement relating to these dimensions is examined. It is argued that outcome measurement is as yet at an early stage of development and that the development of a consensus among researchers about the methods of assessment is an important goal towards which the paper is a contribution.'

EVALUATION, METHODOLOGY

- 141 Challis, David (1985), **Case-Management and Consumer Choice: The Community Care Scheme**, Personal Social Services Research Unit, University of Kent at Canterbury, Discussion Paper No.396, 24pp.

'The difficulties which lie in the way of greater consumer responsiveness in the organisation and delivery of services to elderly people can be seen as inherent in the structure of services and the needs and disabilities of the elderly people who are the users of care services. However, a social care market solution, which is advocated by some, is seen as unlikely to significantly overcome these difficulties. The Community Care Scheme approach, which devolves control of resources to individual social workers to construct individually tailored packages of care, offers a resolution to this problem, reconciling professional and consumer approaches. Careful coordination of services and more flexible deployment of resources permits a wider range of responses to need, and therefore greater involvement and choice by consumers concerning both the ends and means of care.'

CASE MANAGEMENT, UNITED KINGDOM

- 142 Challis, David (1985), 'The Community Care Scheme: an alternative approach to decentralisation', in Stephen Hatch (ed.) **Decentralisation and Care in the Community**, London, Policy Studies Institute:40-54.

This is an account of the Kent Community Care Projects for the frail elderly who would otherwise require institutional care. The scheme operates by decentralising resource decisions to the individual fieldworker. Resources of the Social Services Department are interwoven with help from the local community and the use of local people as helpers. It gives an evaluation of the results for one of the projects, that for East Kent, under the headings, 'Destination of cases over one year', 'Quality of life and care and costs', and, 'Cost effectiveness'.

CASE STUDIES, EVALUATION, CASE MANAGEMENT, UNITED KINGDOM

- 143 Challis, David (1990), 'Practice and management in the U.K. community care schemes', in A. Howe, E. Ozanne and C. Selby Smith (eds), **Community Care Policy and Practice: New Directions in Australia**, Public Sector Management Institute, Monash University, Clayton, Vic.:73-99.

This paper aims to examine the features of practice management and organisation of the schemes set up under the Community Care Programme and how this subsequently impacted upon the care of the elderly and the needs of their families. The evidence indicates that the case management model can provide enhanced levels of community care with improved benefits for elderly people and their carers at no greater cost than existing provision. 'However, it would be erroneous to assume that such an approach to the development of case management provides a painless answer to many of the organisational problems of long-term care. System-wide implementation of such an approach raises issues of managerial effort, training, the role of middle managers and cost. Indeed, the cost of changing from one mode of community care provision to another may be analogous to de-institutionalisation policies, requiring transitional double funding. There is a clear and positive message of what this case management approach in long-

term care may provide. However, if organisational inertia and comfortable re-definition of old practices into new language combine with inadequate resources, then an effective widespread implementation of the approach will not be possible.'

CASE MANAGEMENT, FINANCING, UNITED KINGDOM

- 144 Challis, David and Bleddyn Davies (1983), **Community Care Schemes: A Development in the Home Care of the Frail Elderly**, Personal Social Services Research Unit, University of Kent at Canterbury, Discussion Paper No.296, 10pp.

'This paper attempts to tackle briefly three issues. First, to describe the nature of the Community Care Schemes which have been undertaken in three local authorities, secondly to indicate some of the important features of their contribution to the care of the elderly and thirdly to present some results from the evaluation of the original scheme in East Kent...It would appear that the Community Care Scheme manages to provide an organisational context where what could be described as "good social work practice" with the elderly can develop. The response is less the defensive posture of "guardian of scarce resources" and rather more that of "a discoverer and creator of resources". Whilst the results in terms of costs and effectiveness appear satisfactory over a twelve month period there is always the possibility that over a longer period there will be a crossover point where care at home becomes more costly. A follow-up of the original cohort of cases is now being undertaken to determine the costs and outcomes over a four year period.'

CASE STUDIES, EVALUATION, CASE MANAGEMENT, FINANCING, UNITED KINGDOM

- 145 Challis, David and Bleddyn Davies (1985), 'Long term care for the elderly: the Community Care Scheme', **British Journal of Social Work**, 15:563-79.

'The article describes the full evaluation of the Community Care Scheme for the elderly in Kent. The evaluation compared the relative cost-effectiveness of the scheme for clients and carers with the range of services which would otherwise have been received. It is argued that effective case-management by a key worker is an essential feature of more effective home care for the frail elderly and that the case-management role is an appropriate model of social work for other long term care groups. The new scheme appeared particularly appropriate for the extremely mentally and physically frail who were living with others and for the less frail, socially isolated elderly person prone to minor psychiatric disorder.'

EVALUATION, CASE MANAGEMENT, FINANCING, UNITED KINGDOM

- 146 Challis, David and John Chesterman (1985), 'A system of monitoring social work activity with the frail elderly', **British Journal of Social Work**, 15:115-32.

'This paper describes the development of a recording system for use by social workers in the long term care of the elderly people at home. The system can be used by individual staff to plot their caseload activities and by management in considering problems of resource development. The system consists of Assessment Document, Periodic Case Review, a Monitoring Chart and Costing information. The analysis of a cohort of cases in the early phase of their care are discussed and the possible range of uses for such a recording system considered.'

METHODOLOGY, CASE MANAGEMENT, UNITED KINGDOM

- 147 Challis, David and Bleddyn Davies (1986), **Case Management in Community Care: An Evaluated Experiment in the Home Care of the Elderly**, Gower, Aldershot, Hants., xvi, 289pp.

This book aims to give a broad understanding of the Community Care Scheme of the PSSRU at the University of Kent at Canterbury. It is targeted particularly at field professionals and agency managers. The first part of this book describes the way in which the evaluation of the Scheme was undertaken and the setting in which it took place. The second section is concerned with the process of care, the way in which case-management tasks were performed and the responses made to clients with very different patterns of needs. The third section deals with the analysis of the outcome of the project for clients and their families, the costs of care, and with identifying those types of case for whom the scheme is most appropriate. Finally, conclusions and future developments of this approach are discussed. Appendix A describes the outcome and descriptor indicators and Appendix B reproduces community care records.

EVALUATION, METHODOLOGY, CASE MANAGEMENT, FINANCING, UNITED KINGDOM

- 148 Challis, David and Bleddyn Davies (1986), **A More Comprehensive Approach to Care of the Elderly: The Community Care Approach**, Personal Social Services Research Unit, University of Kent at Canterbury, Discussion Paper No.492, 12pp.

This paper describes the case management approach to community care. Key to success is matching resources closely to individual needs and, greater knowledge of cases and time to work more thoroughly in the mobilisation and supervision of resources allocated. Considerable benefits were demonstrated from this approach including doubling the probability of survival over one year, halving the probability of institutionalisation, doubling the probability of survivors remaining in their own homes, improvement in recipient morale and reduction in strain on carers.

CASE MANAGEMENT, UNITED KINGDOM

- 149 Challis, David, Rosemary Chessum, John Chesterman, Rosemary Lockett and Bob Woods (1988), 'Community care for the frail elderly: an urban experiment', **British Journal of Social Work**, 18, Supplement:13-42.

'The paper presents the first findings from the evaluation of the community care approach in Gateshead, an area which includes both an inner city and outlying urban districts. It describes destination outcomes, measures of quality of life and adequacy of care for those receiving the new service and a matched comparison population receiving a standard range of services. It also examines how the practice of the new scheme developed, and through adaptation to local circumstances differed from that of the Kent study. It is concluded that the community care approach is transferable to a wider range of settings and that the results broadly concur with the findings of the Kent evaluation.'

CASE STUDIES, EVALUATION, CASE MANAGEMENT, UNITED KINGDOM

- 150 Challis, D. and B. Davies (1988), 'Long term care for the elderly: the Community Care Scheme', in J.P. Baeyens (ed.), **Gerontologie & Geriatrie 1988: Belgische Vereniging voor Gerontologie en Geriatrie**, Acco:107-56.

'The article describes the full evaluation of the Community Care Scheme for the elderly in Kent. The evaluation compared the relative cost-effectiveness of the scheme for clients and carers with the range of services which would otherwise have been received. It is argued that effective case-management by a key worker is an essential feature of

more effective home care for the very frail elderly and that the case-management role is an appropriate model of social work for other long term care groups. The new scheme appeared particularly appropriate for the extremely mentally and physically frail who were living with others and for the less frail, socially isolated elderly person prone to minor psychiatric disorder.'

EVALUATION, CASE MANAGEMENT, DEMOGRAPHIC GROUPS, UNITED KINGDOM

- 151** Chan, Rosita (1987), **Needs Based Planning for Home and Community Care in NSW: Background Paper**, HACC Unit, NSW Department of Youth and Community Services, 9pp.

This background paper begins with a definition of needs-based planning. It then proceeds to describe what has been done in needs-based planning for Home and Community Services, describing the state Plan, regional planning and local planning. Some of the issues identified in implementing needs-based planning are outlined and future development is debated around enhancement of need/demand data; development of an appropriate and realistic unit cost; development of an adequate supply data base; development of acceptable benchmarks for service types; and, consultation with the various sectors on the proposed integration strategies. There are also consumer focused issues which need to be addressed: ways to ensure that consumers get the right mix of services; ways to remove the barriers that prevent some consumers from using services; ways to ensure that the needs of a particular group are addressed; and, ways to ensure more consumer involvement in planning and management.

NEEDS, PLANNING, NEW SOUTH WALES

- 152** Chant, John, et al. (1986), **Health and Social Services: Collaboration or Conflict? Policy Studies** Institute, London, Discussion Paper, No.14, 69pp.

This book is a collection of papers from a one-day conference on joint planning in the health and social services held in London, 1985. Papers are presented from a local authority view, a health services view, the potentialities and limitations of the present arrangements, the transfer of responsibility, service credits and a look at possible future directions.

PLANNING, UNITED KINGDOM

- 153** Chapman, Paul (1979), **Unmet Needs and the Delivery of Care: A Study of the Utilization of Social Services by Old People**, Social Administration Research Trust, London, Occasional Papers on Social Administration, No.61, 110pp.

This report describes the results of a project undertaken in the City of Westminster between July 1971 and March 1972 to ascertain the unmet needs of old people which could be met if services and benefits were made available to them. The old people were then encouraged to express their needs to the social services established to meet them. Subsequently a check was to be made to discover whether help had been given and accepted. The first part of the report discusses in detail the findings. In the period between the survey and the publication of the report some improvements were made to services in the area and part two discusses some of the broader aspects of the project including take-up of services.

CASE STUDIES, NEEDS, DEMOGRAPHIC GROUPS, SERVICE UTILISATION, UNITED KINGDOM

- 154 Chapman, Ralph (1988), 'Opportunities for innovation: the example of HACC, Tasmania', in Peter Saunders and Adam Jamrozik (eds), **Community Services Policy: Economic and Social Implications**, Social Welfare Research Centre, University of New South Wales, Kensington, SWRC Reports and Proceedings No.75:73-84.

The paper begins with some general observations on the operation of the HACC Program in Tasmania. It then looks at specific areas such as federal funding, public/private services, models of service, organisational control and evaluation. It concludes that the HACC Program benefits very few people who were not previous recipients of some form of service. 'Opportunities for innovation and for partnership between service providers, carers and users have been ignored.'

FINANCING, ORGANISATION AND CONTROL, ORGANISATIONAL INNOVATION, TASMANIA

- 155 Chappell, Neena L. (1985), 'Social support and the receipt of home care services', *The Gerontologist*, 25(1):47-54.

'Differences between the elderly in Manitoba who use formal home care services and those who do not are explored here through comparisons of these two groups. Data were collected using structured interviews. Analyses confirmed existing research reporting users as less healthy and less active. Only specific types of users, however, showed smaller informal social networks *available* to them. Users received more assistance from both formal and informal sources, suggesting that the two sources complement rather than substitute for one another.'

DOMICILIARY SERVICES, SERVICE UTILISATION, UNITED STATES

- 156 Charles, Susan and Adrian Webb (1986), **The Economic Approach to Social Policy**, Wheatsheaf Books, Brighton, Sussex, xii, 247pp.

After introducing the economic and social policy frameworks, in the first part of each chapter of this book, an economist (Susan Charles) introduces the elements of the economic approach to social policy: non-market mechanisms, bureaucracy, rationing, measurement and evaluation of cost benefit analysis. These are then applied to issues and problems of the kind which face decision makers in the British social services. The second part of each chapter is a commentary by a social administrator (Adrian Webb), designed to introduce some of the objections and reservations which social administrators entertain about the economics on offer. The book introduces both the need for and the limitations and difficulties of allocating scarce resources in a systematic way.

POLICY ANALYSIS, RESOURCE ALLOCATION, UNITED KINGDOM

- 157 Charlesworth, Sara (1986), **Ethnic Services Project: A Study of the Delivery of Human Services to Residents from a Non-English Speaking Background**, AGPS, Canberra, 100pp.

This report documents and evaluates the provision of services to non-English speaking background residents by one local government in Victoria, Sunshine City Council. The study was undertaken with funding from the Office of Local Government of the Department of Immigration, Local Government and Ethnic Affairs. After a description of the area studied, it examines children's services, aged services, community projects, family support services, youth services and some smaller local initiatives. There is a discussion of the role local government in the provision of services and recommendations are made.

CASE STUDIES DEMOGRAPHIC GROUPS, VICTORIA

- 158 Charnley, Helen and Andrew Bebbington (1988), **Who Gets What? An Analysis of the Patterns of Service Provision to Elderly People Living in the Community**, Personal Social Services Research Unit, University of Kent at Canterbury, Discussion Paper, No.560, 26pp.

This report 'presents an examination of the characteristics and circumstances of elderly people receiving domiciliary and day care services in ten Local Authority Social Services Departments [in Great Britain]. Allocations of individual services...and packages of services are studied in relation to dependency factors, adverse life events, degrees of social integration and a range of socio-economic variables. The analyses also take account of the availability of substitute services in the public, private and voluntary sectors, and of informal care...The paper reveals little variation in the provision of home help services to elderly people living alone, but much greater variation between the provision of home helps to those living with less dependent people, in the provision of meals and day care services. Despite different styles of social work teams, there is little social work support for elderly people beyond the arrangement of other services, and there is no significant differences between areas in this respect.'

DOMICILIARY SERVICES, DEMOGRAPHIC GROUPS, UNITED KINGDOM

- 159 Chesterman, John, David Challis and Bleddyn Davies (1988), 'Long-term care at home for the elderly: a four-year follow-up', **British Journal of Social Work**, 18, Supplement:43-53.

This article presents 'the findings of a follow-up study over four years of a cohort of elderly people who received services through the Kent community care scheme and a matched comparison population who received the usual range of domiciliary and residential services. It has often been argued that while it may be possible to provide community-based alternatives to institutional care at acceptable costs for a relatively short period, the cost of a community service over a longer time will rise to unacceptable levels due to rising dependency and the influence of housing costs. The study observed rising costs, particularly in the area of housing, but these costs, even over four years, did not appear to be significantly greater for community-based service.'

CASE STUDIES, CASE MANAGEMENT, FINANCING, UNITED KINGDOM

- 160 Chetwynd, Jane S. (1983), 'Costing the role of the principal care-giver in the domiciliary care of the elderly', **Community Health Studies**, 7(2):146-8.

The claim that community-based care is cheaper than hospital care ignores many of the hidden effects and costs which may be assumed by the community. 'This paper outlines a variety of approaches which could be used to cost the involvement of the principal caregiver.'

CARERS, DEMOGRAPHIC GROUPS, FINANCING

- 161 Cheung, Kam-fong Monit (1988), 'Home care services for the elderly: cost savings implications for Medicaid', **Social Service Review**, 62(1), March:127-36.

'It appears that the Medicaid waiver section of the Omnibus Budget Reconciliation Act of 1981 is designed to allow flexibility in the choice of a long-term care option. However, its real purpose is to reduce Medicaid cost through home care. Results of a quasi-experimental study showed that a demonstration home care program achieved more than 40 percent savings, compared with nursing home care, when all Medicaid services were included. Three implications are discussed: (1) target efficiency, (2) range of services, and (3) generalizability of results.'

CASE STUDIES, FINANCING, UNITED STATES

- 162 Christianson, Jon B. (1988), 'The evaluation of the National Long Term Care Demonstration. 6. The effect of channeling on informal caregiving', *Health Services Research*, 23(1), April:99-117.

'Publicly funded programs that increase the use of formal community-based care by the elderly could cause less reliance on informal care. The effect of channeling on informal caregiving was examined using data collected from frail elderly and from the primary caregivers. The findings suggest some withdrawal from caregiving on the part of neighbours and friends during the demonstration. Overall, however, these reductions were not large relative to the increased use of formal community-based services.'

EVALUATION, CARERS, SERVICE UTILISATION, UNITED STATES

- 163 Clark, Ann and Jean Faragher (1986), *Evaluation of the Attendant Care Pilot Project: Final Report to the Department of Community Services*, Department of Community Medicine, University of Sydney, 299pp.

This evaluation report is a descriptive analysis of the pilot project to provide attendant care to meet the personal care needs of severely disabled people living in their own homes. Twenty-four participants were allocated to either a service group, which received service arranged by the Home Care Service of NSW, or an allowance group, which received an allowance to arrange for services for themselves, and both models of care are compared and changes in the quality of the participants' lives during the pilot are described. Costs are examined along with costs associated with care provision in nursing homes. Various recommendations are made.

CASE STUDIES, EVALUATION, DOMICILIARY SERVICES, QUALITY OF LIFE, FINANCING, AUSTRALIA

- 164 Clark, Steve (1978), 'Where have all the home helps gone?' *New Society*, 7 December:579-80.

At the time of writing this article the overall provision of home helps in Great Britain was short of the official guideline set by the Department of Health and Social Security of 12 home helps for every 1 000 old people and the short fall was increasing. The author maintains that the guideline itself is too low. Local authorities blame their inability to expand the level of services on lack of revenue and have taken to extending charges to ration home help services. 'The long-term objective should be to provide a free home help service at an adequate level...experience suggests that a free service improves the relationship between clients and home helps, and can make a service more responsive to emergency needs. Savings in the collection and administration costs involved in charging offset the overall loss of revenue... An immediate expansion in the home help service would provide savings in the long run and relieve pressure on the NHS and Part III accommodation for the elderly.'

DOMICILIARY SERVICES, FINANCING, UNITED KINGDOM

- 165 Clark, William F., Anabel O. Pelham and Marleen L. Clark, (1987), *Old and Poor: A Critical Assessment of the Low-Income Elderly*, Lexington Books, Lexington, Mass., x,224pp.

The data for this book is drawn from the California Senior Survey, and longitudinal study of 2 000 Medicaid elderly people carried out from 1980 to 1983. To this information is added stories gathered from interviews with respondents to provide the 'human' details missing from the numerical data. It looks at what happens to these people as they go through the 'continuum of care'. Chapter 6, Care and its Cost, discusses the social services and finds that many poor elderly did not use services at all, and among those who did very few used more than one or two services. It is difficult to know whether those who did not use services had a need of them or not. The term 'continuum of care' may be misleading as it implies an orderly sequence of events and an equal distribution of resources whereas the analysis here shows that the actual experience of the elderly is more 'off and on'. The implications for planners may be to reformulate the array of services to focus on 'transition points' (e.g. home to

hospital, hospital to home). Chapter 12, Planning and Policies, sets out expenditure patterns for the aged. Income and health make up 96 per cent of all outlays, housing 2 per cent, medical research 1 per cent and services 1 per cent.

DEMOGRAPHIC GROUPS, FINANCING, PLANNING, SERVICE UTILISATION, UNITED STATES

- 166 Clarke, Liam (1984), *Domiciliary Services for the Elderly*, Croom Helm, London, xviii, 189pp.

The author claims that the needs of the elderly are given low priority in Social Services Departments where field social workers have a voice in management 'out of all proportion to their numbers and importance.' One exception among workers in these departments is the Domiciliary Service Section, which puts the needs of the clients first. The main thesis of this book is that a new service delivery system for the elderly must be developed incorporating the present Domiciliary Service. The book looks at the early development of the service and at more recent developments, such as decentralisation of services, and how these affected the domiciliary service. There is also a chapter analysing community services for the elderly in Ireland and Sweden and drawing on the best aspects of both.

INTERNATIONAL COMPARISONS, DOMICILIARY SERVICES, ORGANISATIONAL INNOVATION, UNITED KINGDOM

- 167 Clayton, Susan (1983), 'Social need revisited', *Journal of Social Policy*, 12(2):215-34.

'Considerable debate has taken place as to the nature of social need and ways in which it can best be identified in individual people, but little attention has focussed on the way assessments of need are used in the process of policy formation. The article takes Jonathan Bradshaw's commonly quoted taxonomy of social need and assesses its strengths and weaknesses for use in a practical policy making setting, that of assessment of need for sheltered housing for elderly people by a district housing authority. Some fundamental problems associated with Bradshaw's approach are then discussed, together with those arising from use of a term such as need in the process of policy formation.'

NEEDS

- 168 Cnaan, Ram A., Sven E. Olsson and Terrie Wette (1990), 'Cross-national comparisons of planning for the needs of the very old: Israel, Sweden, and the United States', *Journal of Aging & Social Policy*, 2(1):83-107.

'This paper begins with a summary of demographic trends indicating the increase in the very old in the general population. It then examines the needs of and services available to the very old in three modern democracies - Israel, Sweden and the United States. Based on these findings, cross-cultural similarities as well as differences are outlined. The authors' conclusion is that ideology determines which aspect of a need a nation invests in most, but that the support of policy is necessary.'

DEMOGRAPHIC TRENDS, INTERNATIONAL COMPARISONS, NEEDS, DEMOGRAPHIC GROUPS, PLANNING, ISRAEL, SWEDEN, UNITED STATES

- 169 Cocks, Errol (1985), 'Roadblocks to appropriate services for persons with an intellectual disability in Australia', *Australia and New Zealand Journal of Developmental Disabilities*, 11(2):75-82.

'If people with intellectual disabilities and their families in Australia are to receive appropriate services, at least three things are essential. First, there should exist a body of knowledge containing a set of principles which conceptualize and define the problem and lead to clear directions for the provision of services. Second, there needs to be a statement of social policy containing objectives for service development expressed in terms that are comprehensible to the community, consumers, politicians and service providers. Third, there needs to be a structure and organization with the mandate and capability of implementing those principles and objectives. The central theme of this paper, is that the predominance of the clinical/medical model and the lack of application of the social systems model to services for people with an intellectual disability in Australia, is a major impediment to the provision of appropriate services. An associated theme is that significant advances in service provision will occur when problems are defined so as to promote solutions which emerge from social, economic, political and legislative change, rather than from notions of personal pathology.' The three elements of the social systems approach are described and the results of reports on intellectual disability in Australia are analysed.

NEEDS, DEMOGRAPHIC GROUPS, AUSTRALIA

- 170 Cody, John (1988), 'Personal social services: implications of the principles of social provision', in New Zealand, Royal Commission on Social Policy, *Report, Volume IV, Social Perspectives*, Wellington:231-50.

'This paper discusses some implications of the Commission's approach for the personal social services...The comments made in this paper are based on the conclusion that the Commission has identified principles which consolidate current opinion on changes required in the personal, family and community services...The first sections of this paper indicate some of the Commission's conclusions on aspects of social provision. There is then a description of the personal social services to identify the field under discussion and some of the reasons why personal social services provide a good test for the Commission's conclusions. Finally, there is some speculation on how services could operate in a way which would be consistent with the principles of social provision and the views expressed in the submission to the Commission.'

POLICY ANALYSIS, GENERAL SUPPORT SERVICES, ORGANISATION AND CONTROL, NEW ZEALAND

- 171 Cohen, Marc A. (1988), 'Life care: new options for financing and delivering long-term care', *Health Care Financing Review*, Annual Supplement:139-44.

'Continuing care retirement communities provide full insurance protection for and access to long-term care services. A new model, which retains risk pooling for long-term care and provides benefits and protections similar to continuing care retirement communities, is called life care at home. Life care at home combines the financial and health security of a continuing care retirement community with the freedom and independence of living at home and is affordable to a greater proportion of elderly people. The feasibility of this model is, in part, supported by the fact that nursing home use in the fully insured access-guaranteed continuing care retirement community is not that different from use among the elderly living in the general community.'

DEMOGRAPHIC GROUPS, FINANCING, UNITED STATES

- 172 Colson, Anthony C. (1986), 'Health status and behaviour', in **Australian Institute of Multicultural Affairs, Community and Institutional Care for Aged Migrants in Australia: Research Findings**, Australian Institute of Multicultural Affairs, Melbourne:80-103.

This paper 'examines the health status and related behaviour of the ethnic aged and compares these to the Australian-born aged. Australian literature on migrant health is briefly reviewed. Findings from the Australian Institute of Multicultural Affairs (AIMA) Survey of Aged Migrants are then discussed and compared with findings from the Australian National University (ANU) Survey of the Aged, and where appropriate with the Australian Bureau of Statistics Australian Health Survey of 1977-78. Self-assessed health problems investigated include depression and work-related health problems. The data from the AIMA and ANU Surveys, without a major exception, indicate that the ethnic aged consistently reported poorer health than the Australian-born aged. The available data on use of health programs and services indicate in most cases a lower rate of use across the birthplace groups of the overseas born. These results appear to reflect differences in appropriateness of services rather than differences in health, or need of the services.'

NEEDS, HEALTH SERVICES, DEMOGRAPHIC GROUPS, SERVICE UTILISATION, AUSTRALIA

- 173 Connelly, Naomi (1988), **Care in the Multi-Racial Community**, Policy Studies Institute, London, Discussion Paper No.20, 46pp.

The aim of this paper is to draw attention to possible race aspects of care in the community and community care. 'The intention is to pull together some ideas and information which seem relevant, in the hope that these will prove of use to people who are planning and implementing change, whether they are in the health service, social services or the voluntary sector.'

DEMOGRAPHIC GROUPS, PLANNING, UNITED KINGDOM

- 174 Connelly, Naomi (1988), **Ethnic Record Keeping and Monitoring in Service Delivery**, Policy Studies Institute, London, Research Report, No.692, 39pp.

'This paper deals with ethnic record keeping and monitoring in delivery of services across the range of work of a local authority. The aim is to present a framework within which general issues can be explored and practical details can be considered.' After discussing the terminology, the report examines local authorities' information needs in multiracial areas. The second part describes the steps to be taken in the introduction of ethnic record keeping and monitoring and part three the use to be made of the information. Part four looks at individual departments, including social services departments, and part five is the summary and conclusions.

METHODOLOGY, DEMOGRAPHIC GROUPS, PLANNING, UNITED KINGDOM

- 175 Connelly, Naomi (1990), **Raising Voices: Social Services Departments and People With Disabilities**, Policy Studies Institute, London, 62pp.

In Britain many changes in the provision of support and care by social services departments are under way. This report describes the steps already being taken so that people with disabilities can express judgements, preferences and decisions in a way which has an effect on what happens, whether in relation to individual needs or the planning and management of services. It sets out organisational and attitudinal constraints affecting the nature and extent of change, and shows how challenges are being met and difficulties being overcome. The final chapter considers the

progress that has been made and likely future developments. As social services departments move away from direct provision, but gain new responsibilities for planning and contracting for care, there must be a specific focus on a greater voice for people with disabilities.

DEMOGRAPHIC GROUPS, ORGANISATIONAL INNOVATION, UNITED KINGDOM

- 176 Connolly, Anne L. (1988), **An Evaluation of the Access of the NESB Aged, Younger Disabled and Aborigines to Community Based Nursing Services in the Northern Metropolitan Health Region of Sydney**, NSW Department of Health, Northern Metropolitan Region, North Ryde, 48pp.

This report describes two surveys into the knowledge of and use of community based nursing services conducted among non-English speaking background (NESB) communities and general practitioners in the Northern Metropolitan Region of Sydney. It outlines some attitudes and possible reasons for poor access of the NESB groups to these services. Of particular concern was the lack of knowledge and use of such services by many doctors and special attention needs to be given to an education program directed towards doctors in the region as they are the primary source of information about such services for many migrants.

HEALTH SERVICES, DEMOGRAPHIC GROUPS, SERVICE UTILISATION NEW SOUTH WALES

- 177 Contessa, Emma (1990), 'CO.AS.IT linkages program', in A. Howe, E. Ozanne and C. Selby Smith (eds), **Community Care Policy and Practice: New Directions in Australia**, Public Sector Management Institute, Monash University, Clayton Vic.:152-4.

The CO.AS.IT linkages program is a pilot study targeting frail, elderly Italians at risk of institutionalisation. The Italian aged proportionally under-utilise formal domiciliary services which places excessive pressure on carers. The CO.AS.IT program provides a framework for the delivery of services to the elderly Italian person whose current range of options is severely limited due to communication difficulties and ethno-cultural factors.

CASE STUDIES, DOMICILIARY SERVICES, CASE MANAGEMENT, DEMOGRAPHIC GROUPS, VICTORIA

- 178 Cook, Geoffrey (1987), 'Domiciliary services in Victoria', **Australian Health Review**, 10(4):314-20.

This article describes the Australian Bureau of Statistics, Victorian Office, **Domiciliary Services, Victoria, October 1986**, Cat.No.4402.2, and summarises some of the information contained in that survey report, which is described above.

DOMICILIARY SERVICES, VICTORIA

- 179 Coombs, Elizabeth (1985), 'Home support services in Australia: a confusion of intergovernmental responsibilities and provision', **Home Health Services Quarterly**, 5(3/4), Autumn/Winter:175-206.

'This article describes the current provision of community and domiciliary health and welfare services in Australia focusing upon national programs and outlining how these have been implemented by each of the six States and two Territories which constitute the Australian Federation. The funding of home support services is described, particularly in relation to institutional services and state differences. Changing emphases have been highlighted and considered relative to the needs of those requiring support to remain at home. The article presents an account of a

medley of initiatives and programs which are failing to meet ever increasing demand. The recent report of an Inquiry into Accommodation and Home Care for the Aged and the policy of the recently elected Australian Labor Party in relation to domiciliary care are examined.'

POLICY ANALYSIS, DOMICILIARY SERVICES, FINANCING, ORGANISATION AND CONTROL, AUSTRALIA

- 180** Coombs, Elizabeth M. (1987), **Development of a Resource Allocation System for a Community Welfare Organization**, Planning Research Centre, University of Sydney and the Home Care Service of New South Wales, 36pp.

'The report describes the methodology and process involved in the development of a needs indicators approach to funding and its application within the organisation. Prior to the new approach, funding had been distributed in such a way that historical patterns were perpetuated. Therefore an inequitable status quo was maintained...In the movement away from a submission model to a more planned "needs based" system of allocation, it was necessary to identify appropriate clients and to collect statistical information as on their incidence...Variables chosen as representing need for care in the home included age; income; disability; ethnicity; aboriginality; health service provision and geographical location..'. Problems with implementing this approach are discussed.

METHODOLOGY, NEEDS, ORGANISATIONAL INNOVATION, RESOURCE ALLOCATION, NEW SOUTH WALES

- 181** Co-operation North (1984), **Services for the Physically Disabled in Northern Ireland and the Republic of Ireland: Summary Report and Recommendations**, Belfast, 42pp.

Co-operation North carried out a study by a joint team of eleven experts on services for the physically disabled. It contained thirty proposals for co-operation which were then looked at in conjunction with six experts from Europe and America to consider their feasibility. Recommendations for potential areas for North-South co-operation are listed here.

DEMOGRAPHIC GROUPS, ORGANISATION AND CONTROL, PLANNING, EIRE, NORTHERN IRELAND

- 182** Cornoni-Huntley, Joan C., Daniel J. Foley, Lon R. White, Richard Suzman, Lisa F. Berkman, Denis A. Evans and Robert B. Wallace (1985), 'Epidemiology of disability in the oldest old: methodological issues and preliminary findings', **Milbank Memorial Fund Quarterly**, 63(2):350-376.

There is a lack of knowledge of the interacting factors which influence the health and needs of elderly, disabled persons in their own physical and social environment. 'Gender, cultural, geographic and even cohort differences must and should be studied. The purpose of this paper is to review available data and describe developing sources of information.' Three major prospective studies that have been developed by the National Institute on Aging to provide information on health conditions and impairments of persons 65 years of age and older with representation of persons aged 85 and older are described. Using these survey data, prevalence information on physical and mental disabilities among the oldest old and their younger elderly peers for each community are presented.

NEEDS, DEMOGRAPHIC GROUPS, UNITED STATES

- 183 Corson, Walter, Thomas Grannemann and Nancy Holden (1988), 'The evaluation of the National Long Term Care Demonstration. 5. Formal Community services under channeling', **Health Services Research**, 23(1), April:83-98.

'Channeling was intended to improve access to formal community services, both through the facilitating activities of case managers and through direct purchase of services. It was expected that formal community service use would increase both because more individuals would stay in the community and because use would increase for those in the community. Only the latter effect was observed. Even though a majority of individuals in the control group also received formal services, for those in the community, channeling achieved increases in in-home care. The largest effects were for personal care and homemaker services. These effects were substantially stronger under the financial control model of channeling, which included expanded funding for such services. There were also increases in home-delivered meals, transportation, and day-care services under the financial model but not under the basic model. Both models increased the use of special equipment.'

EVALUATION, DOMICILIARY SERVICES, GENERAL SUPPORT SERVICES, FINANCING, SERVICE UTILISATION, UNITED STATES

- 184 Coughlin, Teresa A. and Korbin Liu (1989), 'Health care costs of older persons with cognitive impairments', **The Gerontologist**, 29(2):173-82.

'The 1981-1982 National Long-Term Care Channeling Demonstration Project data revealed that the mean annual cost per capita for home and institutional care for cognitively impaired persons was \$18,500. The equivalent figure for cognitively intact persons was \$16,650. Cognitively impaired persons used nursing homes at twice the rate of cognitively intact persons. Use differences for other health services were slight. A pre- and post-nursing home admission analysis indicated that for the cognitively impaired the annual cost of community care was \$11,700, whereas the cost of nursing home care was \$22,300.'

DEMOGRAPHIC GROUPS, FINANCING, UNITED STATES

- 185 Coward, Raymond T. (1987), 'Factors associated with the configuration of the helping networks of noninstitutionalized elders', **Gerontological Social Work with Families**, 10(1/2):113-32.

'Telephone interviews were conducted with a sample of noninstitutionalized elders (N=900) regarding the help they received with four tasks: transportation; home repair and maintenance; household chores; and personal health care. Respondents indicated that the vast majority (70.7%) of the nonspousal helpers from whom aid was being received were from the informal network and affirmed the prevalence of family members as helpers (83.2% of the informal helpers named were family). The age, gender, marital status, health and life satisfaction of the elders were all found to be significantly associated with differences in the configurations of the helping networks that surrounded the respondents. The implications of the data for social work research and practice are discussed.'

NEEDS, CARERS, DEMOGRAPHIC GROUPS, UNITED STATES

- 186 Crilly, Gary and Josie Hogg (1988), 'Evaluation of recreation programs for persons with disabilities - a pilot application of principles of normalisation', **Australian Disability Review**, 1(4):28-32.

'Evidence from international sources suggests Australian human service agencies must implement meaningful processes to meet increasing demands for public accountability in service delivery. The development of adequate services for people with a disability in Australia is influenced by the principles of normalisation. It is appropriate, therefore, to evaluate client programs within a framework of these principles. This report notes the development of

evaluation as it relates to normalisation and outlines a recent attempt to evaluate recreation programs in Australia's largest nursing home, thus adding relevant local information to the "normalisation-evaluation" debate.'

CASE STUDIES, EVALUATION, GENERAL SUPPORT SERVICES, SOUTH AUSTRALIA

- 187 Crimmins, Eileen M. (1981), 'The changing pattern of American mortality decline, 1940-77, and its implications for the future', *Population and Development Review*, 7(2), June:229-54.

'The purpose of this article is to examine the course of American mortality change from 1940 to 1977 and assess its implications for the near term future. Particular emphasis is placed on analyzing trends in different age groups by principal causes. The 37 years...are divided into three distinct periods, which are characterized by different trends in cause-specific and thus age-specific mortality rates. In addition age-by-cause-specific mortality trends in the third period are projected to the year 2000 to provide an estimate of the expectation of life and the distribution of deaths by cause from that date assuming recent trends continue.'

DEMOGRAPHIC TRENDS, UNITED STATES

- 188 Crimmins, Eileen M., Yasuhiko Saito and Dominique Ingegneri (1989), 'Changes in life expectancy and disability-free life expectancy in the United States', *Population and Development Review*, 15(2), June:235-67.

'This article compares changes in total life expectancy with changes in disability-free life expectancy between 1970 and 1980 in the United States. Mortality has declined remarkably over this ten-year period, but the direction of recent changes in disability rates and thus disability-free life expectancy is less clear.' Of the two measures of disability - a chronic activity-limiting condition or only bed disability - neither should be regarded as more valid, they both give different information. Taken together it is concluded that while the number of years with a disabling illness has increased, the expected years spent outside an institution with disability so severe that one is confined to bed increased only slightly. It is possible that gains in life over 85 years could be accompanied by increased demands on health care and heavy use of institutional services.

DEMOGRAPHIC TRENDS, UNITED STATES

- 189 Curson, Peter and Kevin McCracken, Kevin (1989), *Aged and Disabled Needs Assessment in Warringah Shire*, Warringah Shire Council, Dee Why, viii, 157pp.

This study was commissioned to construct a socio-demographic profile of the aged and disabled in the Shire; develop single and composite needs indicators; outline ways of establishing priorities; compile an inventory of services in the Shire; evaluate existing services in the light of assessed needs, needs priorities and cost constraints; detail likely growth and compositional trends and their implications for services; and develop the study methodology into an Aged and Disabled Needs Assessment Model Kit.

EVALUATION, METHODOLOGY, NEEDS, DEMOGRAPHIC GROUPS, PLANNING, NEW SOUTH WALES

- 190 Cusick, Anne and Karen Quinsey (1990), **Social Isolation and the Health Status of Senior Adults: Key Issues and Strategies for Action. A Literature Review and Recommendations for Health Promotion and Community Development Action**, St George Health Promotion Unit, Southern Sydney Area Health Service, Kogarah, 194pp.

'The primary purpose of the research project was to "conduct a literature search and literature review to determine the link between social isolation and the health of senior adults" ...In addition it was requested that workable health promotion strategies, to be conducted by the Health Promotion Unit to reduce social isolation, would be recommended.' The Healthy Older People (HOP) Project was used as a guide to developing appropriate health promotion strategies. This recommends a goal and fifteen objectives for health promotion for senior adults in NSW. The report recommends five integrated health promotion strategies to reduce social isolation: building health public policy; re-orienting health services; developing personal skills; creating environments conducive to health; and, strengthening communities.

NEEDS, HEALTH SERVICES, DEMOGRAPHIC GROUPS, NEW SOUTH WALES

- 191 Dalley, Gillian (1988), **Ideologies of Caring: Rethinking Community and Collectivism**, Macmillan, Basingstoke, Hants., xiv, 165pp.

Community care policies appear to be premised on principles to which feminists are opposed, i.e. 'upon the primacy of the family and the home-bound status of women within it. They are the exact contradictions of the collectivist solutions to the problems of caring which feminists would propose.' The book looks at why this familist ideology is so powerful. It begins by looking at the development of community care policies and what these mean for women on the one hand, and men on the other, then relates these to an analysis of familism. Familism is also linked to the wider ideology of possessive individualism. The alternative of collectivism is analysed, taking ethnographic and historical examples and discussing the moral concept of 'responsibility' especially as it relates to the provision of support and care for the dependent. A later chapter is concerned with models of collective living, asking upon what criteria such forms should be based.

POLICY ANALYSIS, CARERS

- 192 Danish Cultural Institute (1989), **The Elderly in Denmark**, Copenhagen, Contact with Denmark No.3, 47pp.

'The present volume contains a number of chapters in which experts describe how both public authorities and private agencies are reacting to developments within the elderly sector.' There are chapters on Danish old-age policy; Retirement, money, and politics; Future homes for the elderly; Koltgarden: from idea to reality; The elderly deaf-blind; 24-hour care in the municipality of Copenhagen; Geriatrics and long-term medicine; Community geronto-psychiatry; Private assistance: voluntary care of the elderly; and On being active and having the necessary strength.

DEMOGRAPHIC GROUPS, DENMARK

- 193 Dant, Tim and Brian Gearing (1990), 'Keyworkers for elderly people in the community: case managers and care co-ordinators', **Journal of Social Policy**, 19(3):331-60.

'In the United Kingdom a range of services for elderly people in the community has developed that is delivered by a variety of professionals and administered within different organisations. This has resulted in a problem of co-ordinating services to meet the individual needs of the most frail elderly people. In the United States "case management" has been introduced as a way of improving the co-ordination of care. Despite structural differences in the provision of health and social services between the United States and the United Kingdom, the concept of case

management has influenced the design of a number of innovatory schemes in the United Kingdom, including the Gloucester Care for the Elderly People at Home project (CEPH). These innovatory schemes have demonstrated the need for a "keyworker" and clarified the tasks that are involved in taking responsibility for co-ordinating services to meet the needs of elderly people at risk of failing to cope at home. There is, however, a danger of proliferating the complexity of service provision by creating a new breed of professional; an alternative might be to alter the responsibilities, attitudes and team orientation of existing professional workers so as to include taking on the keyworker role for some of their clients.'

CASE MANAGEMENT, ORGANISATIONAL INNOVATION, UNITED KINGDOM

- 194 Davey, Judith and Maire Dwyer (1984), **Meeting Needs in the Community: A Discussion Paper on Social Services**, New Zealand Planning Council, Wellington, Planning Paper No.19, viii, 63pp.

This report looks at assumptions that have been made about the community-based approach to service delivery. The validity of claims being made for this approach in terms of effectiveness, efficiency, social benefit, public participation, and scope for the prevention of social ills are also examined. It is not an attempt to measure or define need in the community, nor to evaluate particular social services of different service delivery methods in any rigorous way.

POLICY ANALYSIS, NEW ZEALAND

- 195 Davies, A.M. (1985), 'The graying of Israel: implications for health and the need for services', **Israel Journal of Medical Sciences**, 21(3), March:197-202.

'This article provides a brief overview of the demographic transformation of Israel and its consequences ...Measurements of the morbidity of the elderly and their use of health services are discussed together with the ways those differ from estimates of health status and activities of daily living. The use of epidemiological surveys in planning future services is described and the need to develop innovative models of integrated care based on the neighbourhood and community is discussed.'

DEMOGRAPHIC TRENDS, HEALTH SERVICES, DEMOGRAPHIC GROUPS, SERVICE UTILISATION, ISRAEL

- 196 Davies, A.M. (1987), 'Epidemiological approaches to disability in the elderly: from measurement to the projection of need', **Revue d'Epidemiologie et Sante Publique**, 35(3/4):241-7.

'Measures of disability, in the elderly as a proxy for autonomy, are essential for assessment of physical and mental wellbeing, estimates of needs for care of individuals and communities and for the planning of services. Such measures need to be combined with clinical information to complete the diagnosis for the individual. For groups, assessments are subject to the interactions of reported disability with age, social class and culture, even when using standardized questionnaires. These intervening variables as well as the representatives of the groups sampled, must be considered when extrapolating the findings of the whole population and, particularly, in the forecasting of future disability patterns. Translation of disability measures into needs for service, now and in the future, is a complex procedure further confounded by social expectations and professional judgement.'

METHODOLOGY, NEEDS, PLANNING

- 197 Davies, Bleddyn (1981), **Community Care Projects: Some Random Thoughts**, Personal Social Services Research Unit, University of Kent at Canterbury, Discussion Paper, No.182, 19pp.

This paper outlines the main principles of community care projects and how they might develop. The most general aim is 'to improve the cost effectiveness of social care for those on or above the margin of need at which they would otherwise be very likely to receive residential or hospital care'. This is based on a judgement about the indispensable functions of the Social Services Department which are: (1) assessment of individual needs, (2) counselling about how to obtain help to overcome obstacles to independent living, (3) monitoring cost effectiveness, (4) activity to stimulate the supply of additional resources, and (5) the injection of financial resources to make the system work. It is critically important to create the right framework of incentives and the personnel themselves must be motivated.

METHODOLOGY, PLANNING, RESOURCE ALLOCATION, UNITED KINGDOM

- 198 Davies, Bleddyn (1981), 'Strategic goals and piecemeal innovations: adjusting to the new balance of needs and resources', in E. Matilda Goldberg and Stephen Hatch (eds), **A New Look at the Personal Social Services**, Policy Studies Institute, London, Discussion Paper No.4:46-67.

The first section of this paper argues 'that trends observable in the current climate of community care are not so different from those of the pre-Seebohm period, and the broad policy implications of these trends remain much the same. The second section discusses patterns of innovations in social services departments and, in particular, the degree to which the innovations are achieving the necessary adjustments of service systems to the logic of the new balance of needs and resources. A third section throws out some ideas for improving the system.'

ORGANISATIONAL INNOVATION, UNITED KINGDOM

- 199 Davies, Bleddyn (1986), 'American lessons for British policy and research on long-term care of the elderly', **The Quarterly Journal of Social Affairs**, 2(3):321-55.

The paper begins by describing three metaphors and their models guiding research: (1) A system of universalist public near-monopolies, (2) a mixed economy of welfare regulated to achieve minimal social objectives, and (3) a mixed economy of welfare led by one or several public agencies accountable for improving equity and efficiency. Most British analysis has focused more on the second than the third metaphor and, it is argued, would be better focused on the third. 'Each part of the paper discusses the relevant American experience with an issue of central importance; describes how it has been handled; the techniques developed for handling it; and draws some conclusions for the British research effort.'

INTERNATIONAL COMPARISONS, ORGANISATION AND CONTROL, UNITED KINGDOM, UNITED STATES

- 200 Davies, Bleddyn (1987), 'Allocation of services in England: facts and myths about the equity and efficiency of social care agencies', **Revue d'Epidemiologie et Sante Publique**, 35(3/4):349-58.

'The growing pressure of demands on resources has focused attention on efficiency improvement. The consequence is the growing influence of a new efficiency-focused managerialism whose purpose is to reduce what is assumed to be widespread and large inefficiency by applying the nostrum of management theorists. The paper first discusses the evidence about the nature and extent of various forms of inefficiency in the long-term social care of the elderly, and whether the prescriptions of the new managerialists argument has overstated (a) the extent to which community service resources are allocated to those benefitting little from them and ignored the large pool of unmet need and (b) the degree to which variations in facility costs are due to agency-wide inefficiency. The paper then reviews

evidence about new organisational and practice models based on field clinical insight suggesting that great gains in equity and efficiency would indeed be feasible, but that these could only be made over time as personnel are trained to implement and further develop the exemplar models.'

ORGANISATIONAL INNOVATION, RESOURCE ALLOCATION, UNITED KINGDOM

- 201 Davies, Bleddyn (1987), **'The Community Care Approach and the Development of Institutions Intermediate Between Formal and Informal Care**, Personal Social Services Research Unit, University of Kent at Canterbury, Discussion Paper No.552, 15pp.

This paper begins by summarising the nature of long-term care services and the populations at risk of institutionalisation. The case management model of service provision and the causal processes producing beneficial outcomes hypothesised to be generated by the design features are described. The features of the community care projects and their evaluation is outlined.

EVALUATION, CASE MANAGEMENT, UNITED KINGDOM

- 202 Davies, Bleddyn (1988), **Costs, Needs and Outcomes in Residential and Community-Based Care of the Elderly: Towards the Quantification of Optimal Targeting Criteria**, Personal Social Services Research Unit, University of Kent at Canterbury, Discussion Paper No.604, 17pp.

Part 1 commences with a summary of the traditional theoretical framework for choosing care modes and achieving the optimal balance of care focusing on the relationships between costs and dependency. Part 2 discusses the feasibility of meeting the increase in need adequately and equitably by the provision of more community-based rather than residential-based care, assuming that the expenditure of public funds will rise no more quickly than the number of persons in the age groups most at risk. Part 3 argues that researchers can produce evidence which will improve judgements about the resource and effort needed to combine a shift to a more community-based care system; and show the means by which equity and efficiency can be improved by designing and evaluating radical experimental projects designed to remove weaknesses from the present system.

NEEDS, FINANCING, ORGANISATIONAL INNOVATION, TARGETING UNITED KINGDOM

- 203 Davies, Bleddyn (1988), **'Review article: making a reality of community care'**, *British Journal of Social Work*, 18 (Supplement):173-87.

'The British Audit Commission's 1986 report, "Making a Reality of Community Care", suggests that we are seeing the development of a "new managerialism" whose arguments rest on assumptions about the causes of inefficiency. A discussion explores some of these assumptions in the light of research evidence, suggesting that a well-funded policy merely of increasing the allocations of existing services to individuals may not achieve the goals of community care policy and that there are experimental results that imply that far greater achievements are possible. The discussion considers how the management relates to the roles of leading agencies in developing the community care system as a whole. The capacity of agencies in Britain for creative policy development and implementation has been transformed during the last two decades: the time has come to concentrate the new capacity on the transformation of community care.'

POLICY ANALYSIS, ORGANISATIONAL INNOVATION, UNITED KINGDOM

- 204 Davies, Bleddyn (1990), 'New priorities in home care: principles from the PSSRU experiments', in A. Howe, E. Ozanne and C. Selby Smith (eds), **Community Care Policy and Practice: New Directions in Australia**, Public Sector Management Institute, Monash University, Clayton, Vic.:47-72.

'Most of the argument of the paper is about the design of field arrangements for matching resources to the needs of individuals...'The paper describes the features of long-term care needs and systems and the equity and efficiency of outcomes and illustrates the design features of PSSRU community care models, described in more detail in Davies and Challis, **Matching Resources to Needs in Community Care**.

CASE MANAGEMENT, RESOURCE ALLOCATION, UNITED KINGDOM

- 205 Davies, Bleddyn and David Challis (1980), 'Experimenting with new roles in domiciliary services: the Kent Community Care Project', **The Gerontologist**, 20(3), June:288-99.

The main purpose of this paper is to show how the design of the Kent Community Care Project is related to an analysis of some of the most difficult of Britain's problems in the care of the elderly. These problems are seen as the changing nature of the elderly population and the inflexibility of existing services which are unable to meet increased and changing needs. The Project sought to provide cost-effective, tailor-made support packages to clients. It did this by allowing the workers control over budget and tapping new forms of low cost community resources. Preliminary results suggest the Project has been a success.

NEEDS, CASE MANAGEMENT, UNITED KINGDOM

- 206 Davies, Bleddyn and David Challis (1981), 'A production relations evaluation of the meeting of needs in the Community Care Projects', in Matilda E. Goldberg and Naomi Connelly (eds), **Evaluative Research in Social Care**, Heinemann for Policy Studies Institute, London:177-98.

This paper discusses the rationale of features of the Community Care Project which was designed to make possible more effective care in their own homes of the frail elderly on the margin of need for residential care, by providing more flexible, cost-effective, individually-tailored services in conjunction with those already available. There is discussion of how each design feature of the project came to be chosen.

METHODOLOGY, CASE MANAGEMENT, UNITED KINGDOM

- 207 Davies, Bleddyn and Oliver Coles (1981), 'Towards a territorial cost function for the home help service', **Social Policy and Administration**, 15(1), Spring:32-42.

This paper looks at the costs of the home help service in Great Britain. It focuses on the influence of unit wage costs of (a) labour market and populations structures, and (b) patterns of recruitment and management of helps and clients.

DOMICILIARY SERVICES, FINANCING, UNITED KINGDOM

- 208 Davies, Bleddyn and Ewan Ferlie (1982), 'Efficiency promoting innovation in social care: social services departments and the elderly', *Policy and Politics*, 10(2), April:181-203.

This article attempts to answer the questions - what factors make efficiency-improving innovations more likely and what are the stages needed to translate an initial efficiency-improving idea into standard practice in the social care of the elderly?

ORGANISATIONAL INNOVATION, UNITED KINGDOM

- 209 Davies, Bleddyn and Ewan Ferlie (1984), 'Patterns of efficiency improving innovation: social care and the elderly', *Policy and Politics*, 12(3), July:281-95.

This article looks at territorial variations in the pattern of innovations in local government in care of the elderly in Great Britain. Part A summarises methodology and previous findings in 1980. Part B elaborates a new hypothesis based on changes observable between 1980 and 1982. Part C presents empirical results and Part D, the conclusion, puts the findings in wider context.

METHODOLOGY, ORGANISATIONAL INNOVATION, UNITED KINGDOM

- 210 Davies, Bleddyn and David Challis, (1986), *Matching Resources to Needs in Community Care: An Evaluated Demonstration of a Long-Term Care Model*, Gower, Aldershot, Hants., xxxii, 658pp.

This book begins with a description of the features which most characterise persons at risk of needing long-term care, deduces arguments about what is necessary for a care system to be equitable and efficient and presents a model for care. It looks at the present organisation of the British social services departments and compares the community care model with American attempts to tackle the same problem. Part II analyses policy and practice in the Community Care Project. It looks at its methods of tackling the tasks of case management, its responses to the circumstances of clients which affect care planning by field practitioners and its mobilisation of community resources. Part III analyses project outcomes and impacts and costs and benefits, while Part IV discusses the implications of the community care approach.

NEEDS, POLICY ANALYSIS, CASE MANAGEMENT, FINANCING, RESOURCE ALLOCATION, UNITED KINGDOM

- 211 Davies, Bleddyn and Martin Knapp (1987), 'Introduction: the production of welfare approach: some new PSSRU argument and results', *British Journal of Social Work*, 18 (Supplement):1-11.

'A special supplementary issue of the British Journal of Social Work focuses on the topic of community care. All of the papers...were written by persons involved with the Personal Social Services Research Unit at the University of Kent at Canterbury in England. The four papers in part I examine two community care experiments carried out in Britain. The first paper reports the results of a preliminary analysis of an evaluation of the Gateshead community care project... The second paper reports the results of the Thanet project...The third paper explores the processes involved in developing more equitable and efficient community-based care for target groups in the Thanet project, and the fourth discusses the core tasks of case management in the context of the community care projects. Part II consists of two papers on equity and efficiency in child care...Part III contains two general papers. The theme of the first is the search for efficiency in long-term care and the shift toward a more community-based long-term care system that is less dominated by the public sector. The final paper is a review of a 1986 report published by the Audit Commission in Britain entitled "Making a Reality of Community Care".'

CASE STUDIES, EVALUATION, POLICY ANALYSIS, CASE MANAGEMENT, UNITED KINGDOM

- 212 Davies, Bleddyn and Spyros Missiakoulis (1988), 'Heineken and matching processes in the Thanet community care project: an empirical test of their relative importance', *British Journal of Social Work*, 18(Supplement):55-78.

'The Thanet community care project was part of a wider community care project carried out in Kent, England. The community care argument in the Thanet project hypothesized that the "experimental inputs" would generate three causal processes producing the desired outcomes: the "Heineken process", reflecting the focus of community care workers on psychological well-being and relationships; the "Matching process", reflecting the increased capacity to match resources to compensate for functional deficits; and the "Exchange process", based on developing exchange relationships with the field personnel in other agencies. A discussion fits statistical models exploring the relative strength of the Heineken and Matching processes and illuminating how they operated. Both the Heineken and Matching processes proved to be important. In some respects they worked independently of one another. The results illustrate the impact of having as case managers persons committed to working on morale and relationships, applying both traditional and new social work skills and values for the clientele at which the community care project was targeted. The modelling also illustrates the value of the analysis of causal processes at the level of generality of statistical outcomes analysis so as to reinforce the links between outcomes analysis and process analysis aiming at generalisations of a lower level.'

CASE STUDIES, QUALITY OF LIFE, CASE MANAGEMENT, ORGANISATIONAL INNOVATION, RESOURCE ALLOCATION, UNITED KINGDOM

- 213 Davis, Karen (1984), 'Computer assisted planning: application to health of the elderly by the year 2000', *World Health Statistics Quarterly*, 37(3):271-80.

'To promote long-term planning for health of the elderly by the year 2000 a Computer Assisted Planning Software package (CAP) was developed for WHO member states by researchers at the Johns Hopkins School of Hygiene and Public Health. The principal objective in developing this package was to tap microcomputer technology and provide health officials and planners with an inexpensive and easy-to-use tool, which can give a pictorial representation of major strategic issues in health policy analysis.' It was developed first in the United States and then adapted for actual planning purposes in the Canadian province of Manitoba and in Norway. The package can illustrate targets or goals, and the gap between current trends and the selected targets over time; monitor progress; estimate the implications of changing demographic structure or economic conditions on service utilization and resource requirements; simulate alternative strategies; compare disparity of resource allocation across geographic areas or population groups; and stimulate policy discussion by dramatic illustration of the problem.

METHODOLOGY, HEALTH SERVICES, DEMOGRAPHIC GROUPS, PLANNING, TARGETING

- 214 Dax, E. Cunningham and Garry Morrison (1986), 'The long-stay psychogeriatric needs of a suburban community', *Australian Journal on Ageing*, 5(3), August:22-6.

'A survey was made of the number of people in the western suburbs of Melbourne who needed long-stay psychogeriatric care. The directors of nursing homes estimated that about 10% of their patients were in this category, whilst another 50 were in the Mental Health Department hospitals and some 80 others were known in the community or hostels. With better government organisation and co-ordination, with expanded community services, improved nursing home design and utilisation, educational expansion and research much long-term psychogeriatric care could be avoided. Problems faced by the various services have been reviewed together with their attempts to overcome their difficulties.'

NEEDS, HEALTH SERVICES DEMOGRAPHIC GROUPS, VICTORIA

- 215 Day, Alice T. (1984), **Women and the Challenge of Long Life: Report on a Survey, 'For Women over 60'**, A.G.P.S., Canberra, ix, 72pp.

This is the report of a survey done for the National Women's Advisory Council, whose purpose was '(1) to identify specific aspects of the circumstances of older women that are fundamental to an understanding of their life conditions and basic needs; (2) to use submissions from women themselves concerning the personal meanings of ageing as a guide to the formulation of policy recommendations to the Commonwealth Government.' The survey focuses on women living alone and those responsible for the care of another person, and the core of this report is the analysis of a substantial amount of personal information provided by the women themselves. The survey included a series of questions to determine the services older women use, the kinds of help they need which are not available to them, and the reasons they believe such help is beyond their reach.

NEEDS, DEMOGRAPHIC GROUPS, AUSTRALIA

- 216 Day, Alice T. (1985), **'We Can Manage': Expectations about Care and Varieties of Family Support Among People 75 Years and Over**, Institute of Family Studies, Melbourne, Monograph, No.5, xii, 168pp.

'The data for this monograph come from qualitative, in-depth interviews with 23 people aged 75 years and over living in Sydney. The interviews were designed to explore the significance of family support to people in old age, looking at their family relationships as part of an overall life trajectory. [It] identifies three basic needs of very old people: affective support, opportunities to feel useful, needed and appreciated, and small contributions of instrumental assistance from a variety of different sources.'

NEEDS, CARERS, DEMOGRAPHIC GROUPS, NEW SOUTH WALES

- 217 Day, Alice T. and Lincoln H. Day (1989), 'Continuity and change in household composition: implications for social support of the very old', Paper for the **International Population Conference of the European Association for Population Studies**, Prague, 3-7 July 1989, 10pp.

'The composition of an older person's household is a major determinant of the amount and type of social support that is potentially available...This paper explores these relationships between social support and living arrangements among a national sample of elderly American women [interviewed in 1978 and 1987]. The particular focus is on the characteristics of household structure as conditions of defining the amount and type of care older women may have available to them.'

CARERS, DEMOGRAPHIC GROUPS, UNITED STATES

- 218 Day, Lincoln H. (1988), 'Limits and possibilities relating to family structure and care of the aged in populations with unprecedentedly low fertility', **Journal of the Australian Population Association**, 5(2):178-87.

'While demographic conditions need not necessarily be prime determinants of the quality of people's lives, there can be no doubt that they determine the limits of that quality. This paper discusses these limits with reference to family and kinship structure, and particularly the wellbeing of the elderly, in European populations (both in Europe and overseas) currently subject to especially high rates of ageing as a result, primarily, of unprecedented low fertility. Emphasis is placed on the fact of heterogeneity within populations, the great variety of possible social responses to human needs and demographic conditions, and the fact that the future is fraught with uncertainty, despite the degree of ineluctability associated with certain demographic processes.'

DEMOGRAPHIC TRENDS, NEEDS, QUALITY OF LIFE, DEMOGRAPHIC GROUPS, EUROPE

- 219 Day, Patricia, Rudolf Klein and Gillian Tipping (1988), **Inspecting for Quality: Services for the Elderly**, Centre for the Analysis of Social Policy, University of Bath, Bath Social Policy Paper Series, No.12, 61pp.

This paper 'examines the history, role and potential for future development of the NHS's one national institution for reviewing the quality of local services: the Health Advisory Service.' The HAS exists to review and improve care in the hospital and community health services in England and Wales mainly for elderly and mentally ill people. This report is limited to the aspect of its work dealing with the elderly. The paper discusses the concept of 'quality'. The paper concludes that the HAS does not provide an appropriate model for the kind of inspectorates that are necessary, but that there is a need for a body with independent power, to draw together the various initiatives already taking place piecemeal.

EVALUATION, HEALTH SERVICES, UNITED KINGDOM

- 220 Day, Suzanne Rie (1984), 'Measuring utilization and impact of home care services: a systems model approach for cost effectiveness', **Home Health Care Services Quarterly**, 5(2), Summer:5-24.

'The relevance of home care research to policy questions is discussed as a framework for study on "effects" (precursors and sequelae) of home care. This study used a large, multi-service agency's longitudinal (8-year) case records (N=2436) to examine a system model for relationships among entry characteristics, utilization of services, and need for services upon discharge from home care. Deducing case-mix from utilization patterns, pay plan at entry was identified as best of the available predictors of both duration and intensity (using multivariate analysis). Duration and intensity, dual contributors to total visits, were found to vary inversely and were predicted by different entering pay plans. While 1/3 of all cases were discharged to informal or self care, that was the most prevalent exit status of the clients (49%) who entered directly from hospital care. The methods used in disaggregating and analyzing these retrospectively-coded case records suggest that home services research: 1. distinguish service type, intensity, and duration as components of total visits which combine to account for costs of care; 2. find concomitants of functional level (such as pay plan) which are accessible for designating case mix for purpose of projecting service use; 3. measure effectiveness in terms relevant to stated objectives of the long term care system, which need to acknowledge mortality and to separate service needs at entry from those that exist from the series of formal and informal providers on a continuum of care.'

DOMICILIARY SERVICES, SERVICE UTILISATION, UNITED STATES

- 221 Deasey, M., R. Mapolar and J. Wheeler (1987), **The Turkish Elderly in the Western Suburbs of Melbourne: Meeting their Needs**, Clearing House on Migration Issues, Richmond, Vic., Multicultural Australia Papers, No.60, 28pp.

This is the report 'on a 1986 study conducted in the municipalities of Sunshine, Footscray and Keilor, Victoria, in which 50 people took part. The objectives of the project were: to assess the problems and needs of a group of Turkish elderly people living in the Western suburbs of Melbourne; in conjunction with the elderly to develop possible options for meeting their needs; through the consultative process, to help participants gain an understanding of the services available to them and how to gain access to them; to encourage the development of self-help networks and encourage participation in community affairs amongst participants.'

NEEDS, DEMOGRAPHIC GROUPS, VICTORIA

- 222 DeFilippo Lutzer, Victoria and Timothy H. Brubaker (1988), 'Differential respite needs of aging parents of individuals with mental retardation', **Mental Retardation**, 26(1):13-5.

'Parents of individuals with mental retardation differ in their expressed need for types of respite care depending on their age. In this study we surveyed parents of adults with mental retardation. More parents under age 56 than over age 56 reported a need for respite services that would increase their involvement with intra- and extrafamilial social systems. More parents over age 56 reported need for out-of-home respite care. Implications of these results for training practitioners in gerontological issues were discussed.'

NEEDS, CARERS, GENERAL SUPPORT SERVICES, UNITED STATES

- 223 Deimling, Gary T. (1982), 'Macro- and microlevel aging service planning and the 1980 Census', **The Gerontologist**, 22(2):151-2.

This article focuses on three innovations in the 1980 US Census that will benefit service planning for the aged: greater detail in some tabulations; new items relevant to ageing; and, the two special subject reports on the aged. Distinguishing between micro- and macrolevel planners, it argues that the innovations will benefit the former and that microlevel planners who work in substate areas will receive very few new types of information. Service planners and professionals may be forced to become more directly involved as users in a decision process if the special subject reports on the aged are to be saved.

DEMOGRAPHIC TRENDS, PLANNING, UNITED STATES

- 224 Delbecq, Andre L. and Andrew H. Van de Ven (1977), 'Problem analysis and program design: identification and program planning', in Neil Gilbert and Harry Specht, **Planning for Social Welfare: Issues, Models, and Tasks**, Prentice-Hall, Englewood Cliffs, N.J.:333-348.

The purpose of this chapter is to present a group process model that planning groups can use to identify strategic problems and develop appropriate and innovative programs to solve them.

METHODOLOGY, PLANNING

- 225 Denley, Louise (1989), **The Financial Management of HACC-Funded Domiciliary Care Services in South Australia - Some Background**, Review of Domiciliary Care Services in South Australia, Supporting Paper No.1, Adelaide, 22pp.

This paper 'provides information on the history and current workings of the financial management of HACC funded Domiciliary Care Services in South Australia.' It concludes that there is a dysfunctional communication system, current financial reporting is rigid and complex, the financial system is operating in the absence of any 'outcome' information.

DOMICILIARY SERVICES, FINANCING, SOUTH AUSTRALIA

- 226 Denley, Louise (1989), **South Australian Domiciliary Care Services in Country Areas: An Overview**, Review of Domiciliary Care Services in South Australia, Supporting Paper No.2, Adelaide, 33pp.

'This paper seeks to provide a descriptive overview of Domiciliary Care Services in the country areas of South Australia. The information was obtained by visits undertaken by the Review to twenty-two services...in rural areas. Submissions were also received from consumers.'

DOMICILIARY SERVICES, SOUTH AUSTRALIA

- 227 Denmark - Ministry of Social Affairs (1990), **Pensioner in Denmark: Main Features of Danish Old Age Policy and Care for the Old**, Copenhagen, 16pp.

This small information booklet outlines living conditions for the elderly in Denmark. It covers areas of pensions, housing, attendance and care and cultural and other activities.

DEMOGRAPHIC GROUPS, DENMARK

- 228 Depaoli, Paolo (1986), **Impact of Social Cohesion and Time Available on Assistance to the Elderly: Italy**, European Foundation for the Improvement of Living and Working Conditions, Dublin, 106pp.

'The present research report is intended to provide a description and make recommendations, in relation to the aim of exploring the potential of voluntary efforts in the field of assistance to the elderly. The first step is to describe, in its essential outlines, the condition of the elderly as it appears in Italy, the full range of needs expressed by that segment of the population, and the characteristics of the welfare services provided for old people by existing institutions. The second step is to proceed to identify the principal gaps between the needs expressed implicitly or explicitly by elderly people and the services currently provided; on the basis of this assessment, it will be possible to chart some policy options for action'.

NEEDS, DEMOGRAPHIC GROUPS, PLANNING, ITALY

- 229 Deutsch, Morton (1975), 'Equity, equality, and need: what determines which value will be used as the basis of distributive justice?' **Journal of Social Issues**, 31(3):137-49.

'The concept of justice is discussed, and the thesis is advanced that "equity" is only one of the many values which may underlie a given system of justice. Hypotheses about the conditions which determine which values will be employed as the basis of distributive justice in a group are proposed, with discussion centered about the values of "equity", "equality", and "need" and the conditions which lead a group to emphasize one rather than another value.'

NEEDS, RESOURCE ALLOCATION

- 230 Devlin, G. (1985), 'Community care of the aged', **Australian Journal on Ageing**, 4(1), February:16-21.

'This paper suggests a model for the analysis and planning of aged care services from a preventive health perspective. The model considers the aged person's needs, factors affecting how these needs will be met, service provision and the consequences to the aged individual and society of this provision. Use of this model to analyse present service points to the need for an "Office for the Aged" at Commonwealth government level to take responsibility for need determination, goal setting, organisation and evaluation of services.'

NEEDS, HEALTH SERVICES, DEMOGRAPHIC GROUPS, PLANNING, AUSTRALIA

- 231 Dexter, Margaret and Harbert, Wally (1983), **The Home Help Service**, London, Tavistock, viii, 232pp.

This book describes the way in which the home help service has developed in the last ninety years, and how it has responded to changing needs to become an essential part of the total network of community care. It covers services in the United Kingdom as well as world-wide services and draws attention to its unused potential. Changes in organisation and training of personnel will be necessary to equip the service to meet the challenges of the future.

INTERNATIONAL COMPARISONS, DOMICILIARY SERVICES, UNITED KINGDOM

- 232 Dieck, Margret and Regina Steinack (1987), **Social Integration, Social Interaction, Material and Non-Material Resources: Aspects of the Situation of the Elderly in the Federal Republic of Germany**, European Foundation for the Improvement of Living and Working Conditions, Dublin, x, 350pp.

'This report deals with central aspects of the living situation of the elderly and especially focuses on those living an independent life, those living in multi-generational households as well as on the homeless. The report deals with problems of today and with possible developments in the future.' The needs of the elderly and the present availability of services is described.

NEEDS, DEMOGRAPHIC GROUPS, SERVICE UTILISATION, GERMANY

- 233 Dilworth-Anderson, Peggye (1987), 'Supporting family caregiving through adult day-care services', in Timothy H. Brubaker (ed.), **Aging, Health, and Family: Long-Term Care**, Sage, Newbury Park, Calif.:129-42.

Research information for this chapter was gathered by telephone interviews with administrators of 32 day-care programs in metropolitan Chicago. The interviews were designed to assess what types of day-care programs were available, how they were funded, and the emphasis of care through program orientation or philosophy. Characteristics of staff and clients were also assessed. It also looks at how programs can include addressing the needs of families and assist them in caring for older, dependent members so the findings are discussed in view of the types of support given in relation to the needs of day-care clients and their families.

NEEDS, GENERAL SUPPORT SERVICES, FINANCING, ORGANISATION AND CONTROL, UNITED STATES

- 234 Dluhy, Milan J. (1988), 'Improving the linkages between policy and research: the special case of long-term care', in Milan J. Dluhy, Jack Habib, Martha B. Pelaez and Max B. Rothman (eds), **Approaches to Linking Policy and Research in Aging: Israel and Florida: Report of a Conference**, JDC-Brookdale Institute of Gerontology and Adult Human Development, Jerusalem:19-33.

'The central purposes of this paper are to identify the major reasons why applied policy research and practice are not more closely linked and to suggest both formal and informal mechanisms that can be used to connect them in a more satisfactory way in the future...It is the assumption of this paper that the primary goal of applied policy research is to assist decisionmakers in their choice process.' There has been an explosive growth in the resources available, but there has not been a substantial increase in the direct and immediate use of this kind of knowledge in concrete decisionmaking situations. Long-term care is an area which would be served well by having policy makers and researchers more in touch.

POLICY ANALYSIS

- 235 Donaldson, Cam and Barbara Gregson (1989), 'Prolonging life at home: what is the cost?', **Community Medicine**, 11(3):200-9.

'This paper describes one of the first attempts at an economic evaluation of a community care initiative for elderly mentally infirm people and their carers. It is demonstrated that community support provided mainly through an innovative Family Support Unit (FSU) is almost three times more costly than that which would otherwise be provided. However, FSU support results in prolonged life at home for elderly mentally infirm people, thus saving costly long-term care beds. If life at home is preferable to long-term care, FSU care can be judged cost effective. However, regarding implementation of such schemes, cash-limited local authorities appear to be forced to take on schemes which, despite being cost effective when taking a broad range of resources into account, cost more than they save as far as the local authority itself is concerned.'

EVALUATION, GENERAL SUPPORT SERVICES, FINANCING

- 236 Dooghe, G. and L. Vanden Boer (1986), **Care for the Elderly in Belgium**, European Foundation for the Improvement of Living and Working Conditions, Dublin, Working Paper Series, ii, 63pp.

This report begins with an examination of the problem of an ageing population in Belgium from a demographic viewpoint. It then examines the needs of elderly people and present provision and evaluation of services. It examines the amount of free time people in the community might have to devote to welfare services in the care of the elderly and looks at ways to foster this care, including self-help groups and financial support.

DEMOGRAPHIC TRENDS, NEEDS, DEMOGRAPHIC GROUPS, ORGANISATIONAL INNOVATION, BELGIUM

- 237 Doty, Pamela (1988), 'Long-term care in international perspective', **Health Care Financing Review**, Annual Supplement:145-55.

'The findings of a study of long-term care policies in 18 countries are reported in this article. Initial data were collected by questionnaire survey under the auspices of the International Social Security Association. These data were supplemented by published documents and government statistics obtained while researching long-term care for the International Social Security Association and, subsequently, for the Organization for Economic Cooperation and Development. The principle focus is a cross-national comparison of institutionalization rates for the elderly.

Differences in use rates for medically oriented facilities are less than those for nonmedical residential long-term care facilities. Only a small amount of variation is related to demographic differences, such as older and more female elderly populations in those countries with higher institutionalization rates. Included also is a description of the modes of financing long-term care.'

INTERNATIONAL COMPARISONS, FINANCING

- 238 Doty, Pamela, Korbin Liu and Joshua Wiener (1985), 'An overview of long-term care', *Health Care Financing Review*, 6(3), Spring:69-78.

'Long-term care (LTC) refers to health, social, and residential services provided to chronically disabled persons over an extended period of time. Especially during the last 20 years, State and Federal Governments have played an increasing role in the financing of long-term care. The aging of the population underlines the future importance of this topic. This article provides background data on need, supply, and expenditures; discusses government financing programs; and addresses quality of care concerns and options for LTC reform.'

NEEDS, FINANCING, ORGANISATION AND CONTROL, UNITED STATES

- 239 Dudgeon, P., L. Frank Dussuyer, A.L. Howe and J. Wrennall (1986), *Assessment and Services for the Confused Elderly*, National Research Institute of Gerontology and Geriatric Medicine, Melbourne, Occasional Paper in Gerontology, No.12, 114pp.

This paper reports on surveys of services available to the confused elderly in Australia. Several of the surveys were conducted with the Sunshine Regional Geriatric Assessment Team, Victoria. Chapter 1 reviews research, including epidemiology, studies of institutional care, surveys of the confused elderly and their use of community services, and studies in assessment and community services. Chapter 2 reports a study of characteristics and needs of confused elderly in Victoria. Chapter 3 reports a survey of services for aged care in Sunshine, Victoria. Chapter 4 evaluates a day centre for confused elderly and Chapter 5 describes support groups for carers of the confused elderly.

CASE STUDIES, EVALUATION, NEEDS, GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS, VICTORIA

- 240 Dunlop, Burton (1980), 'Expanded home-based care for the impaired elderly: solution or a pipe dream', *American Journal of Public Health*, 70(5):514-9.

'Benefits assumed by those calling for massive expansion of home health care to include preventive, health-supportive services for the dependent aged - reduced institutionalization, reduced stress among family caregivers, and enhanced life-satisfaction for the dependent elderly - have been the objects of inadequate research and reflection. Advocates are unable to specify exactly what kind of person could benefit or who would seek to use such services. The little evidence that exists suggests that these benefits may be realized only partially and/or only among select segments of the population affected. A significantly reduced rate of institutionalization appears especially questionable. Only for a relatively small group, those mildly impaired persons without close kin (who now sometimes end up in lower level nursing homes or domiciliary care homes due to absence of this resource), does expansion of long-term maintenance services appear at this point to hold such potential. Local experiments with expanded home-based programs suggest that there may be a number of factors which could limit demand for such services. Carefully designed research to address these issues is needed.'

DOMCILIARY SERVICES, DEMOGRAPHIC GROUPS, TARGETING

- 241 Eckert, J. Kevin and Ruth E. Dunkle (1984), 'Need for services by the elderly experiencing urban change', *The Gerontologist*, 24(3):257-60.

'The main aim of this paper is to assess the changing service use and need patterns of the elderly poor who live in SRO [single room occupancy] hotels in an urban core area being transformed through redevelopment. There was an increased need for services in an environment of an eroded informal service base.

CASE STUDIES, NEEDS, DEMOGRAPHIC GROUPS, UNITED STATES

- 242 Eisenberg, David M. and Emily Amerman (1985), 'Structured assessment for long term care', *Pride Institute Journal of Long Term Home Health Care*, 4(4), Fall:3-13.

This article relates the experience of the Philadelphia Corporation for Aging and its affiliates in the use of and design of four structured assessment instruments.

CASE STUDIES, METHODOLOGY, UNITED STATES

- 243 Ericsson, Kent, Bo Lerman and Ingrid Nilsson (1985), 'Mentally handicapped persons' participation in the community: the role of institutional and integrated services', *Australia and New Zealand Journal of Developmental Disability*, 11(2):83-90.

'The purpose of this study...was to compare the extent to which mentally retarded persons participate in society when services are provided through the institutional or the integrated organization. A comparison has been made between a group of persons living in service apartments in the community and attending a day activity centre and a group of persons committed to a large central residential institution. The groups were compared in terms of "patterns and conditions of everyday life"; the concept used by Nirje in his formulation of the normalization principle...It was used as the basis for developing a method to describe the everyday life of handicapped persons.' It was concluded that the groups showed clear differences with the integrated services group participating much more in the community, but that there were potentials for support to a retarded person living in the community that were under utilised.

QUALITY OF LIFE, DEMOGRAPHIC GROUPS, SERVICE UTILISATION

- 244 Errey, Ruth, Carole Baker and Sarah Fox (1986), *Community Care of the Aged: A Working Model of a Needs-Based Assessment Unit*, Social Welfare Research Centre, University of NSW, SWRC Reports and Proceedings, No.59, vii, 139pp.

'The case study presented in this report related to the experience of the Aged Referral and Assessment Unit which operated as a pilot project from July 1984 to September 1985 in one part of the Sydney metropolitan area. An action research approach was used in the Unit's operation and recording of its activities. The multidisciplinary team set out to offer an accessible community resource team which, while offering holistic assessment of elderly people seeking or being referred for assistance or information, was able to assume a position of neutrality which permitted it to bridge existing divisions between health and welfare service systems, and to build co-ordinating and feed-back mechanisms across political boundaries of local government. Problems encountered by the Unit are described, and feasibility of central referral and assessment units is discussed.'

CASE STUDIES, NEEDS, DEMOGRAPHIC GROUPS, ORGANISATIONAL INNOVATION, NEW SOUTH WALES

- 245 Estes, Carroll L. (1979), **The Aging Enterprise**, Jossey-Bass, San Francisco, xviii, 283pp.

This book is an exploration of the 'aging enterprise', a term which describes 'the congeries of programs, organizations, bureaucracies, interest groups, trade associations, providers, industries, and professionals that serve the aged in one capacity or another.' It addresses the 'status, effectiveness, and social consequences of current public policies and services for the aged' in the United States. It examines attitudes to the aged and the way they influence social, political, and economic elements that have shaped the context of the Older Americans Act and many other federal policies for the aged. It applies a social construction of reality framework. The concluding chapter addresses alternative policy strategies 'that would require a reconstruction of current social definitions of the problems of old age and the abandonment of remedies that such definitions now prescribe.'

POLICY ANALYSIS, UNITED STATES

- 246 Evandrou, Maria (1987), **The Use of Domiciliary Services by the Elderly: A Survey**, Welfare State Programme, Suntory-Toyota International Centre for Economics and Related Disciplines, London School of Economics, Discussion Paper, No.15, 62pp.

'This paper is part of a project examining the dependence of the elderly on care and services provided by the state, the family and private organisations...in the context of current government policies.' It reviews recent literature regarding factors influencing the use of state-provided domiciliary services by noninstitutionalised elderly people, and presents some preliminary results relevant to the issues, drawn from large scale survey data. The first section discusses how the elderly tend to be defined in society, demographic trends, resource trends and service provision over time. The second section deals with the extent of dependence of the elderly on the state, employing disability as one indicator of dependence. The third section discusses the factors influencing dependence on domiciliary services and the fourth section makes comments on overall findings and analysis and the implications for future research.

DEMOGRAPHIC TRENDS, DOMICILIARY SERVICES, DEMOGRAPHIC GROUPS, RESOURCE ALLOCATION, SERVICE UTILISATION, UNITED KINGDOM

- 247 Evandrou, Maria (1990), **Challenging the Invisibility of Carers: Mapping Informal Care Nationally**, Welfare State Programme, Suntory-Toyota International Centre for Economics and Related Disciplines, London School of Economics, Discussion Paper No.49, 39pp.

Recent government survey data shows that there are six million adults in Great Britain faced with caring responsibilities for frail elderly people, and other incapacitated adults and children, yet very little is known about them. 'This paper explores the demographic and socio-economic characteristics of informal carers. It examines "who they are", at what stage of the life-cycle they are, and the nature and extent of the care they provide. The health status, employment and financial resources of informal carers is also analysed' by use of data from the 1985 General Household Survey.

CARERS, UNITED KINGDOM

- 248 Evandrou, Maria and David Winter (1988), **The Distribution of Domiciliary and Primary Health Care in Britain: Preliminary Results on Modelling Resource Allocation in the Welfare State**, Welfare State Programme, Suntory-Toyota International Centre for Economics and Related Disciplines, London School of Economics, Discussion Paper No.26, 45pp.

'This paper studies the determinants of the receipt of services which are supplied by government agencies within the welfare state. A general model of the supply of such services by political and bureaucratic institutions is outlined. This general model is then applied to service receipt of domiciliary care supplied by local authorities to the

elderly and of primary health care supplied by General Practitioners to their patients. After reviewing recent work in these two areas, preliminary econometric estimates are given. These are based on secondary analysis of the GHS data, which in the case of domiciliary services, have been linked to local authority data. Local authority supply variables are shown to have significant effects on service receipt as have age, gender and morbidity, and less strongly, social class in the case of primary health care.'

DOMICILIARY SERVICES, HEALTH SERVICES, RESOURCE ALLOCATION, SERVICE UTILISATION, UNITED KINGDOM

- 249 Evashwick, Connie, Genevieve Rowe, Paula Diehr and Laurence Branch (1984), 'Factors explaining the use of health care services by the elderly', *Health Services Research*, 19(3), August:357-82.

'The Andersen model of health services utilization, which relates use of service to predisposing, enabling, and need factors, has not often been applied to an elderly population. In this study, the factors of the Andersen model were used prospectively to predict utilization for a population sample of 1,317 elderly persons. Taken alone, the NEED construct was the most important single predictor of use of physician services, hospitalizations, ambulatory care, and home care. PREDISPOSING factors were better predictors of the use of dental services. Some of the variables studied were not related to utilization in the direction that would have been predicted from previous studies on general populations. Multivariate analyses demonstrated that the three constructs should be applied simultaneously when predicting use of services. These findings can be applied to the specific task of planning services for older people.'

HEALTH SERVICES, DEMOGRAPHIC GROUPS, SERVICE UTILISATION, UNITED STATES

- 250 Evers, H. (1984), 'Old women's self perceptions of dependency and some implications for service provision', *Journal of Epidemiology and Community Health*, 38(4):42-3.

'Fifty women aged 75 years or older who were living alone were visited to determine their self perception of dependency. There was a wide variety in reported capacity for self care but two patterns are isolated: those who were active initiators with a self perception of independence and passive responders with a perception of dependence. Service providers should take cognisance of the woman's self perception in the effective delivery of services.'

NEEDS, DEMOGRAPHIC GROUPS, UNITED STATES

- 251 Factor, Haim (1988), 'Developing an information base for planning services for the elderly in Israel: a researcher's perspective', in Milan J. Dluhy, Jack Habib, Martha B. Pelaez and Max B. Rothman (eds), *Approaches to Linking Policy and Research in Aging: Israel and Florida: Report of A Conference*, JDC-Brookdale Institute of Gerontology and Adult Human Development, Jerusalem:61-74.

This paper describes the development of a data base for planning services for the elderly in Israel. The dynamics of the process highlight a number of general issues with respect to the link between policy and research.

METHODOLOGY, PLANNING, ISRAEL

- 252 Factor, H. and J. Habib (1986), 'Developing an information base for short- and long-term planning of services for the elderly in Israel: an interim report', *Israel Journal of Medical Science*, 22(3/4), March/April:326-31.

'Population aging throughout the western world has stimulated a concern with the implications for service needs. It has been increasingly recognized that not only the increase in the total number of elderly, but also changes in their composition, are affecting service needs. This paper describes the attempts made to acquire more detailed information on the implications of demographic change for service needs in Israel. It indicates the dimensions of demographic change and then proceeds to present an overall picture of the strategy employed to evaluate the impact of these changes on aspects of health status and the need for community and institutional services.'

DEMOGRAPHIC TRENDS, METHODOLOGY, PLANNING, ISRAEL

- 253 Factor, Haim, Jack Habib and Shmuel Be'er (1988), 'Evaluating the need for long-term care services and their cost', *Social Security*, Special English Edition, June:134-54.

This article presents a summary of current needs and projected future needs, for both community and institutional services in Israel in 1983, and forecasts for 1990 and 1995. Firstly, it presents data on the extent of functional impairment that creates the need for assistance. and then discusses the need for specific services. It examines needs, existing services, and the gaps between them. It is limited to a quantitative assessment of a number of principal services and to general remarks for other services.

NEEDS, FINANCING, RESOURCE ALLOCATION, ISRAEL

- 254 Falcone, Angela R. (1983), 'Comprehensive functional assessment as an administrative tool', *Journal of the American Geriatrics Society*, 31(11), November:642-50.

'The most effective and efficiently produced care possible is that which attains an exact match of the needs of people with the resources designed to accommodate those needs. This presupposes two points. One point is that we know how to identify the needs of people and the resources they require and have the wherewithall to execute a match of needs and resources in a timely manner. The second point is that overall program decisions must be based on at least a subset of the same information required to make care decisions for an individual. Both of these points and all of the issues they encompass are interrelated and form part of the rationale for an overall administrative management scheme. Details of that scheme provide a framework from whose context the administrative issues dependent on functional assessment can be discussed.'

METHODOLOGY, NEEDS, CASE MANAGEMENT, RESOURCE ALLOCATION, UNITED STATES

- 255 Falk, Nicholas and Lee, James (1978), *Planning the Social Sciences*, Saxon House, Farnborough, Hants., x, 113pp.

'This book is intended to serve as a practical guide to planning the social services.' It deals with the problems of making strategic decisions, in particular, problems that arise when publicly-funded organisations have to provide a multiplicity of services, meet diverse and sometimes conflicting needs, and satisfy a large number of different groups simultaneously. 'Part I, shows why the right kind of planning is essential to improving performance in the social services. Part II proposes a simple approach to problem solving to set priorities more systematically. Part III draws some general conclusions about the pitfalls to avoid, based on three case studies, two British and one American. Part IV takes up some of the difficulties in improving the quality of strategic decisions and ensuring that they are implemented.

CASE STUDIES, PLANNING, UNITED KINGDOM, UNITED STATES

- 256 Falkingham, Jane (1984), 'Dependency and ageing in Britain: a re-examination of the evidence', *Journal of Social Policy*, 18(2):211-33.

'There has been growing concern over the consequences for public expenditure of an increasing number of elderly people dependent on a relatively diminishing working population. This concern stems largely from demographically determined dependency ratios and it is not necessarily the case that a change in the age profile of the population will lead to a greater burden of dependency. The "engine of dependency" is shown to have at least two other cylinders - patterns of labour-force participation across age and gender, and levels of unemployment. Policy to date has had a surprisingly narrow focus in view of the dual role of economic and demographic forces in influencing the ratio of dependency. The economic and political feasibility of alternative policy options is discussed.'

DEMOGRAPHIC TRENDS, POLICY ANALYSIS, FINANCING, UNITED KINGDOM

- 257 Falkingham, Jane (1987), *Britain's Ageing Population: The Engine Behind Increased Dependency?* Welfare State Programme, Suntory-Toyota International Centre for Economics and Related Disciplines, London School of Economics, 26pp.

'This paper aims to show that other factors, such as changing labour-force participation and levels of unemployment are as important as demographic factors in determining the level of dependency. Recent historical experience suggests that claims that further demographic changes may be economically intolerable are not well founded. The first section of the paper looks at how Britain's population is ageing and at the composition of its aged population. The second section examines how demographic forces interacted with other, economic, forces to influence dependency from 1951-1981. Firstly, it questions the usefulness of age-based dependency ratios, and suggests alternative ways of using demographic information to construct more meaningful measures of dependency. Secondly, it examines whether increased dependency has simply been the product of the ageing population or whether there have been other equally important labour market changes influencing dependency that have so far been given insufficient attention in the debate on dependency. The paper is primarily concerned with measurement problems and how we can measure dependency ratios more realistically.'

DEMOGRAPHIC TRENDS, UNITED KINGDOM

- 258 Falkingham, Jane (1987), *The Demographic Characteristics of Britain's Aged Population: A Survey*, Suntory-Toyota International Centre for Economics and Related Disciplines, London School of Economics, Research Note, No.7, 24pp.

This research note was written to complement Discussion Paper No.17, *Britain's Ageing Population: The Engine Behind Dependency?* This note amplifies issues only mentioned in passing in the Discussion Paper, 'by providing a brief survey of the gender and marital status composition of the elderly population through time. It then focuses on both the current and historical household composition, tenure, housing circumstances, and spatial distribution of the elderly population in Britain, and the inter-relation between them.' These factors have an important bearing on the range of support services by a particular local authority.

DEMOGRAPHIC TRENDS, UNITED KINGDOM

- 259 Fanning, J. (1983), 'The 1980s fragmentation or co-ordination', in Australian Association of Gerontology, *Annual Conference*, 18th, Hobart:72-5.

'A small pilot study investigating crisis events in the lives of elderly persons was undertaken. It used an open, unstructured interview, initially with the individuals concerned, and subsequently with relevant family members. The accidental sample of five individuals was based on a "cry for help" to a welfare officer. A sixth individual was drawn from the waiting list of a private nursing home. Monahan's "at risk" model, which examines individual

perception, environmental modifying factors, individual modifying factors and outcomes was used to collate the data. The results confirm literature evidence that the major predisposing event to early institutionalisation is living alone at home. The availability of adequate support systems is of critical importance in the maintenance of the elderly at home. Implications for the provision of supportive care services for the elderly are outlined, and specific areas requiring further study are identified.'

METHODOLOGY, GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS, AUSTRALIA

- 260 Ferlie, Ewan, Jan Pahl and Lyn Quine (1984), 'Professional collaboration in services for mentally handicapped people', *Journal of Social Policy*, 13(2):185-202.

'There has been growing academic and practitioner interest in the problems of and opportunities for joint working in the care of mentally handicapped people. The paper outlines alternative methods of such joint working and tests these against survey and case study evidence. Attention is drawn to the danger that joint working may have little impact at patient level and the paper recommends an emphasis on the appointment of frontline key workers.'

METHODOLOGY, GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS, ORGANISATION AND CONTROL, UNITED KINGDOM

- 261 Ferlie, Ewan, Challis, David and Davies, Bleddyn (1989), *Efficiency-Improving Innovations in Social Care of the Elderly*, Aldershot, Hants., Gower, xii, 212pp.

'Demands are growing faster than resources in community care and innovations are needed now to improve the efficiency and performance of case management tasks...The study analyses efficiency-improving innovations in community social services for the elderly, combining an assessment of the content of the schemes with an analysis of the processes of innovation. The conclusions reached are not overly optimistic. Despite the study's own evidence of accelerating innovation and recent more radical developments, innovations were found to be mostly small, localized and incremental changes of a kind which reflect and reinforce traditional characteristics of the British system...The book therefore concludes with an analysis of alternative policy models for innovation as well as a view of the theory of organizational change.'

EVALUATION, ORGANISATIONAL INNOVATION, UNITED KINGDOM

- 262 Fiedler, Barrie (1988), *Living Options Lottery: Housing and Support Services for People with Severe Physical Disabilities, 1986/88. Report of the Living Options Project...*, The Prince of Wales' Advisory Group on Disability, London, 77pp.

This book 'offers guidelines for statutory and voluntary agencies on the preconditions to and ingredients of a quality housing and care support service for physically disabled people. It presents case histories from the project research, and documents some of the innovative schemes and services that are helping disabled adults to live in the way they choose. Starting points for change are suggested to encourage planners and providers of services to take responsibility for the development of genuine living options for people with severe physical disabilities.'

CASE STUDIES, GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS, ORGANISATIONAL INNOVATION, UNITED KINGDOM

- 263 Fillenbaum, Gerda G. (1984), **The Wellbeing of the Elderly: Approaches to Multidimensional Assessment**, World Health Organization, Geneva, 99pp.

This publication discusses why functional assessment, in particular, a multidimensional approach, is preferred in assessing the status of the elderly in relation to independent living. Several multidimensional functional assessment questionnaires have been developed and this publication discusses the major bases for their development, their psychometric properties and some of the more important ones are described briefly. Also, several model studies, each of which has focused on functional capacity and developed a policy-relevant functional classification system, have been included. Two other important matters are discussed: an understanding of the standards of validity and reliability that assessment techniques should meet and issues related to the gathering, preparation, analysis and reporting of information.

METHODOLOGY

- 264 Flight, R. (1987), 'Accommodation and service needs of the elderly', **New Zealand Health Review**, 7(2):25-8.

'This survey provides data on planning of services for the elderly. Though it has particular reference for the present Northland Area Health Board, it also has relevance for national planning since the last national survey of the accommodation and service needs of the elderly was carried out in 1972/73. The present survey was designed to be as compatible as possible with the 1972 survey to enable valid comparisons.'

NEEDS, DEMOGRAPHIC GROUPS, PLANNING, NEW ZEALAND

- 265 Fogarty, Michael P. (1986), **Meeting the Needs of the Elderly: The Impact of Social Cohesion and Time Available on Assistance to the Elderly**, European Foundation for the Improvement of Living and Working Conditions, Dublin, iv, 113pp.

This reports on a study undertaken by the Foundation to examine the living conditions of the elderly in ten member states from the perspective of time available (working time and free time) for meeting the needs of the elderly. It looks at public, private and voluntary arrangements to improve living conditions of the elderly. It sets out the demographic context, examines needs and existing services, as well as the problem of resources; in particular it considers the question of voluntary service and community organisations as under-utilised assets.

DEMOGRAPHIC TRENDS, INTERNATIONAL COMPARISONS, NEEDS, GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS, ORGANISATION AND CONTROL, RESOURCE ALLOCATION

- 266 Fogarty, Michael P. (1986), **Social Cohesion and Time Available for Assistance to the Elderly: Report on Ireland**, European Foundation for the Improvement of Living and Working Conditions, Dublin, viii, 145pp.

This report outlines the demography of the elderly in Ireland and the guidelines of policy for the elderly. It describes the current needs and services of the elderly and focuses on the part played in action by or on behalf of the elderly by voluntary activities, whether by family, neighbours and friends, voluntary organisations, or by the elderly themselves. The final chapter 'draws together the whole picture, the patchwork of progress, promising new initiatives, and remaining gaps, and the lines of action which might prove fruitful.'

DEMOGRAPHIC TRENDS, NEEDS, GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS, EIRE

- 267 Fopp, R. (1990), 'Normalization: some critical observations', *Australian Journal on Ageing*, 9(1), February:15-19.

"Normalization/Social Role Valorization" has become the buzz word in the delivery of services to elderly people. After outlining the chief characteristics of normalization, the following article makes three criticisms of the policy. The first two arguments concern the inadequacy of the training and implementation of normalization. An argument about an important normalization premise regarding values and value is the subject of the third criticism. The conclusion reached is that normalization is theoretically inadequate as a policy, and has been implemented in a manner which is contrary to the complex issues which characterise human services, and the expressed and stated needs of individuals.'

POLICY ANALYSIS, AUSTRALIA

- 268 Fordyce, Ianthe D. and Elizabeth M. Russell (1980), 'A sample survey: older people at home', *Community Medicine*, 2 (4) : 291-7.

This paper reports on a survey looking at the overall efficiency of services for the elderly in Aberdeen, Scotland. Its purpose was to find out if there were any critical gaps in the distribution of services for older people living at home. In particular, it wished to find out if there were people not receiving any services. The survey methods are described and the findings outlined.

EVALUATION, METHODOLOGY, GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS, SERVICE UTILISATION, SCOTLAND

- 269 Foster, E.M., D.W.K. Kay and K. Bergmann (1976), 'The characteristics of old people receiving and needing domiciliary services: the relevance of psychiatric diagnosis', *Age and Ageing*, 5:245-55.

'A sample of 477 people aged 65 years and over, randomly selected from electoral rolls, were visited in their homes, independently, by a medical social worker and a psychiatrist. Twelve percent were receiving domiciliary services from the Local Authority and a further 20% were considered to require them. The types of services received and recommended are described and the medical, social and psychiatric services of those receiving services, in need of them, and the remainder are compared. The high priority for the support of persons with chronic brain syndrome and their relatives is emphasized. Functional psychiatric symptoms were found by the psychiatrist, in a high proportion of those considered by the medical social worker to need services. Psychiatric assessment and treatment which might reduce the need for social services in some cases, would be greatly assisted by the development of a reliable screening device for the use of the primary care team.'

NEEDS, DOMICILIARY SERVICES, DEMOGRAPHIC GROUPS, SERVICE UTILISATION, UNITED KINGDOM

- 270 Frankfather, Dwight, Michael J. Smith and Francis G. Caro (1981), *Family Care of the Elderly: Public Initiatives and Private Obligations*, Lexington Books, Lexington, Mass., xvii, 123pp.

This book describes a research and demonstration project entitled Natural Supports Program conducted by the Community Service Society of New York. This project attempted to establish a new, collaborative arrangement between families and organised services to encourage families to persist in the care of their elderly and thereby allowing them independent living arrangements. The demonstration was conducted with the Older Persons Service, a social casework unit serving the elderly and their families. This book reports on services provided by the Program on an individualised basis and deals with three major issues: an analysis of issues involved in home care for the functionally disabled elderly; an account of the experiences of the family support demonstration; and recommendations for public long-term care policy. The last chapters outline an alternative model for a public

entitlement program. Insufficient funds and no control group meant a lack of a strong base for testing hypotheses, but nevertheless, the program illuminates important, unresolved policy questions for community-based, long-term care.

CASE STUDIES, POLICY ANALYSIS, CARERS, DOMICILIARY SERVICES, DEMOGRAPHIC GROUPS, ORGANISATION AND CONTROL, UNITED STATES

- 271 Friedman, Shmuel (1988), 'Policy and research on quality of care in Israel: the experience of the Ministry of Labor and Social Affairs', in Milan J. Dluhy, Jack Habib, Martha B. Pelaez and Max B. Rothman (eds), *Approaches to Linking Policy and Research in Aging: Israel and Florida: Report of a Conference*, JDC-Brookdale Institute of Gerontology and Adult Human Development, Jerusalem:117-23.

This paper 'describes the importance of the relationship between a research institute which collects data, performs research and develops instruments and approaches, and a government office which is responsible for determining care policy for the elderly. The conflicts, disagreements, and problems which arise during the joint effort do not diminish the importance of this relationship.'

POLICY ANALYSIS, ISRAEL

- 272 Frisman, Linda K. and Thomas G. McGuire (1989) 'The economics of long-term care for the mentally ill', *Journal of Social Issues*, 45(3):119-30.

'Systems of long-term care for the mentally ill have been largely shaped by financing and reimbursement, rather than sound treatment principles. An undue emphasis on institutional care and the lack of coordination among providers can be attributed to perverse economic incentives and multiple payers. This article argues that, because of the special nature of long-term psychiatric disabilities, there is a predictable underutilization of long-term psychiatric services. It considers three types of settings: state hospitals, nursing homes and community care, discussing current financing mechanisms in each. Finally, it presents characteristics of ideal systems and examines several proposed financing models according to these characteristics.'

NEEDS, DEMOGRAPHIC GROUPS, FINANCING, UNITED STATES

- 273 Gibson, D.M. (1984), 'Community vs institutional care: the case of the Australian aged', *Social Science and Medicine*, 18(11):997-1004.

'This paper analyses data, hitherto unavailable in Australia, on patterns of caring for the handicapped aged. Information is drawn from two complementary data sets. Comparisons between handicapped persons in institutions and those in households are derived from a national survey of handicapped persons conducted by the Australian Bureau of Statistics (1981). Material describing the sources of assistance used by older people at home was collected in the Ageing and the Family Project's survey of the aged in Sydney (1981). Particular attention is given to the mechanisms enabling older handicapped persons to remain in the community.'

EVALUATION, GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS, AUSTRALIA

- 274 Gibson, D.M. (1984), 'Knowledge of community services among the aged', *Australian Journal of Social Issues*, 19(1), February:3-12.

'Knowledge of community services is clearly an important determinant of their use by the frail or disabled elderly. This paper describes the levels of knowledge amongst the aged in Sydney concerning such services, and explores the pathways by which information is disseminated. Awareness of community services was quite limited amongst the sample studies. The data suggest that many of the elderly may be inadequately informed of services which could service as an alternative to institutional care.'

GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS, NEW SOUTH WALES

- 275 Gibson, D.M. (1985), 'The dormouse syndrome: restructuring the dependency of the elderly', *Australian and New Zealand Journal of Sociology*, 21(1), March:44-63.

'Much recent attention has focussed on the structured dependency of the elderly in modern society, particularly on their reliance on the public sector for economic support. This article explores the notion of dependency on both informal and formal sources of care, for reasons of physical and mental, as well as economic, disadvantage. This broader concept of dependency forms the basis for re-examination of the social creation of dependency amongst the elderly, drawing on illustrations from Australian health and welfare programs. Current social welfare practices are shown to structure and increase the dependency which these elderly in need of some government assistance are likely to experience. The need for increased flexibility in welfare provision and increased autonomy for the individual is emphasised, and an expanded range of service provision posited as a strategy to reduce both dependency itself, and its negative consequences for social welfare recipients.'

POLICY ANALYSIS, AUSTRALIA

- 276 Gibson, D.M. and D.T.Rowland (1982), *Community Versus Institutional Care: The Case of the Australian Aged*, Research School of the Social Sciences, Australian National University, Canberra, Ageing and the Family Project, Working Paper, No.20, 19pp.

This paper analyses data on patterns of caring for the handicapped aged. Particular attention is given to the mechanisms enabling older handicapped persons to remain in the community. On the basis of this information, existing government policies concerning both community and institutional services are reviewed, and the adequacy of present arrangements for future generations are assessed. The findings emphasise the diverse resources and needs of the aged, and the inadequacy of Australian community care programmes in terms of both variety and flexibility.

NEEDS, POLICY ANALYSIS, AUSTRALIA

- 277 Gibson, Mary Jo and Charlotte Nusberg (1986), 'Caregiving in developed nations: Part I', *Ageing International*, 13(1), Spring:17-19.

This article reports on recent findings about caregiving in developed nations. It looks at who are the caregivers and at what tasks they perform. It examines the nature of 'burden' of care, and concludes that a range of services must be developed to meet the heterogenous needs of carers and their frail elderly.

INTERNATIONAL COMPARISONS, NEEDS, CARERS

- 278 Gibson, Mary Jo and Charlotte Nusberg (1986). 'Caregiving in developed nations: Part II', *Ageing International*, 13(2), Summer:13-19.

This article provides an update on some of the policy options being examined by industrialised nations as well as research findings that bear on the central policy question of which needs of the dependent elderly can be best met by informal carers and which by the formal service sector.

INTERNATIONAL COMPARISONS, NEEDS, CARERS, RESOURCE ALLOCATION

- 279 Gifford, S. (1986), 'Better health for groups at risk: special needs or basic rights?' *Community Health Studies*, 10(4):411-4.

'This is a commentary on the Australian Better Health Commission's report to the federal government, 1986. In this commentary, the author discusses the inherent difficulties that she believes arise when problems of health among aboriginals, ethnic communities and older persons are conceptualised in terms of "additional risk" and when health promotion solutions are conceptualised in terms of "special needs". She argues that a more appropriate approach towards better health is a socioenvironmental one. Here, the emphasis of analytic interest is not so much directed towards the measurement of discrete entities such as risk factors or special needs but rather towards an understanding of the critical processes that determine health.'

POLICY ANALYSIS, HEALTH SERVICES, AUSTRALIA

- 280 Gillies, Chris, Gordon McClatchie and Paul Troiani (1987), *Caring for a Dependent Aged Person in a Non-Metropolitan City*, Illawarra Rehabilitation and Geriatric Service, Port Kembla District Hospital, Warrawong, NSW, xvii, 196pp.

This is the report of a project to investigate the feasibility of expanding the Illawarra Rehabilitation and Geriatric Service to include comprehensive assessment. The project was to identify procedures to link the existing team with home support services in the catchment area; identify existing support services; document need for, and supply of, support services; and, identify gaps in service provision. Four surveys were carried out to collect the necessary information: a community services questionnaire, a nursing home survey, an Illawarra carers' survey and a hospital in-patient geriatric survey.

CASE STUDIES, NEEDS, CARERS, GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS, NEW SOUTH WALES

- 281 Glendinning, Caroline (1983), *Unshared Care: Parents and Their Disabled Children*, Routledge & Kegan Paul, London, ix, 256pp.

Using information gathered from a series of in-depth interviews, the author describes the extensive physical, practical and emotional demands made on those looking after a child with a disability at home. The book 'examines the community services available, revealing that from the parents' point of view, the rhetoric of public concern is only barely matched by the practical support available. It shows that services are, all too often, insufficiently specialized and lacking in coherence. Professional practices create further barriers to the receipt of help...It argues that radical shifts in the attitudes and organisation of welfare agencies and professional workers and, ultimately, in our collective priorities and responsibilities are called for, to ensure that support is given not as a privilege but as a right.'

NEEDS, CARERS, GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS, ORGANISATION AND CONTROL, UNITED KINGDOM

- 282 Glendinning, Caroline (1986), **A Single Door: Social Work with the Families of Disabled Children**, Allen & Unwin, London, xviii, 219pp.

This book has three major themes. First, it is about the provision of care "in the community" for children with disabilities. 'Specifically it describes an experiment to try and improve the level, quality and delivery of care to those children and their parents...Secondly, the book arises from, and forms part of, a continuing debate about the relative degrees of genericism and specialization which are appropriate or desirable within social work practice and the organization of social services. Thirdly - and underscoring these first two themes - it is concerned with evaluation.' The book concludes with a discussion of the important methodological issues raised in evaluating interventions of this kind, and the implications for the development of social services.

EVALUATION, METHODOLOGY, GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS, UNITED KINGDOM

- 283 Glennerster, Howard (1989), **Half Right: A Comment on the Griffiths Report on Community Care**, Welfare State Programme, Suntory-Toyota International Centre on Economics and Related Disciplines, London School of Economics, Research Note No.16, 7pp.

The Griffiths Report (Community Care: Agenda for Action, 1988) is, in the author's view only half right. One objection is that by concentrating all funds in the hands of care managers in the local authority who would then decide on the range of services a client would have, there would be 'just one gate keeper to publicly funded community care.' The second objection is that 'Griffiths see his solution applying to all client groups in an undifferentiated way. He has taken the Kent Community Care model for the elderly and applied it, without any intervening argument, to the mentally ill, the disabled and the mentally handicapped...The model is least well fitted to the mentally ill.' Each client group must be treated separately and there should be funding for several alternative care maintenance organisations in each local authority and not just the local authority. Finally, in the longer term, we need to think of the issues involved in funding the long-term care of the elderly. There might be a case for instituting an add on to the national insurance contributions or tax credits for approved private schemes.

POLICY ANALYSIS, CASE MANAGEMENT, ORGANISATION AND CONTROL, UNITED KINGDOM

- 284 Glennerster, H., Falkingham, J. and Evandrou, M. (1990), **How Much Do We Care? A Comment on the Government's Community Care Proposals**, Welfare State Programme, Suntory-Toyota International Centre for Economics and Related Disciplines, London School of Economics, Discussion Paper No.46, 18pp.

This paper focuses on the main principles that underlie the British White Paper on community care, 1989 and the provisions that relate to community care in the National Health Service and Community Care Bill. It recommends: that the Bill should be amended to permit approved general practices to take on community care powers with appropriate funding on an experimental basis; the same social security rules apply whatever form of care is chosen; the Government should be prepared for costs of this legislation not to be self-financing. It may generate more reliance on public funds; local authorities should keep stock of their own residential facilities to make sure they are not at the mercy of private cartels; resources will be needed to expand social service departments' research and monitoring capacity; an expanded national inspectorate; attention to training implications; humane standards of non hospital care in the community may cost significantly more; there must be expenditure on carers; district health authorities ought to be responsible for psychiatric services; additions must be built-in to government grants post 1991.

POLICY ANALYSIS, UNITED KINGDOM

- 285 Goldberg, E. Matilda and Naomi Connelly (1982), **The Effectiveness of Social Care for the Elderly: An Overview of Recent and Current Evaluative Research**, Heinemann, London, 264pp.

The first aim of this book is to draw together the main strands of recent and current research and demonstration projects which seek to evaluate some aspects of social care for the elderly in Great Britain with the hope that this will allow other researchers to discover what has been done, what gaps exist and what are the critical issues for future research. The first part is concerned with the theory and methods of evaluation with examples from field studies. Subsequent chapters examine the results and implications of evaluative research in the social care of the elderly living in their own homes, looking at domiciliary services, the contribution of social work, the role of day care and of voluntary and informal social care. Finally, implications for social policy are discussed.

EVALUATION, METHODOLOGY, POLICY ANALYSIS, UNITED KINGDOM

- 286 Goodwin, Simon (1990), **Community Care and the Future of Mental Health Service Provision**, Avebury, Aldershot, Hants., viii, 239pp.

This book aims to develop a more adequate analytical understanding of community care policy, of how and why it arose, in order to make it possible to develop a set of views on its value, or on how likely it is that it will ever be implemented. To develop this analysis it first reviews existing explanatory models of the origins and development of community care for mentally disabled people. The strengths and weaknesses of these are identified and used as a basis on which to develop a new model. This is then used to provide an account of how and why the community care policy evolved concentrating on two periods: 1948 to 1963 and 1975 to the present day. It is concluded that 'the community care policy lacks coherence as a strategy for treating and caring for mentally distressed people.' The nature of this incoherence is explained and how it was implicit in the origins and formation of the policy.

POLICY ANALYSIS, HEALTH SERVICES, DEMOGRAPHIC GROUPS, UNITED KINGDOM

- 287 Grant, C. and H.M. Lapsley (1986), **The Australian Health Care System, 1985**, School of Health Administration, University of New South Wales, Kensington, Australian Studies in Health Service Administration, No.55, x, 312pp.

'This publication is intended to provide a reasonably comprehensive selection of the most recent information and statistics available which are directly relevant to the delivery of health care in Australia in 1985.' There are sections on population; mortality and morbidity; organization structures; legislation; finance; health insurance; personnel; institutional provision; non-institutional provision (including community health services); and the year in review.

DEMOGRAPHIC TRENDS, HEALTH SERVICES, ORGANISATION AND CONTROL, AUSTRALIA

- 288 Grant, C. and H.M. Lapsley (1990), **The Australian Health Care System, 1989**, School of Health Services Management, University of New South Wales, Kensington, Australian Studies in Health Service Administration No.69, x, 303pp.

'This publication, which is now in its eleventh year, is intended to provide a reasonably comprehensive selection of the most recent information and statistics available which were directly relevant to the delivery of health care in Australia in 1989.' There are sections on population; mortality and morbidity; organization structures; legislation; finance; personnel; institutional provision; non-institutional provision (including community health services); and the year in review.

DEMOGRAPHIC TRENDS, HEALTH SERVICES, ORGANISATION AND CONTROL, AUSTRALIA

- 289 Great Britain - Audit Commission (1986), **Making a Reality of Community Care: A Report by the Audit Commission**, H.M.S.O., London, 131pp.

The Audit Commission undertook a study of the developments in community care for adults and the joint planning arrangements for promoting these developments. It focused on the extent to which community care policies were being adopted in practice; and, to what extent funding policies and organisational arrangements were helping or hindering local authorities' economy, effectiveness and efficiency. It found that there are serious grounds for concern about the lack of progress in shifting the balance of services towards community care. Fundamental underlying problems need to be tackled, these are: lack of finances for local authorities, organisational fragmentation and confusion, and inadequate training. Radical steps will be necessary to solve these problems and some successful and innovative schemes are described these all have certain characteristics in common: strong and committed leadership for change; focus on action, non bureaucratic machinery; locally-integrated services; focus on the local neighbourhood; team approach; and, partnership between statutory services and voluntary organisations. The Commission offers some strategic options for consideration for change.

POLICY ANALYSIS, FINANCING, ORGANISATION AND CONTROL, ORGANISATIONAL INNOVATION, UNITED KINGDOM

- 290 Great Britain - Department of Health and Social Security (1987), **Mental Handicap: Progress, Problems and Priorities: A Review of Mental Handicap Services in England since the 1971 White Paper "Better Services for the Mentally Handicapped"**, HMSO, London, 105pp.

This paper takes stock of development in policies for people with mental handicap since the 1971 White Paper, including new ideas and developments. Conclusions drawn are of two kinds. 'They include, firstly, ideas about what can be done in the short term to maintain the existing position and, where possible, continue to make progress in the direction of the White Paper principles and, secondly, views on the problems which will have to be tackled in the longer term if further progress is to be made towards a pattern of services more closely related to the principles set out in the White Paper.'

POLICY ANALYSIS, DEMOGRAPHIC GROUPS, UNITED KINGDOM

- 291 Great Britain - Department of Health and Social Security - Social Services Inspectorate (1987), **From Home Help to Home Care: An Analysis of Policy, Resourcing and Service Management**, London, 140pp.

The Social Service Inspectorate inspected home care services in eight county SSDs in 1986, focusing on the home help service. Performance was found to be very varied, generally unsystematic and based on informal rules and established practice rather than on clear policy guidelines. Evidence of deficiencies in 'technical' efficiency were identified in relation to organisational structure, management process, and recording and information systems. Three distinct strategies for moving forward are identified as incremental change; radical change; and parallel change. Whichever of these is adopted five aspects of service management will require particular attention: the formulation of detailed service objectives; the definition and implementation of procedures for budget construction, management and review; the establishment of case management frameworks and procedures; the definition of work structures for front line staff; and the provision of more clearly defined expectations and more reasonable workloads for home care managers.

EVALUATION, DOMICILIARY SERVICES, CASE MANAGEMENT, ORGANISATION AND CONTROL, RESOURCE ALLOCATION, UNITED KINGDOM

- 292 Great Britain - Department of Health and Social Security - Social Services Inspectorate (1988), **A Management Checklist for Home Help Services**, London, 8pp.

This is a checklist for guidelines for home help services. It lists key issues of home care under the headings: direction; case management; organisation and management of the department; communication; resources; and achievements.

METHODOLOGY, DOMICILIARY SERVICES, CASE MANAGEMENT, ORGANISATION AND CONTROL, RESOURCE ALLOCATION, UNITED KINGDOM

- 293 Great Britain - Equal Opportunities Commission (1980), **The Experience of Caring for Elderly and Handicapped Dependents**, Equal Opportunities Commission, Manchester, iv, 31pp.

This report is the result of a postal survey of carers carried out in West Yorkshire, which was followed up by in-depth interviews of some of the respondents. 'The aim of this report is to show something of what it is like to be a carer, and to demonstrate how these women's lives are affected by their caring role. To some degree the report draws upon statistical evidence thrown up by the survey but more importantly it sets down the viewpoints of the carers themselves - what they said about their lives, their problems and their needs.

CASE STUDIES, CARERS, QUALITY OF LIFE, UNITED KINGDOM

- 294 Great Britain - Equal Opportunities Commission (1982), **Caring for the Elderly and Handicapped: Community Care Policies and Women's Lives**, Equal Opportunities Commission, Manchester, viii, 46pp.

Community care, in reality, means care by women on an unpaid and often unaided basis. The Commission is concerned with the serious consequences of this for the promotion of equal opportunities between the sexes. It is important that action is taken in relation to social services, health, housing and social security provision to enable women and men with dependents to choose the extent to which they provide care and the form of that care. There must be flexible, humane and non-discriminatory domiciliary and residential resources available as a basis for community care.

POLICY ANALYSIS, CARERS, UNITED KINGDOM

- 295 Great Britain - Equal Opportunities Commission (1982), **Who Cares for the Carers? Opportunities for Those Caring for the Elderly and Handicapped**, Equal Opportunities Commission, Manchester, iii, 31pp.

This document is concerned with the implications for women of current community care policies and considers ways in which they can be freed from the sole responsibility of caring for dependents other than children. A properly resourced community care policy could ensure appropriate financial and supportive arrangements and the Commission feels these measures should be given priority over other demands upon public expenditure. The term 'care in the community' is defined. The costs of caring are discussed under the subheadings Housing and transport, and Financial. There is a section on the support a carer can expect. Finally, recommendations for an equal opportunities community care policy are made.

POLICY ANALYSIS, CARERS, FINANCING, UNITED KINGDOM

- 296 Great Britain - National Audit Office (1987), **Community Care Developments: Report by the Comptroller and Auditor General**, H.M.S.O., London, 49pp.

'This report records the results of an examination by the National Audit Office (NAO) of progress in implementing community care policies, including that of shifting support from long term hospital care to community based care, for elderly, mentally handicapped and mentally ill people in England. It does not cover the arrangement for physically disabled people who also come within community care policy. The report draws, where appropriate, upon findings of a study by the Audit Commission...' (which see also). It sets out to examine: whether the DHSS has adequate procedures for overseeing and funding the development of services; the extent to which Joint Planning has led to improved collaboration between local and health authorities; whether Joint Finance is effective; whether transferring long-stay patients from hospital to community is being assisted by adequate and realistic community care; whether increased supplementary benefit expenditure in support of residential care for the elderly is consistent with community care policies and represents good value for money; and how far the move away from hospital stay is being matched by increases in community services.

POLICY ANALYSIS, FINANCING, ORGANISATION AND CONTROL, PLANNING, UNITED KINGDOM

- 297 Great Britain - Welsh Office (1985), **A Good Old Age: An Initiative on the Care of the Elderly in Wales**, Welsh Office, Cardiff, unpagd

This report begins with demographic information on the population over 65 years and the funding arrangements for both health and local authorities in Wales. Existing trends in service provision are described. Potential developments in the organisation and provision of care which could make a major contribution to improving services for the elderly, especially at the primary level, include: co-operation and collaboration between health and local authorities in planning and delivering services; more efficient resource management, including more efficient assessment of need, better targeting of services and regular review of the appropriateness of services; co-operation and co-ordination through the establishment of primary care teams; more discriminating use of hospital services and non-health residential and day provision; review of housing developments; and closer integration with the private and voluntary sectors.

DEMOGRAPHIC TRENDS, POLICY ANALYSIS, WALES

- 298 Green, Hazel (1988), **Informal Carers: A Study Carried Out on Behalf of the Department of Health and Social Security as Part of the 1985 General Household Survey**, HMSO, London, iii,41pp.

A series of questions was included in the 1985 General Household Survey (Great Britain) to identify people looking after a sick, handicapped or elderly person. Information was collected on the prevalence of informal care; who is caring for whom; the nature of care; and who supports the carers.

CARERS, UNITED KINGDOM

- 299 Griffiths, Roy (1988), **Community Care: Agenda for Action. A Report to the Secretary of State for Social Services**, H.M.S.O., London, xi, 27pp.

The author was asked 'to review the way in which public funds are used to support community care policy and to advise...on options which would improve the use of these funds as a contribution to more effective community care.' It concentrated on adults. It recommended that there be a Minister of State in the DHSS, seen by the public as clearly responsible for community care. Local social service authorities should assess community needs, priorities and objectives and develop plans in consultation with other bodies. They are to act as designers, organisers and purchasers of non-health care services, spend the money allocated to the community care grant by deciding what goods and services should be provided, but not necessarily providing them themselves. Health authorities should

remain responsible for medically required community health services, including any input into assessing and delivering packages of care. General practitioners should ensure that local authorities are aware of patients' needs for non-health care. Authorities should have the power to act jointly. In the distribution of specific grant, account should be taken of the extent to which consumers in a local area are able to meet the full economic costs of services. The functions of a 'community carer' should be developed into a new occupation with appropriate training. Finally, it is recommended that the Minister, supported by an implementation team, should develop the necessary action plans and supervise implementation.

POLICY ANALYSIS, FINANCING, ORGANISATION AND CONTROL, PLANNING, ORGANISATIONAL INNOVATION, PLANNING, RESOURCE ALLOCATION, UNITED KINGDOM

- 300 Gubrium, Jaber F. and Andrea Sankar (eds) (1990), **The Home Care Experience: Ethnography and Policy**, Sage, Newbury Park, Calif., 280pp.

This collection of papers from the United States and the United Kingdom falls into three parts. The first part deals with the culture and social organisation of the household as a care setting. Part Two reveals the diversity of caregiving relationships. Part three, 'Service provision: definitions and decision-making' examines the broader contexts that serve to define home care.

POLICY ANALYSIS, CARERS, GENERAL SUPPORT SERVICES

- 301 Habib, Jack (1988), 'Making the link between policy and research in the field of aging: some lessons from Israel', in Milan J. Dluhy, Jack Habib, Martha B. Pelaez and Max B. Rothman (eds), **Approaches to Linking Policy and Research in Aging: Israel and Florida: Report of a Conference**, JDC -Brookdale Institute of Gerontology and Adult Human Development, Jerusalem:35-57.

This paper analyses some of the factors which have influenced the development of the link between policy and research in Israel. It distinguishes between factors on the supply (research) side and demand (policy) side and points to the interaction between these two.

METHODOLOGY, ISRAEL

- 302 Habib, Jack and Miriam Cohen (1990), 'Strategies for addressing the needs of the very old', in International Social Security Association, **The Social Protection of the Frail Elderly**, Studies and Research No.28, Geneva:177-205.

This paper focuses on several key issues. What are the different approaches to family support and their implications for the design of long-term care strategies; and how are they linked to the choice between cash and in-kind strategy? What are the differences between a strategy that integrates these services within a social security system and one that doesn't? What are some of the approaches to cost-containment within systems of services for the elderly? It begins by presenting data on the old-old and some of the differences between them and younger groups.

NEEDS, POLICY ANALYSIS, DEMOGRAPHIC GROUPS, FINANCING, ORGANISATION AND CONTROL, ISRAEL

- 303 Hadley, Roger and Morag McGrath (eds) (1980), **Going Local: Neighbourhood Social Services**, Bedford Square Press, London, x, 109pp.

'This is a book about a practical alternative to the present way of running our local authority welfare services...It questions the emphasis placed on bureaucratic and professional conceptions of service delivery and the centralised, hierarchic organisations which have been created to apply them. The alternative approach explored in this book advocated the decentralisation of services to small units and the fusion of statutory work with voluntary action in the community.' Schemes to decentralise are commonly known as 'patch systems'. The introduction sets the practical examples in the wider context of the debate on decentralisation and participation by reviewing some of the more important features of the contemporary social services, and by outlining the related critique of their structure and operation. The second part contains seven case studies of 'patch systems'. The final part of the study draws together the experience of the case studies and considers their implications for the arguments discussed in the Introduction.

CASE STUDIES, POLICY ANALYSIS, ORGANISATION AND CONTROL, ORGANISATIONAL INNOVATION, UNITED KINGDOM

- 304 Hadley, Roger, Peter Dale and Patrick Sills (1984), **Decentralising Social Services: A Model for Change**, Bedford Square Press, London, 166pp.

'This book is about the decentralisation of social services and the challenges involved in learning new methods of work appropriate to locally based, community-oriented organisations. It describes the development and application of a programme for supporting and accelerating change in one local authority social service department, East Sussex, following its decision to embark on a policy of comprehensive decentralisation. The study delineates the model for change on which the programme was based and indicates its direct relevance to other organisations.'

CASE STUDIES, POLICY ANALYSIS, ORGANISATION AND CONTROL, ORGANISATIONAL INNOVATION, UNITED KINGDOM

- 305 Hadley, Roger and Morag McGrath (1984), **When Services are Local: the Normanton Experience**, Allen & Unwin, London, National Institute Social Services Library, No.48, 275pp.

'This book is an evaluation of the work of the area social services team at Normanton, a small town in the Metropolitan District of Wakefield. The team was established in the town in 1976 and from the beginning operated a decentralised or "patch"-based form of organisation.' The core of the research was a detailed examination of the day-to-day work of the team using observation and interview, a follow-up of referrals over a specified period and reviews on on-going cases. This is supplemented by studies of the views of users, the attitudes of staff of some of the other agencies working alongside the team (both statutory and voluntary) and interviews with the fieldworkers themselves. 'An additional aim of the study, in a field where there are very few such accounts, is to present a detailed picture of the work of a social services team and the way it is managed and experienced by its members.' The study also 'aims to clear the ground for more extensive studies of patch teams by developing suitable research tools for evaluating their performance.'

CASE STUDIES, EVALUATION, ORGANISATION AND CONTROL, ORGANISATIONAL INNOVATION, UNITED KINGDOM

- 306 Hall, Jane and Gregory Masters (1986), 'Measuring outcomes of health services: a review of some available measures', **Community Health Studies**, 10(2):147-55.

'There are few comparative reviews to guide the choice of a health status measure. The appropriate measure in any study depends on the health outcome being considered. Outside of the context of a study the only criteria on which an instrument can be judged as "good" or "poor" are validity and reliability. Other characteristics which should be considered in choosing a measure of health status are: purpose; conceptual focus; operational approach; sensitivity; utility weighting; and amenability to quantitative manipulation.'

METHODOLOGY, HEALTH SERVICES

- 307 Hambleton, Robin (1983), 'Health planning: a second chance?' **Policy and Politics**, 11(2):189-201.

The National Health Service in Great Britain was re-organised in April 1982 with a revised health planning system, the first being introduced in 1976. 'This paper provides an assessment of the prospects for this second chance by reviewing experience with health planning in recent years.' Firstly, there is a brief description of the evolution of the health planning system between 1976 and 1983. It is clear that two related aspects of the politics of health planning need to be addressed more openly and directly: the distributional outcomes of health policy; and, the role of vested interests in shaping health policy.

EVALUATION, POLICY ANALYSIS, HEALTH SERVICES, PLANNING, UNITED KINGDOM

- 308 Hamilton-Smith, Elery (1975), 'Issues in the measurement of "community need"', **Australian Journal of Social Issues**, 10(1):35-45.

'It is suggested that the concept of "need" is not amenable to direct measurement, but that four dimensions - normative, attitudinal, behavioural and comparative - may be quantified. In practice it is necessary to consider all four dimensions.'

NEEDS

- 309 Hand, Jennifer E. and Pat M. Reid (1989), 'Views and recollections of older people with intellectual handicaps in New Zealand', **Australia and New Zealand Journal of Developmental Disabilities**, 15(3/4):231-40.

'Plans for a national demographic and services study of people born between 1890 and 1939 and categorized as mentally retarded or intellectually handicapped are outlined. So far 1347 persons have been located. The investigation has confirmed the importance of local case finding and an increase in numbers of at least ten per cent is expected. Results of interviews with 91 people in the provinces of Otago and Southland are reported. These indicate a wide range of skills and life experiences in the group. Implications for service planning are noted. The ability of older people with intellectual disabilities to participate in services planning is discussed.'

DEMOGRAPHIC GROUPS, PLANNING, TARGETING, NEW ZEALAND

- 310 Hanen, Margaretha (1986), 'Core issues in planning services for the ethnic aged', *Australian Journal on Ageing*, 5(4), November:8-12.

'In recent years the ethnic aged population in Australia has been identified as a disadvantaged or special-need group...Federal and State Government policy developments and legislation have been giving these findings some timely recognition...Such policy developments need to be matched with planning processes which facilitate effective use of existing resources for equitable distribution, including access to service provision culturally relevant to the ethnic aged. It is therefore important to identify and define essential elements which need to be considered when planning services for ageing people from non-English speaking background, core issues and functions which vary from the norm applied to aged care services in general or which need specific emphasis. Based on South Australian experiences, an attempt is made to define these.'

NEEDS, DEMOGRAPHIC GROUPS, PLANNING, SOUTH AUSTRALIA

- 311 Hardy, B., G. Wistow and R.A.W. Rhodes (1990), 'Policy networks and the implementation of community care policy for people with mental handicaps', *Journal of Social Policy*, 19(2):141-68.

'Although community care has been the professed policy of successive governments over three decades, according to the Prime Minister's own adviser, Sir Roy Griffiths, "in few areas can the gap between political rhetoric and policy on the one hand or between policy and reality in the field on the other hand have been so great". This paper examines the extent and causes of this "implementation gap" in respect of services for people with mental handicaps - a consistent priority group for national policymakers. We examine centre-periphery relations in the health and personal social services in the light of Rhodes' power-dependence framework and his concepts of policy networks and policy communities. The NHS has been described as the archetypal professionalised policy network but we conclude that it is possible to account for implementation failure in community care only partly in terms of the dominance of the medical professions' values and interests and the deficiencies of accountability and control due to clinical autonomy. Such failures are due also to the inherently limited power of the centre. Sub-central units are not merely its meek agents. Moreover, the centre must explicitly structure local environments by itself providing a coherent framework of service and resource policies compatible with the national objectives it is seeking to achieve.'

POLICY ANALYSIS, ORGANISATION AND CONTROL, UNITED KINGDOM

- 312 Harootyan, Robert A. (1982), 'Aging population research: suggestions for a model data system for service planning', *The Gerontologist*, 22(2):164-9.

This article discusses the significance of studies on elderly migration patterns and their consequences for service planning and the trends and consequences of population redistribution among the elderly. 'The limitation imposed on the researchers are also addressed, especially in relation to the need for better secondary data for smaller geographic areas...The article concludes by presenting a model for a statewide population data system that responds to these information needs.'

DEMOGRAPHIC TRENDS, PLANNING, UNITED STATES

- 313 Harper, Sarah (1987), 'The kinship network of the rural aged: a comparison of the indigenous elderly and the retired immigrant', *Ageing and Society*, 7(3):303-27.

'Analysis of the kin support network of rural elderly, resident in Staffordshire and Hampshire, indicated that the most important factor affecting both the patterns and relationships of the kin network is the residential mobility of the nuclear family and its members. The study revealed the importance of recognising three broad groupings of

elderly: the indigenous aged, who typically possess an extended local kin network; the retired immigrants who had relocated their households to be near kin; and the retired immigrants without any kin. When these groupings are introduced the importance of the dichotomy between local/non-local kin and between former kin-separation/non-kin-separation becomes apparent. These dichotomies hold important implications for the family relationships of the rural elderly, for their use of the kin network and of the formal support system, and for their interaction with the wider community.'

CARERS, DEMOGRAPHIC GROUPS, UNITED KINGDOM

- 314 Harrington, Charlene, Robert J. Newcomer and Carroll L. Estes (1985), **Long Term Care of the Elderly: Public Policy Issues**, Sage, Beverly Hills, Calif., 280pp.

'This book is designed both as an introduction to the existing literature on long term care issues and as an empirical assessment of the policies to date.' It focuses on state policies and the broad discretion of states, in the implementation of health, income, and social service programs to serve as a foundation for redesigning the long term care service delivery system. After an overview and a description of current trends, there is an outline of future projections for health care service needs. The effects of state policies on long term care and service delivery are described. The final chapter proposes some solutions to some of the problems identified in long term care in the US.

POLICY ANALYSIS, HEALTH SERVICES, UNITED STATES

- 315 Harrison, Jo (1985), **Paying the Price in the 80s: Community Services for Elderly People: Co-ordination or Control?** Aged Services Policy Unit, N.S.W. Department of Youth and Community Services, Sydney, 27pp.

The papers at this seminar focussed on three major issues related to community services, looking at their implications for workers and consumers: The impact of geriatric assessment units; the relationship between accommodation options and the availability of community services; and, the role of volunteers in community care.

ORGANISATION AND CONTROL, TARGETING, AUSTRALIA

- 316 Hasenfeld, Yeheskel (1985), 'The administration of human services', **Annals of the American Academy of Political and Social Science**, (479), May:67-81.

'Human service programs have gone from a period of rapid growth in the 1960s and the early 1970s to a period of retrenchment in the 1980s. The changing political and economic context has forced these programs to undergo major organizational transformations and to adopt different administrative strategies. These include degovernmentalization of social services, reliance on cutback management, and deprofessionalization of human-service workers. The article explores the implications of these developments and the delivery of services to the public.'

POLICY ANALYSIS, ORGANISATION AND CONTROL, RESOURCE ALLOCATION, UNITED STATES

- 317 Hatch, Stephen (ed.) (1985) **Decentralisation and Care in the Community**, Policy Studies Institute, London, Discussion Paper No.10, 68pp.

'Aspirations towards decentralisation and care in the community are two of the strongest currents now shaping the way the personal social services conceive of, and set about, their tasks. This publication results from a seminar

which considered the relationship between the two...Its purpose was to review the different strategies for decentralisation now being pursued by or in social services departments, and to consider their relevance to and implications for, the provision of care in the community. The papers brought together here consist of accounts of four different approaches to decentralisation, and four more general commentaries on the problems and potentialities of decentralisation.

POLICY ANALYSIS, ORGANISATION AND CONTROL, UNITED KINGDOM

- 318 Hayman, A. and A. Howe (1988) 'Client participation and advocacy in geriatric assessment', *Australian Journal on Ageing*, 7(2), May:15-23.

'This paper is an attempt to put into practical perspective the current general discussions on "user rights", and to address some of the issues raised in relation to the provision of services for elderly people, with particular reference to the role of the Regional Geriatric Assessment Teams (RGATs). Policies and practices relating to six areas identified by the Commonwealth Department of Community Services and Health as providing a framework for "user rights" initiatives are presented from the experiences of three Melbourne assessment teams, illustrating the ways in which assessment services have addressed these issues and resolved potential conflicts of interest.'

CASE STUDIES, METHODOLOGY, TARGETING, VICTORIA

- 319 Hayslip, Bert, Mary Lou Ritter, Ruth M. Oltman and Connie McDonnell (1980), 'Home care services and the rural elderly', *The Gerontologist*, 20(2):192-9.

'Two independent studies examined a needs versus an agency perspective on home health care service needs within a primarily rural county. Interviews with 299 elderly, aged 60 to 93, revealed that there were substantial needs for home health care services in 22 of 35 cases and that the desire for services varied with residence within the county. Agency data suggested that service delivery was not based on population distribution and that income, service accessibility, service visibility, interagency coordination and staff priorities were factors affecting the quality and quantity of service.'

CASE STUDIES, NEEDS, SERVICE UTILISATION, UNITED STATES

- 320 Healy, Judith (1990), 'Community services: long term care at home?' in Hal Kendig and John McCallum (eds), *Grey Policy: Australian Policies for an Ageing Society*, Allen & Unwin, Sydney:127-49.

'This chapter reviews the development of community services for the aged in Australia and the current public policy debates...In providing an overview, the main theme in this chapter is the recent government attempt to exert greater central control over policy in the fragmented field of mainly voluntary sector agencies. Another theme is the identification of the multiple and often competing purposes being pursued by the various interest groups.'

POLICY ANALYSIS, AUSTRALIA

- 321 Hearst, S. (1981), *Ethnic Communities and Their Aged*, Clearing House on Migration Issues in conjunction with the Ethnic Communities' Council of Victoria, Richmond, Vic., 208pp.

' This report...which investigates within individual communities: the identified needs of the group and the attitudes towards meeting them; the existing services within each community and the extent to which they meet the current needs; resources available to each group...Recommendations cover needs of immigrant elderly such as financial security; shelter appropriate to one's age and condition; maintenance of physical and mental health; communication

and information; occupational, social and recreational activities. Recommendations are also made with regard to planning, training and development of personnel, research and pilot projects, government and non-government organisations.'

NEEDS, DEMOGRAPHIC GROUPS, PLANNING, AUSTRALIA

- 322 Hedrick, Susan C. and Thomas S. Inui (1986), 'The effectiveness and cost of home care: an information synthesis', **Health Services Research**, 20(6), February:851-80.

'The effect of home care on patient outcomes and costs of care has been controversial. This information synthesis summarizes results from studies of home care using experimental or quasi-experimental designs, explicitly including judgments of methodological soundness in weighing the results. In 12 studies of programs targeted at chronically ill populations, home care services appear to have no impact on mortality, patient functioning, or nursing home placements. Across studies, these services have either no effect on hospitalization or tend to increase the number of hospital days; ambulatory care utilization may be increased by 40 percent. The critical need at present is for better-designed studies to test the effects of different types of home care, targeted at various types of patients, on the outcomes assessed in the existing studies, as well as on other important outcomes such as family finances, quality of life, and quality of care.'

EVALUATION, TARGETING, UNITED STATES

- 323 Heikkinen, E., W.E. Waters and Z.J. Brzezinski (eds) (1983), **The Elderly in Eleven Countries: A Sociomedical Survey**, World Health Organization, Regional Office for Europe, Copenhagen, Public Health in Europe, 21, xx, 231pp.

'The aim of this interdisciplinary survey was to produce standardized and comparable data from representative population samples on the health and functional ability of elderly people and their use of health and social services...The aim of this report is to provide details of the methodology of the study and to present preliminary descriptive data on the non-institutionalized elderly.' Chapter 5 is on use of services.

INTERNATIONAL COMPARISONS, METHODOLOGY, DEMOGRAPHIC GROUPS, SERVICE UTILISATION

- 324 Henderson, A.S. and A.F. Jorm (1986), **The Problem of Dementia in Australia: A Report to the Department of Community Services**, A.G.P.S., Canberra, 78pp.

'In November 1985, the Department of Community Services asked the Social Psychiatry Research Unit to examine the problem of dementia in Australia and to prepare a report which would consider, in particular, the various types of care available for persons with dementia. This report includes a demographic examination of the population at risk for dementia, considering how this will alter in Australia in the immediate decades ahead. An overview of the epidemiology of dementia follows, focussing on what is known about its prevalence and incidence. The authors then examine current practices in the management of dementia, commenting critically on the strengths and deficiencies which these carry. The report concludes with a number of recommendations for the comprehensive management of persons with dementia and the integrated policy this requires.'

DEMOGRAPHIC TRENDS, POLICY ANALYSIS, DEMOGRAPHIC GROUPS, AUSTRALIA

- 325 Henderson, Mary G., Barbara A. Souder, Andrew Bergman and Ann F. Collard (1988), 'Private sector initiatives in case management', **Health Care Financing Review**, Annual Supplement:89-95.

'Case-management for high-cost patients is offered by virtually all insurers and many health management firms. Despite the proliferation of the service, little is known about the process of case management, how it varies among vendors, what its impact is on short- and long-run patient costs, and what its effects are on quality. In this article, the authors present the results of a survey of insurance-based programs that reveal some process variations that could lead to differences in program effectiveness and costs.'

CASE MANAGEMENT, FINANCING, ORGANISATION AND CONTROL, UNITED STATES

- 326 Hendrickson, Michael C. (1988), 'State tax incentives for persons giving informal care to the elderly', **Home Health Care Financing Review**, Annual Supplement:123-8.

'Programs for informal caregivers of frail elderly can be adopted by States to address some of the problems associated with an expanding and costly long-term care system. In this article, highlights are given from a 3-year study of Idaho and Arizona tax incentive programs. Characteristics of informal caregivers and elderly participants are described, and elderly participants are compared with nonparticipants and with the general elderly population. Tax incentives were positively related to the level of service and financial support provided by informal caregivers. Data were inadequate to determine whether the induced informal help substituted for public expenditures.'

EVALUATION, CARERS, FINANCING, UNITED STATES

- 327 Henschke, Phil (1987), 'The concepts and requirements of extended care for the aged', **Australian Journal on Ageing**, 6(2), May:4-9.

'This paper offers a conceptual framework in which to review current discussions on aged care and seeks to advance an outline of the essential characteristics and elements of a comprehensive care system. The notion of coherence seems particularly important' as is the need to attempt to define the many words, often variably used in the language of aged care.

METHODOLOGY, NEEDS, DEMOGRAPHIC GROUPS

- 328 Henwood, Melanie (1990), **Community Care and Elderly People: Policy, Practice and Research Review**, Family Policy Research Centre, London, 47pp.

'In this paper we look at the demand or need for care. Much new data has been recently published and there is improved information to illuminate service planning. We look briefly at the evolution of community care as a policy: how it has developed and what does it now entail? Are there clear objectives and targets enshrined in policy documents, and if not what exactly is it that service providers should be aiming at? In considering community care in practice we will address not only who is doing what, but what it is they are doing. What innovations are being developed and what good practices adopted?'

NEEDS, POLICY ANALYSIS, ORGANISATIONAL INNOVATION, UNITED KINGDOM

- 329 Hicks, Cherrill (1988), **Who Cares: Looking After People at Home**, Virago Press, London, 271pp.

'Through the voices of individual women and men we learn of the physical drudgery, financial stress, isolation and loss of freedom which caring for a dependent relative often entails. The book concentrates on the emotional

conflicts which carers experience'. The book is based on over eighty interviews with carers from all over Britain and includes chapters on institutional and community care and examines the current government's record on supporting carers. What carers and their dependents need is a radical new deal which would offer them an alternative to an ever-worsening situation.

NEEDS, POLICY ANALYSIS, CARERS, UNITED KINGDOM

- 330 Hirschfeld, Miriam J. (1985), 'Towards a social policy on caring for the aged in Israel', *Home Health Care Services Quarterly*, 5(3/4), Fall/Winter:269-82.

The article opens with a description of historical and demographic trends in the aged population in Israel, followed by a brief outline of the Israeli health care system and the major issues to be addressed in long-term care. These are said to be: insufficient home care and community services; high use of institutional services; low quality of institutional care; insufficient psychogeriatric services; insufficient family counselling and relief; unequal geographic distribution of services; rapid rise in expenditure borne by government; and limited availability of funding due to budgetary constraints. Home care and other community services are described in more detail and finally, the role of the family and other informal agents is discussed. Policy must reflect and incorporate a general social concern for the dependent, reduce inequalities, secure high standards and respect the sensitivities of the dependent.

DEMOGRAPHIC TRENDS, POLICY ANALYSIS, CARERS, GENERAL SUPPORT SERVICES, ISRAEL

- 331 Hodgson, Joseph H. and Joan L. Quinn (1980), 'The impact of the Triage health care delivery system upon client morale, independent living and the cost of care', *The Gerontologist*, 20(3):364-71.

'The Triage project began in 1974 as a research and demonstration effort to test the feasibility, cost, and effectiveness of a client/consumer centered model for an alternative health care delivery system. The two major purposes of the project have been to conduct a longitudinal study of the health care needs of the elderly and to test the cost effectiveness of a single entry assessment model for the coordination and monitoring of full spectrum long-term care services.'

CASE STUDIES, EVALUATION, CASE MANAGEMENT, DEMOGRAPHIC GROUPS, UNITED STATES

- 332 Hokenstätt, Merl C. (1988), 'Cross-national trends and issues in social service provision and social work practice for the elderly', *Journal of Gerontological Social Work*, 12(1/2):1-15.

This article provides an overview of the trends and issues in social service provision and social work practice for the elderly and its intention is to provide cross-national perspectives. It includes discussion of policy goals and directions; issues and strategies of service delivery; and social work roles in service provision.

INTERNATIONAL COMPARISONS, POLICY ANALYSIS, GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS

- 333 Hollander, C.F. and H.A. Becker (1987), **Growing Old in the Future: Scenarios on Health and Ageing 1984-2000. Scenario Report Commissioned by the Steering Committee on Future Health Scenarios**, Martinus Nijhoff, Dordrecht, 305pp.

The Steering Committee on Future Health Scenarios was set up in the Netherlands to advise the Minister on the future of health and health care. This book is the report of the Scenario Committee on Ageing which focused on deciding what the important future developments are which exert an influence on the health of the elderly in the Netherlands and given the future health status of the elderly and their increasing share in the Dutch population, what are the possible patterns of health care facilities in the period 1984-2000? Three scenarios are presented: the reference scenario, the growth scenario, and the shrinkage scenario. Two disturbing developments, which should they come about in the future would exert a significant influence on the entire system of care are also given. The first of these situations is a delay of five years in the appearance of dementia from 1990. The second is a further disintegration of intergenerational solidarity with the result that children will no longer care for their elderly parents.

DEMOGRAPHIC TRENDS, HEALTH SERVICES, DEMOGRAPHIC GROUPS, NETHERLANDS

- 334 Hollander, C.F. and H.A. Becker (1988), 'Planning for health services for the elderly', **Ciba Foundation Symposium**, 134:221-34.

'In order to create health services that effectively respond to the changing picture of health, governments should try to anticipate the health needs for the future. The scenarios for the elderly that are briefly discussed in this paper are approximations of developments that are largely autonomous if considered from the position of the individuals and organisations responsible for policies on health and health services. The three contextual scenarios developed are based on the forecasts, explorations and speculations to be found in the literature and also on the outcomes of discussions with groups of experts in the fields of medical, biological and technological research and practice. The following variables have been incorporated in the study preparing the scenarios: demographic developments, the health status of the elderly, health services for the elderly, developments in medical, biological and technological fields, and societal developments, both economic and social. These scenarios provide policy makers with a learning environment in which they can test the strategies that are considered to answer the questions that they face, and evaluate the particular circumstances in which these strategies might be feasible.'

DEMOGRAPHIC TRENDS, HEALTH SERVICES, DEMOGRAPHIC GROUPS, PLANNING

- 335 Hollo, Annelie (1988), 'Innovative approaches to the care of the elderly in Sweden', **Australian Journal on Ageing**, 7(1), February:16-20.

This article 'outlines population trends in Sweden, the structure of medical and social services, and some of the innovative approaches to the care of the elderly. The leading model is a geriatric clinic at Hudiksvall, where patients spend an average time of two weeks, after which 90 per cent can be discharged to their own homes again. Medical diagnosis and treatment, rehabilitation, care planning, and collaboration between country and municipalities are the guidelines on which the clinic works. Other Swedish approaches include day care centres and day hospitals, home nursing and home help services 24 hours a day, night patrols, emergency services, shared care and collective housing.'

DEMOGRAPHIC TRENDS, DEMOGRAPHIC GROUPS, ORGANISATIONAL INNOVATION

- 336 Hopper, Caroline and Jennifer Roberts (1986), **Care Attendant Schemes: Their Management and Organisation. Care Attendant Schemes in Greater London: A Survey: The Redbridge Care Attendant Scheme: A Case Study**, GLAD, London, 20pp.

This report is based on the findings of a survey of 13 care attendant schemes in the Greater London area and a research project set up to examine in more detail the workings of the Redbridge Care Attendant Scheme in London. The role of the care attendant is described, including training and support given. The contract of employment and guidelines are described.

CASE STUDIES, GENERAL SUPPORT SERVICES, ORGANISATION AND CONTROL, UNITED KINGDOM

- 337 Horn, Lucille, Carl I. Cohen and Jeanne Teresi (1989), 'The EASI: a self-administered screening test for cognitive impairment in the elderly', **Journal of the American Geriatrics Society**, 37(9), September:848-55.

'The Early Assessment Self Inventory (EASI), a rapid self administered screening test for cognitive impairment in the elderly, was constructed to permit individuals to be assessed in a group or singly without examiner intervention. This paper-and-pencil device requires a fourth-grade reading level and makes minimal demands on literacy while assessing orientation, recent and remote memory, language, visual-construction, calculation, and attention. In the present study, EASI was group-administered to 146 elderly persons attending senior centers and completed individually without examiner intervention by 19 outpatients at a memory disorder clinic. Participants were 60 to 95 years old with 5 to 18 years of education. The EASI demonstrated good internal consistency and test-retest reliability and was significantly correlated with the Mini-Mental State Exam and the Mattis Dementia Rating Scale, both widely used screening instruments. Neuropsychological measures of memory, attention, and verbal fluency correlated as well with the EASI as with the examiner-administered screening instruments, suggesting that the EASI may provide an efficient method of screening for cognitive impairment.'

METHODOLOGY, DEMOGRAPHIC GROUPS, TARGETING, UNITED STATES

- 338 Horton, Christine and Richard Berthoud (1990), **The Attendance Allowance and the Costs of Caring**, Policy Studies Institute, London, Occasional Paper No.49, 84pp.

This is a study of 38 people with disabilities (29 ordinary claimants and 9 members of the Bexley Community Care Scheme) who receive the attendant care allowance and what difference, if any, it made to their arrangements for care. It describes the care received, concentrating on arrangements which did not fit into the standard patterns described in other studies, and on the relationship between the primary carer and alternative sources of support. It analyses the impact of the allowance on care. Details of packages of care in the Bexley Community Care Scheme are given in Chapter 4 and the final chapter summarises findings.

CASE STUDIES, DOMICILIARY SERVICES, DEMOGRAPHIC GROUPS, FINANCING, UNITED KINGDOM

- 339 Howe, Anna L. (1981), 'Identifying the aged in need: a social indicators approach', in Anna L. Howe (ed.), **Towards an Older Australia: Readings in Social Gerontology**, University of Queensland Press, St Lucia:136-153.

Independence and dependence can be seen as end points of a continuum with the onset of dependency being a gradual and incremental process rather than a sudden change from one state to the other. Those in an intermediate position can be seen as 'at risk', and this involves the consideration of a number of characteristics detailed in a dependency profile. From these patterns a framework has been developed for analysing demographic and social characteristics of the aged population of local areas. This approach is a social indicators approach. The risk index

can be used as a needs indicator against which service provision can be compared. Such an application is made in the study below, *Organization and Utilization of Community Services in Melbourne*.

NEEDS, DEMOGRAPHIC GROUPS, TARGETING

- 340 Howe, Anna L. (1981), 'Organization and utilization of community services in Melbourne', in Anna L. Howe (ed.), *Towards an Older Australia: Readings in Social Gerontology*, University of Queensland Press, St Lucia: 179-95.

This chapter 'briefly examines policies guiding the allocation of resources for different systems of aged care, then analyses service provision in metropolitan Melbourne. The assessment of the adequacy of community services is made in two stages. Firstly, utilisation rates are compared to the level of need in the population. Secondly, the effectiveness is investigated of different spatial scales of organisation and delivery strategies. The services analysed are three domiciliary services - home nursing, geriatric home help and delivered meals - and services based on Elderly Citizens' Centres. The analysis suggests that the provision of community services falls far short of an integrated system of care. Suggestions are made for how improvements can be achieved.'

NEEDS, DOMICILIARY SERVICES, ORGANISATION AND CONTROL, SERVICE UTILISATION, VICTORIA

- 341 Howe, Anna L. (1984), 'Conclusion', in *Day Services for the Elderly*, National Research Institute of Gerontology and Geriatric Medicine, Melbourne, Occasional Paper in Gerontology No.7:117-30.

This paper 'presents an overview of the general policy and planning issues that have emerged from the study of day services for the elderly. It discusses organisational structure and coordination of services, integration of service delivery, and impact of program restructuring, with a view to indicating some approaches to improved organisation and functioning of day services in the future.'

GENERAL SUPPORT SERVICES, ORGANISATION AND CONTROL

- 342 Howe, Anna (1987), 'Aged care services: an analysis of provider roles and provision outcomes', *Urban Policy & Research*, 4(3):2-14.

'This analysis examines the effect of the institutional framework through which aged care services are provided on distributional outcomes. As specific measures to guide the distribution of resources are generally lacking in government programs for these services, marked spatial variations result from the uneven participation of service provider agencies from one area to another. The context for the case study of services in Melbourne is set by a review of several themes in common in geography and gerontology, then the institutional framework of service provision is outlined in general terms. Geographic outcomes of these institutional structures and processes are then examined with reference to nursing home and community service provision. Approaches to the development of program measures that might improve the equity of resource distribution are discussed in concluding this paper.'

EVALUATION, GENERAL SUPPORT SERVICES, ORGANISATION AND CONTROL, RESOURCE ALLOCATION, VICTORIA

- 343 Howe, Anna L. (1987), 'Interstate variations in commonwealth financing of services for older people', in Chris Foster and Hal L. Kendig (eds), **Who Pays? Financing Services for Older People**, Commonwealth Policy Co-ordination Unit and ANU Ageing and the Family Project, Canberra:59-81.

'This paper aims firstly to describe the interstate variations in Commonwealth expenditure and secondly to explain any patterns found in terms of the effects of present financing arrangements. The paper begins with an analysis of present expenditure patterns, and an account of reactions to some past changes in financing arrangements is then given to indicate the scope for and likely impact of future restructuring. A review of the present position of each State in terms of equity in level of expenditure and recognition of State effort follows, providing the background for canvassing some changes in financial relations that could bring about more equitable outcomes.'

POLICY ANALYSIS, GENERAL SUPPORT SERVICES, FINANCING, AUSTRALIA

- 344 Howe, Anna L. (1990), 'Evaluating innovations: approach with caution', in A. Howe, E. Ozanne and C. Selby Smith (eds), **Community Care Policy and Practice: New Directions in Australia**, Public Sector Management Institute, Monash University, Clayton, Vic.:227-36.

'The inclusion of an evaluation component in the community options projects marks a new phase in the development of community care in Australia...The purpose of this paper is to canvass some of the issues that have emerged in the development of the evaluation strategies that have a bearing on the relationships between evaluation, service delivery and practice, and policy development in community care.' The focus here is on formative evaluation of the earlier developmental activities. The paper looks at some comparable overseas programs (Kent Community Care Project and U.S. Channeling projects) and the issues arising such as target groups and service impacts. Evaluation considerations include attributing observed effects to linkages, unmeasured outcomes, sensitivity, and generalisability. The interactions between project development and evaluation is discussed. 'The central question in the evaluation of linkages is not simply "does linkages work?" but "how can linkages be made to serve a given client load in the most effective manner?"' Caution is urged in attempting to answer this question.

EVALUATION, GENERAL SUPPORT SERVICES, ORGANISATIONAL INNOVATION, AUSTRALIA

- 345 Howe, Anna L. and Ozanne, Elizabeth (1984), 'The organisation and functions of day hospitals in day services for the elderly', in **Day Services for the Elderly**, National Research Institute of Gerontology and Geriatric Medicine, Melbourne, Occasional Paper No.7, 88pp.

This is a 'study of day hospitals, addressing the questions: who provides day hospitals, what services do they provide, and who uses them? It also examines the relationships between day hospitals and day care centres in particular, and other community services in general. It analyses structural and functional relationships between services and commonalities and differences between their users. It recommends bringing all types of day care centres and day hospitals into a planning framework at the regional level.'

EVALUATION, HEALTH SERVICES, ORGANISATION AND CONTROL, AUSTRALIA

- 346 Howe, Anna, Lisa Frank and Jennifer Page (1985), **An Evaluation of Respite Care Services for the Elderly**, National Research Institute of Gerontology and Geriatric Medicine, Melbourne, Occasional Paper in Gerontology No.9, ii, 107pp.

The evaluation of respite care for the elderly made here approaches the undertaking in three sub-studies. 'The users of respite care are the focus of the first part of the present study which reports the results of monitoring one respite

care service, at Mount Royal Hospital. A number of issues in the organisation of respite care that arose in the case study are pursued in the second part of the study, which investigates aspects of respite services provided by geriatric and psychiatric hospitals, general hospitals, nursing homes and hostels in Melbourne and Adelaide. The final part of the study deals with an innovative approach to respite care, describing a pilot project established in Perth to provide in-home respite for families for demented elderly relatives.' The needs of the aged and their carers and the costs and benefits are assessed. The relationship between respite care and other community services is taken into account.

CASE STUDIES, EVALUATION, NEEDS, CARERS, GENERAL SUPPORT SERVICES

- 347 Howe, Anna L. and Penny Sharwood (1987), 'Defining target populations for aged care programs', a paper prepared for submission to *Ageing and Society*.

'This paper begins with an examination of the usefulness of large scale surveys for defining target groups for aged care programs; two large scale Australian surveys of the aged in the community provide the empirical data for discussion. Particular attention is given to aspects of survey coverage and the possibility of underenumeration of marginal groups in the community who may be especially significant as actual or potential users of care services. A method of describing population sub-groups on the basis of combinations of characteristics indicative of social, economic and health risk is outlined and then applied using data from one of the community surveys. The selection of characteristics indicative of need for support is then considered in relation to defining target populations for care services, and patterns of use of services among the groups previously defined are analysed...Rather than there being a single margin at which transfer between community and institutional care or between other modes of care occurs, it is proposed that there will be different margins for each target group, and that a variety of strategies will be required to effect different marginal shifts.'

NEEDS, TARGETING, AUSTRALIA

- 348 Howe, Anna and Annette Hayman (1987), 'User charges for community services', *Australian Journal on Ageing*, 6(4), November:3-10.

'User charges have been suggested as a means of limiting demand for subsidised community services, yet the practicalities and effectiveness of this strategy remain largely unknown. Discussion of user charges has also been stimulated recently with the development of Regional Geriatric Assessment Teams and the restructuring of community services under the Home and Community Care Program. The first part of this paper presents an empirical analysis of user charges practices and policies in twelve Local Government Areas in metropolitan Melbourne that are served by the same Regional Geriatric Assessment Team. The significance of user charges in the financing of community services relative to subsidies from Commonwealth and State Governments and contributions from Local Government are also examined, and relationships between levels of funding and provision are analysed. The second part of the paper discusses a number of implications of the findings from the perspective of user, providers and Commonwealth and State Governments. User charges appear to have limited effectiveness in containing demand for services, and the considerable variation found in all aspects of user charges creates both vertical and horizontal inequities. These problems compound the uneven access to services arising from variability in levels of central government subsidies, with resultant constraints on the operation of Regional Geriatric Assessment Teams.'

GENERAL SUPPORT SERVICES, FINANCING, VICTORIA

- 349 Howe, Anna and Penny Sharwood (1988), 'The old old - or the new old? Part 1. Demographic trends and profile of the population aged 80 years and over', **Journal of the Australian Population Association**, 5(1):82-99.

'This paper gives an account of the demographic trends that are bringing about changes in the population aged 80 years and older in Australia. The old population of the future will differ in size and structure from earlier cohorts reaching advanced age: an examination is made of the contribution of the effects of past birth rates; recent changes in mortality at older ages; the impact of immigration especially on the cultural diversity of the old old; and changes in sex ratios and marriage patterns that result in changes in social circumstances. The indications are that a much more dynamic view of the old old is required.'

DEMOGRAPHIC TRENDS, DEMOGRAPHIC GROUPS, AUSTRALIA

- 350 Howe, Anna L. and Penny Sharwood (1989), 'How many people use community services? A review of survey findings', **Australian Journal of Social Issues**, 24(2), May:126-41.

'Several surveys of the aged have been conducted in Australia in recent years. They give rise to the questions about the usefulness of their findings, particularly in determining the extent to which the aged use community services and in planning future services. This paper reviews the methods and findings of five of these surveys carried out between 1981 and 1986. It looks at the ways questions were constructed, the time reference used, the populations and samples, problems of non-response and of definition. Explanations for the variability in reported service use are addressed. Finally, issues relating to the interpretation and application of survey findings are raised and discussed.'

EVALUATION, METHODOLOGY, SERVICE UTILISATION, AUSTRALIA

- 351 Howe, Anna L. and Penny Sharwood (1989), 'The old old or the new old? Part 2. Health status and trends of the population aged 80 years and over', **Journal of the Australian Population Association**, 6(1):18-37.

'This paper is the second part of a study of the old old population, those aged 80 years and older, in Australia. It poses the question, as the experience of advanced old age becomes increasingly the norm, are more people living longer because of better health, or surviving longer in poorer health? Three aspects of population health are examined: patterns and trends in mortality, the morbidity implications of these findings, and service utilization. The study identifies a need to integrate analyses of mortality, morbidity and service use, and to develop a methodology able to express the diversity of the old old population.'

DEMOGRAPHIC TRENDS, DEMOGRAPHIC GROUPS, SERVICE UTILISATION, AUSTRALIA

- 352 Howell, Neil, Duncan Boldy and Barry Smith (1979), **Allocating the Home Help Services**, Bedford Square Press of the National Council of Social Service, London, Occasional Papers on Social Administration 63, xiv, 110pp.

This book is a case study of resource allocation in the home help service commissioned by the Devon Social Services Department in the UK. It is based on the integration of data on clients, population and the provision of related services. Part 1 covers the allocation methods, their concept and implementation, and Part 2 covers more general findings from the survey and the comments of home helps. This is followed by a summary and conclusions. The method is derived from the basic principle that irrespective of where a person lives, he or she should have the same opportunity of receiving a given amount of home help, all other things being equal.

METHODOLOGY, DOMICILIARY SERVICES, RESOURCE ALLOCATION, UNITED KINGDOM

- 353 Hughes, Ian (1987), **Beyond 87: Agenda for Future Services to the Aged**, Baulkham Hills Shire Council, Castle Hill, NSW, 93pp.

'This volume represents the output of an eight month social planning process initiated by the Baulkham Hills Shire Council. Beyond 87 was undertaken as a positive policy-making process, which involved consumers, relevant agencies and government departments.' The research included a phone-in and a seminar, the papers of which are reproduced. They cover age distribution and life expectancy in the area, the relationship of formal and informal care, government policies for the aged, identification of needs and services, and an agenda for future services.

NEEDS, GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS, PLANNING, NEW SOUTH WALES

- 354 Hughes, Susan L. (1985), 'Apples and oranges? A review of evaluations of community-based long-term care', **Health Services Research**, 20(4), October:461-88.

'This article synthesizes the contradictory findings of the community-based long-term care evaluation literature by grouping 13 studies into three models of care tested. All studies are reviewed according to tenets of internal and external/construct validity to ascertain what is "known" and "not known" about the effectiveness of this new type of care, and to specify areas needing further research. Findings suggest that increased preoperational specification of underlying theory, increased sophistication in targeting services to high-risk groups, and use of multivariate analysis, and the development of more relevant outcome measures will improve the quality of future study findings, thereby contributing to theory and model building in this field.'

EVALUATION, METHODOLOGY

- 355 Hughes, Susan L., David S. Cordray and V. Alan Spiker (1984), 'Evaluation of a long-term home care program', **Medical Care**, 22(5), May:460-75.

'This article reports the outcomes of a 9-month evaluation of the Five Hospital Homebound Elderly Program (FHHEP), a model long-term, comprehensive, coordinated home care program in Chicago. Outcomes assessed include the mortality, comprehensive functional status, and rates of hospitalization and of institutionalization of the elderly (mean age 80.4 years), chronically impaired population serviced by the FHHEP...Major findings include a significant reduction in the nursing home admissions...and nursing home days...The reported analyses also show an increase in experimental clients' sense of physical health well-being and a decrease in their number of previously unmet needs for community services. Somewhat paradoxically, the experimental sample also demonstrated a decrease in physical activities of daily living functioning. The mortality and hospitalization were equal for the [experimental and control] groups. Despite savings in nursing home days of care, average per-capita costs for experimental clients were 19% higher than for controls. However, this additional cost was accompanied by an increase in quality of life.'

CASE STUDIES, EVALUATION, QUALITY OF LIFE, DEMOGRAPHIC GROUPS, FINANCING, UNITED STATES

- 356 Hugo, G.J.P. (1984), 'Projecting Australia's aged population: problems and implications', **Journal of the Australian Population Association**, 1, Autumn:41-56.

'The aims of this paper are to examine the extent to which projections made during the 1970s underestimated the growth of the aged population and, more particularly, to establish precisely what the demographic components of that under-projection were. Some of the implications of this analysis for planning provision of service for the elderly are then explored. It is argued that it is absolutely vital for the improvement and fine tuning of population projections and the assumptions employed in those projections to subject earlier projection to close and detailed

scrutiny and establish precisely what demographic changes have subsequently occurred to render their assumptions inappropriate.'

DEMOGRAPHIC TRENDS, EVALUATION, DEMOGRAPHIC GROUPS, PLANNING, AUSTRALIA

- 357 Hugo, Graeme, Judith Healy and Mary Luszcz (1987), 'Surveying the aged in Australia', *Australian Journal on Ageing*, 6(1), February:14-19.

'Surveys of the aged in Australia are characterised by a limited discussion of the methodology. However it is essential, especially in surveys aiming to discern levels and types of need among older populations, that the degree of representativeness of the survey be clearly established. A move towards needs-based service delivery systems in Australia will depend upon relevant information being collected from representative samples of older people. The methodology of such data collection needs to be improved. This paper reviews various sampling strategies, and reports upon the methodology employed in obtaining and interviewing a random sample of people aged 70 years or more living at home in Adelaide's "middle suburbs".'

CASE STUDIES, DEMOGRAPHIC TRENDS, METHODOLOGY, DEMOGRAPHIC GROUPS, SOUTH AUSTRALIA

- 358 Hunter, David J. (1986), *Care Delivery Systems for the Elderly: Inter-National Review of Policies and Services for the Elderly*, Age Care Research Europe, University of Bath, 83pp.

'This review deals with policies and services for the elderly in 9 countries of the European Community...The problem is a familiar one: the cost of providing services for an increased number of elderly and ageing persons during a period of economic depression and of lowered economic expectations...the project focusses upon a widely-experienced phenomenon, the blockage of pathways into and through care. Key issues to emerge include: regional relationships; policy formulation and implementation; institutional versus community care; public-private mix in service funding and organisation; balance between formal and informal care; professional and organisational fragmentation; and social and geographic inequalities in levels and mixes of service provision. The report is organised country by country.'

INTERNATIONAL COMPARISONS, POLICY ANALYSIS, ORGANISATION AND CONTROL, RESOURCE ALLOCATION, EUROPE

- 359 Hunter, David J. (Ed.) (1988), *Bridging the Gap: Case Management and Advocacy for People with Physical Handicaps*, King Edward's Hospital Fund for London, 126pp.

Case management is considered in the context of three experimental projects supported by the King Edward's Hospital Fund for London. 'Each project displays distinctive aspects of coordinated, or managed, care for people with physical handicaps. Too often, service providers... have little awareness of the potential of the services managed by others. They may also lack the power to mobilise this potential. The projects reported here try, in different ways, to address these problems. The book reviews a number of dimensions of managed care: the different types of case management; the relationship between case management and orthodox service responses; the issue of accountability in regard to both existing services and to users; and the skills and abilities which seem essential to successful case management and their training and staff development implications.'

CASE STUDIES, CASE MANAGEMENT, ORGANISATION AND CONTROL, UNITED KINGDOM

- 360 Hunter, David J., Neil P. McKeganey and Isobel A. MacPherson (1988), **Care of the Elderly: Policy and Practice**, Aberdeen University Press, 183pp.

This study examines the variations in services for the elderly in Scotland. 'The research project sought to examine and compare, in two selected locations, the interactions between services and older people...The principle aim of the project was to document and understand the interaction between services and older people rather than to suggest "one best way".' Theoretical and conceptual issues are examined and the profiles of the two locations centre on operation and planning. Four key issues examined are: the 'gatekeeping', or channelling, role of GPs; the nature of joint planning and joint working; the influence of informal carers on decision outcomes; and the influence of consumers on decision outcomes. Implications for national policy are drawn.

CASE STUDIES, EVALUATION, POLICY ANALYSIS, CARERS, ORGANISATION AND CONTROL, PLANNING, SCOTLAND

- 361 Huttman, Elizabeth D. (1985), **Social Services for the Elderly**, Free Press, New York, vii, 296pp.

'This book provides a detailed description of services that cover the basic needs of the aged. It highlights creative alternative programs and discusses current policy debates on appropriate types of service provision.' Each chapter describes the service in question at length and notes its shortcomings and successes. The first chapter presents a service model which serves as a conceptual tool for reading the rest of the book.

METHODOLOGY, POLICY ANALYSIS, GENERAL SUPPORT SERVICES

- 362 Huxley, Peter (1990), **Effective Community Mental Health Services**, Avebury, Aldershot, Hants., Avebury Studies of Care in the Community, ix, 226pp.

The object of this book is to review what is known about community mental health services. A conceptual approach has been taken which involved 'the identification of the major service delivery strategies employed, and a review of the evidence relating to their successes and failures in meeting those goals. A model was developed to organise the wealth of empirical and descriptive material on centre provision. It provides the common terms of reference necessary, draws attention to the similarities and differences in service delivery strategies, and provides a means of ordering the empirical evidence.'

METHODOLOGY, HEALTH SERVICES, ORGANISATION AND CONTROL, UNITED KINGDOM

- 363 Hyman, Mavis (1985), 'Accommodation for elderly people with special needs: 1971-1981', **Social Policy & Administration**, 19(3), Autumn:273-86.

'The first five years of the decade under review was marked by an expansion in the provision of public sector residential care for the elderly, spurred on by the government's guidelines for a growth in capital spending. After 1973 attention focused on ideas concerning welfare pluralism and the forms it might take. Any major restructuring would include two major factors: an examination by the state of priorities on provision of professional and technical skills, a clarification of the goals of those services on offer and an assessment of changes in the circumstances of the clients and the character of services. A regulatory role would require tapping in resources in the voluntary and private sectors and taking adequate care on the responsibility and public accountability, monitoring procedures and evaluating results.'

POLICY ANALYSIS, UNITED KINGDOM

- 364 Hynes, Shirley (1988), **Shire of Pakenham: Community Needs Assessment**, Shire of Pakenham, Pakenham, Vic., 88pp.

The purpose of this report is to assess human service needs and provide a framework for the planning of services. A general survey of services provided in the Shire was conducted. The needs assessment is concerned with the 'measurable' component of need, the other aspect is not measurable in the same way, but relies on 'felt and expressed need', that is, the actual experience of people as expressed in the research consultations.

NEEDS, PLANNING, VICTORIA

- 365 Ife, Jim (1980), 'The determination of social need - a model of need statements in social administration', **Australian Journal of Social Issues**, 15(2):92-107.

'It is suggested that much of the confusion around the use of the concept of social need in social administration is that need has been conceptualized primarily within a positivist paradigm, with the implication that it is objectively measurable. An alternative model is proposed, which is a model of need statements rather than need per se, so that the focus of the study is the definition of need and the person or group making that judgment. This model incorporates the experience of the need definer, and the data base on which the need judgment is made.'

METHODOLOGY, NEEDS

- 366 Illsley, Raymond (1987), 'Pathways into and through services for the elderly in Europe: a research design', **Revue d'Epidemiologie et Sante Publique**, 35(3/4):339-48.

'Services for the elderly fall short of demand in all European countries. Resources are clearly inadequate. But are they most effectively used? This contribution presents the research design being used to study these questions in eight countries of the European Community. It postulates the question that shortage of services is aggravated by fragmentation between organisations and professions, by associated inflexibility in planning, transfer of resources and adaptation to changing needs, and by over-concentration of resources and influence upon medical and residential institutions. The study involves the observation of cohorts of patients/clients entering and passing through the health and social services and the relationship between this experience and the expectations of the clients, their relatives and their service providers. The key question is how far structural features of each health and social service system facilitate or hinder the effective delivery of care. Methodological problems of cross-national research are discussed.'

INTERNATIONAL COMPARISONS, METHODOLOGY, ORGANISATION AND CONTROL, PLANNING, RESOURCE ALLOCATION, EUROPE

- 367 Inui, T.S., K.M. Stevenson, D. Plorde and I. Murphy (1980), 'Needs assessment for hospital-based home care services', **Research in Nursing and Health**, 3(3), September:101-6.

'Careful needs assessment is a prerequisite to addressing issues of health care program effectiveness and program planning from a population-based perspective. Home care program evaluation literature is lacking in examples of strategies for such assessment. A nurse-screening of admissions was conducted at an acute care general hospital to estimate need for hospital-based home care (HBHC) services among the 2 613 patients discharged from medical and surgical services over a 5-month period. After careful delineation of inclusion and exclusion criteria for identifying HBHC patients and participant-observer training, the nurse's judgments on patient appropriateness for HBHC care were shown to agree reliably with those of the HBHC staff...Screening nurse salary expenditures

constitute the major costs of this approach to home care needs assessment, which is recommended only for addressing major, infrequent programmatic policy issues.'

CASE STUDIES, NEEDS, EVALUATION, DOMICILIARY SERVICES, TARGETING, UNITED STATES

- 368** Israel, Liliane, Djordje Kozarevic and Norman Sartorius (1984), **Source Book of Geriatric Assessment**, Karger, Basel, 2v.

This research study was 'conceived with the practical aim of identifying, collecting and classifying evaluative instruments for the elderly, details of which were previously dispersed throughout the literature of many disciplines. The contents concern the multidimensional assessment of the elderly, particularly in the field of mental health...This book is an analysis and synthesis of information aimed at defining and determining the possible applications of each instrument...The detailed analysis and tabulation has been designed with the purpose of presenting the user with a fixed frame of references' and 'to provide a common language and to facilitate multidisciplinary communication.'

EVALUATION, METHODOLOGY

- 369** Iversen, Laura Himes and Cynthia L. Polich (1987), 'Pre-admission screening of nursing home applicants: implications for home care', **Home Health Care Services Quarterly**, 8(1), Spring:53-73.

'An increasing number of states are developing programs to evaluate nursing home applicants prior to admission. The purpose of these Pre-Admission Screening (PAS) programs is to assure that nursing home placement is needed and appropriate...The increase in PAS can have a significant impact on community services as clients are diverted from nursing homes to home care. This article uses the results of a recently completed national survey of state-administered PAS programs to indicate the impact of PAS on community care...Data is presented regarding the scope of PAS programs, the types of clients participating in PAS, the variety of services coordinated or funded in conjunction with PAS, the types of recommendations made by screening teams (institutional vs. home care), and how the respondents felt that PAS was impacting community services. The article concludes with a discussion of these results.'

EVALUATION, METHODOLOGY, TARGETING, UNITED STATES

- 370** Jack, Raymond (1987), 'Last chance for the last refuge', **Social Policy & Administration**, 21(2), Summer:147-56.

'The theme of this article is the drastic reduction in residential care for the elderly which has met with little opposition from within the health and social services despite the growing population of the very aged. The reasons for this professional compliance are examined and found to lie in a combination of mistaken confidence in community care policies and an uncritical acceptance of influential but largely outdated studies whose findings on the adverse effects of institutional care are seriously questioned by later research.'

POLICY ANALYSIS

- 371** Jackson Teece Chesterman Willis and Partners Limited and Richard Mohr (1983), **Support Services for the Aged in Warringah Shire**, Warringah Shire Council, Dee Why, 114pp.

Warringah Shire Council is receiving a disproportionate number of applications for development of housing for the aged and is concerned about the impact of this development on the Shire and the Council's responsibilities to ensure

that there are adequate support services for the residents of such developments. This survey examines the existing situation, projects the Shire's population under different scenarios and evaluates the needs for services.

DEMOGRAPHIC TRENDS, NEEDS, PLANNING, NEW SOUTH WALES

- 372 Jamieson, Anne (1989), 'A new age for older people? Policy shifts in health and social care', *Social Science and Medicine*, 29(3):445-54.

'This paper considers health and social policies for older persons from cross-national perspectives and attempts to uncover some of the factors influencing policy formulation and implementation. The focus is on community care, its meanings and practical implementation. Examples are drawn from Western Europe and the U.S.A. to illustrate and explain differences and similarities. Two sets of explanatory factors are considered crucial. First, the structure of health and social care systems create incentives for clients, care providers and planners in certain directions. The degree of organisational fragmentation and public control are seen to be the most important structural factors. Second, it is argued that the political and ideological context within which health and social systems operate must be understood if one is to assess the likely directions of future policies.'

INTERNATIONAL COMPARISONS, POLICY ANALYSIS, ORGANISATION AND CONTROL

- 373 Jamieson, Anne and Raymond Illsley (eds) (1990), *Contrasting European Policies for the Care of Older People*, Avebury, Aldershot, Hants.

'This book was produced as part of a major research programme, Age Care Research Europe, funded by the European Community. Research teams from nine countries participate in this programme: Belgium, Denmark, France, Greece, Germany, Ireland, Italy, the Netherlands, and the U.K. The study arose from recognition of the economic and social problems posed for member countries by the ageing of their populations and by associated changes in family structure, in the role of women, and in social and geographical mobility. All countries had met difficulties in adapting the pattern of services and the distribution of resources to meet the increased demand on health and social services in a period of limited growth and in the face of resistance from other service sectors. A major problem of common concern was the phenomenon of blockages in the pathways into and through the services.' Part I of the book looks at the relation between formal and informal care, and Part II examines care systems and care delivery problems.

DEMOGRAPHIC TRENDS, INTERNATIONAL COMPARISONS, ORGANISATION AND CONTROL, RESOURCE ALLOCATION, EUROPE

- 374 Janicki, Matthew P. and Ann E. MacEachron (1984), 'Residential, health, and social service needs of elderly developmentally disabled persons', *The Gerontologist*, 24(2):128-37.

'Historically little or no information has been available on persons who were both elderly and developmentally disabled. This paper offers survey-derived demographic, disability characteristics, living setting, and health and social service receipt and need information on a population of 7,823 such persons aged 53 and older. Additional information is presented by age groups and residential settings. Both similarities and dissimilarities were noted between elders in general and age peers who were also developmentally disabled. Comments are offered relating the information to public policy considerations.'

NEEDS, POLICY ANALYSIS, DEMOGRAPHIC GROUPS, UNITED STATES

- 375 Janicki, M.P., L. Ackerman and J.W. Jacobson (1985), 'State developmental disabilities/aging plans and planning for an older developmentally disabled population', *Mental Retardation*, 23(6), December:297-301.

'Workers in the field of developmental disabilities have indicated a concern to better understand the needs of older people with developmental disabilities and to plan means to meet their needs. As a result, a questionnaire was sent to all state developmental disabilities planning councils and state units on aging to determine the degree to which states addressed and planned for the needs of their aging/aged developmentally disabled population. The survey revealed that about one half and one-tenth, respectively, of state developmental disabilities plans and state aging plans made specific reference to this population.'

NEEDS, DEMOGRAPHIC GROUPS, PLANNING, UNITED STATES

- 376 Jette, Alan M., Laurence G. Branch, Richard A. Wentzel, William F. Carney, Deborah Dennis and Maria Madden Heist (1981), 'Home care service diversification: a pilot investigation', *The Gerontologist*, 21(6):572-9.

'Facing a demand for homemaker services that exceeded the supply, the Massachusetts Department of Elder Affairs funded a demonstration to evaluate a diversified approach to delivering to vulnerable elders, home care which reduced the demand for scarce homemakers. The pilot investigation suggests that home care service diversification does not alter consumer satisfaction but leads to a modest increase in case manager time needed to coordinate and supervise service delivery.'

CASE STUDIES, EVALUATION, DOMICILIARY SERVICES, CASE MANAGEMENT, UNITED STATES

- 377 Johns, Alan (1987), 'Models of care in the United States, Canada and Denmark', *Australian Journal on Ageing*, 6(4), November:19-23.

'The recent introduction of new funding arrangements in nursing homes in Australia combined with other changes arising out of the Nursing Homes and Hostels Review have significantly raised the level of debate on a whole range of issues concerning the care of the elderly in this country. It is useful therefore, to consider alternative models of care to that operating in Australia as a basis for improving our current continuum of care. The models chosen from the United States, Canada and Denmark all have assessment procedures that aim to reduce the need for early and inappropriate institutionalisation. The benefits are obvious in maintaining an elderly person in their own home and environment for as long as possible, given appropriate co-ordination of personnel involved in service delivery.'

METHODOLOGY, INTERNATIONAL COMPARISONS, ORGANISATION AND CONTROL, CANADA, DENMARK, UNITED STATES

- 378 Johnson, Malcolm L., Silvana di Gregorio and Beverly Harrison 1982), *Ageing, Needs and Nutrition: A Study of Voluntary and Statutory Collaboration in Community Care for Elderly People*, Policy Studies Institute, London, vi, 170pp.

'This study is designed to contribute to the development and monitoring of innovatory nutritional programmes for older people...in the metropolitan district of Leeds and to provide an assessment of the wider implications of these programmes.' The final section provides a summary of conclusions and offers recommendations for future improvements.

CASE STUDIES, EVALUATION, DOMICILIARY SERVICES, ORGANISATIONAL INNOVATION, UNITED KINGDOM

- 379 Joint Care Committee (1988), **Community Care: Strategy for Improvement, the Private Care Sector Proposal**, Jessica Kingsley, London, 16pp.

This report details the major issues identified in community care by the private sector in Great Britain. It maintains that some of the problems will be compounded by the proposals made by the reports being considered by the government (Firth, Griffiths and Wagner) and many issues have not been addressed by those reports. The Joint Care Committee submits here alternative proposals.

POLICY ANALYSIS, ORGANISATIONAL INNOVATION, UNITED KINGDOM

- 380 Jones, Andrew (1987), **Review of Needs Based Planning in the Commonwealth Department of Community Services & Health Queensland: Report**, Department of Community Services and Health, Queensland Office, Brisbane, 29pp.

The report finds that 'the Department of Community Services and Health, Queensland Office, should initiate a process of review and development of needs based planning issues and processes within the Department. This process should be initiated and facilitated by a needs based planning group on which all program areas are represented, and which is convened and chaired by senior management. The detailed work of developing needs based planning systems should be undertaken at program level, within a framework of ideas and expectations established Department-wide...Detailed recommendations about this process are made in section five of the report.'

EVALUATION, METHODOLOGY, NEEDS, PLANNING, QUEENSLAND

- 381 Jones, Dee A. (1986), **A Survey of Carers of Elderly Dependents Living in the Community**, Research Team for the Care of the Elderly, University of Wales College of Medicine, Cardiff, 88pp.

This survey sought to explore the network of formal and informal care available to frail elderly people, to define those factors contributing to the maintenance or breakdown of the caring relationship, examine the extent to which statutory services could alleviate the burden of care and make recommendations concerning future activities and policies of health and social services. The study used a variety of measures to determine such factors as physical disability, stress and distress, health, psychological morbidity and psychosocial aspects. The results of the study show that families are caring for their dependents at great costs to themselves and yet only a minority were receiving the support of personal health and social services. Community nursing and home helps were the most commonly used services. General practitioners were the key to services and yet they rarely reported on housing, environment or social needs or the needs of carers. It was felt that health visitors were the most appropriate professionals to assess the needs and train carers for their caring role. Respite care was an overwhelming need which none of those interviewed received in a planned way. It is concluded that services must be more flexible and allocated not only according to physical disability but by mental impairment and degree of carer stress also. Most carers were ignorant of attendance allowance which must be made more widely known. Future policies must be family, not individual, oriented.

CASE STUDIES, NEEDS, CARERS, GENERAL SUPPORT SERVICES, QUALITY OF LIFE, SERVICE UTILISATION, WALES

- 382 Jones, Dee and Norman J. Vetter (1984), 'A survey of those who care for the elderly at home: their problems and their needs', **Social Science and Medicine**, 19(5):511-4.

'One thousand and sixty-six over 70s [in Wales] were interviewed in their own homes, 256 of the subjects had main carers who were non-statutory. These informal carers of the dependent elderly were then interviewed to examine the nature of the care that they provided, the assistance both formal and informal that they received and the

consequences such caring had on their quality of life. The evidence from this study supports the view that the family is the main source of assistance to dependent elderly; usually the women in the family. Very little assistance, either formal or informal, was received by the carers. Consequently there was a great deal of distress and psychological morbidity among the carers.'

CASE STUDIES, NEEDS, CARERS, GENERAL SUPPORT SERVICES, QUALITY OF LIFE, SERVICE UTILISATION, WALES

- 383** Jones, Dee A. and Norman J. Vetter (1985), 'Formal and informal support received by carers of elderly dependents', **British Medical Journal**, 291, September 7:643-5.

'This study describes the activity of informal carers who look after elderly dependents and particularly investigates the role of formal services in supporting these carers in maintaining dependent, elderly people in the community. The results lend no support to the view that families neglect their elderly relatives or that community services displace the role of informal carers, but rather suggest that carers support elderly dependents at great cost to themselves and with inadequate support from community services.'

CASE STUDIES, CARERS, GENERAL SUPPORT SERVICES, QUALITY OF LIFE, SERVICE UTILISATION, WALES

- 384** Jones, Kathleen, John Brown and Jonathan Bradshaw (1983), **Issues in Social Policy**, 2nd ed. Routledge & Kegan Paul, London, xii, 188pp.

The chapters in this book on various issues in social policy, including equality and equity, universality and selectivity, needs and resources, the voluntary sector and community care, take a reformist stance. It is intended as a textbook for students of social policy and administration.

POLICY ANALYSIS, UNITED KINGDOM

- 385** Jones, Paul E. (1988), **The Balance of Care Microcomputer System: Report on a Survey of Users**, Operational Research Service, Department of Health and Social Security, London, 28pp.

The Balance of Care (BOC) microcomputer system has been available since May 1987. The main objectives of this survey 'were to assess how, and the extent to which, the system was being applied, and to identify any particular problems being experienced by users. The survey was also a means of obtaining some general feedback on the system.' The information was collected by postal questionnaire. 'Section 2 provides an analysis of the main results, starting with a summary and then dealing with each question in turn. Additional comments/suggestions etc. that were made are analysed in Section 3. In Section 4, the relationship between computer type and problems is examined. Section 5 concludes the analysis.'

EVALUATION, METHODOLOGY, UNITED KINGDOM

- 386** Joyce, Michael (1988), **Community Care for the Elderly: A Research Report**, Public Finance Foundation, London, Discussion Paper 15, viii, 36pp.

'The purpose of this paper is to present an analysis of variations in public sector provision for the elderly across local authorities in England' focusing on personal social services spending and the relationship, if any, between this expenditure and other forms of provision supplied by the National Health Service. 'In particular, the paper tries to

establish whether there is any evidence that provision by health and local authorities substitute for each other - whether provision through the PSS is less generous where NHS provision is above average, and vice versa.'

GENERAL SUPPORT SERVICES, HEALTH SERVICES, FINANCING, ORGANISATION AND CONTROL, UNITED KINGDOM

- 387 Kamerman, Sheila B. (1976), 'Community services for the aged: the view from eight countries', *The Gerontologist*, 16(6):529-37.

'A country, case-descriptive methodology was employed in a recently completed cross-national study of social service systems. The two main findings with regard to the aged are: (1) countries must establish a firm infrastructure of basic social provision if community services are to function adequately and (2) a common core of "personal social services" is emerging internationally and are significant for old people needing help.' The eight countries are: Israel, Yugoslavia, Canada, Poland, U.S.A., U.K., France and the Federal Republic of Germany.

INTERNATIONAL COMPARISONS, ORGANISATION AND CONTROL

- 388 Kane, Robert L. and Rosalie A. Kane (eds) (1982), *Values and Long-Term Care*, Lexington Books, Lexington, Mass., xi, 292pp.

This book represents research in two areas: health status assessment and value preference measurement on the one hand and the research of long-term care practitioners and policy analysts on the other. The Rand Corporation has been developing and testing a method to make individualised prognoses of outcomes that could be expected for nursing home patients under exemplary care. The outcomes considered are physical health, self-care abilities, cognitive functioning, affective functioning, social functioning, and patient satisfaction. The goal is to be able to predict a person's future status on these dimensions on the basis of measurement of that status at an earlier point in time. This lead to the area of value preferences. The chapters in this book are the result of a conference of experts in the field gathered together for a workshop on preference measurement and long-term care. It is recommended that the thinking about measuring values for long-term care represented in this book be expanded to make care more humane and more responsive to human preferences.

METHODOLOGY, TARGETING

- 389 Kane, Robert L. and Rosalie A. Kane (1985), *A Will and a Way: What the United States Can Learn from Canada About Caring for the Elderly*, Columbia University Press, New York, Columbia Studies of Social Gerontology and Aging, xvii, 311pp.

This monograph describes the evolution of long-term care in three provinces: Ontario, Manitoba and British Columbia, and draws lessons for the United States. The major themes guiding the inquiry are: the relationship between long-term and hospital care; the relationship between long-term and primary medical care; the relationship between health and social programs; utilization trends; costs of care trends; individual patterns of care; supply trends; auspices of service; control of system; ways to ensure quality; consumer choice; formal and informal systems; incentives and acceptability.

INTERNATIONAL COMPARISONS, GENERAL SUPPORT SERVICES, HEALTH SERVICES, FINANCING, ORGANISATION AND CONTROL, SERVICE UTILISATION, CANADA

- 390 Kane, Rosalie A. (1988), 'The noblest experiment of them all: learning from the national channeling evaluation'. **Health Services Research**, 23(1), April:189-98.

This article concentrates on three issues arising from the channeling demonstration project: 'the actual experimental intervention; the generalizability of the demonstration to the likely effects of policy change; and the need for a new paradigm to replace the quest for cost-effective "alternatives" to nursing homes in the wake of channeling.' It is concluded that a continued narrow quest to find cost-effective alternatives to nursing homes will be counterproductive as some persons are best served in a residential setting; and, the so-called alternatives to nursing homes are in reality 'a panoply of services', which will, if they continue to be bundled together and tested as 'alternatives' to nursing homes, continue to postpone much needed research to look at the effective design and targeting of each kind of community service.

METHODOLOGY, POLICY ANALYSIS, ORGANISATIONAL INNOVATION, TARGETING, UNITED STATES

- 391 Kane, Rosalie A. and Robert L. Kane (1981), **Assessing the Elderly: A Practical Guide to Measurement**, Lexington Books, Lexington, Mass., xvi, 301pp.

The opening chapter of this book discusses many of the issues involved with measurement in long-term care. Against this background, four major areas of measurement (physical functioning, social functioning, mental functioning, and composite measures) are examined. Each is treated separately and illustrated with examples. In particular, each is examined with a view to the role of the user, the function of the measurement, and whether a measure is most appropriate as a clinical tool for individual care or for producing information about groups of persons for programming purposes.

EVALUATION, METHODOLOGY, TARGETING

- 392 Kagan, Myer (1986), **Jewish Ethnicity and Home Support Care for Jewish Elderly at Home**, Sydney Jewish Centre on Ageing, 112pp.

These are papers from a seminar conceived as a presentation of Jewish ethnicity and the delivery of home support services to Jewish aged preferring to remain at home as an option to seeking institutional care. It focuses on Jewish ethnicity in the context of the diversity of ethnicities in Australian society, and on the specific ethnic application of researched, expressed needs of the Jewish aged in the context of the HACC Program.

DOMICILIARY SERVICES, DEMOGRAPHIC GROUPS, AUSTRALIA

- 393 Karan, Orv C. and William I. Gardner (1984), 'Planning community services using the Title XIX waiver as a catalyst for change', **Mental Retardation**, 22(5):240-7.

'The Budget Reconciliation Act of 1981 (P.L. 97-35) with its waiver provisions can be a significant catalyst for promoting deinstitutionalizing efforts. How these efforts proceed, however, will be critical in determining the extent and scope of its impact. Rejecting the notion of community transfer readiness based upon personal factors, it is suggested that future deinstitutionalization efforts, if successful, should focus on system factors and the interaction of individuals with their environments. Obstacles that directly and indirectly influence community adjustments must be addressed. A number of guidelines and suggestions for doing this are described. "The future of deinstitutionalization will be determined more by the ability and willingness of the prospective shapers and policy makers to adapt the community based service system to today's needs than it will be by the extent of the needs of today's populations".'

POLICY ANALYSIS, UNITED STATES

- 394 Kastelein, Maarten (1990), **Variety in Regional Systems of Care for the Elderly in the Netherlands**, Netherlands Institute of Preventive Health Care, Leiden, 22pp.

'In order to contribute to a cross national study on the care of the elderly descriptive comparisons have been made between an urban and a rural region and national average data in The Netherlands. Data are presented with respect to indicators of demand, including demographic and background characteristics of the elderly population. Descriptions of important care services are presented. Community care is described by estimates on informal care, facilities for housing and social support. Next data on the supply and use of domiciliary care services and in-service facilities are presented. These data are standardized for variations in the age-distribution and age-specific use of services. In the urban area with a larger population of elderly the number of informal care givers tends to be outweighed by the number of elderly. The relative scarcity of community care arrangement also seems to put high pressure and workloads on community care and secondary care services. The urban region can be used as an example of future demographic developments in The Netherlands. If it is assumed that similarities in the services system will exist in future, the described urban situation may become the common situation in The Netherlands.'

DEMOGRAPHIC TRENDS, NEEDS, GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS, SERVICE UTILISATION, NETHERLANDS

- 395 Kastelein, M., A. Dijkstra and C.C. Schouten (1989), **Care of the Elderly in the Netherlands: A Review of Policies and Services, 1950-1990**, Institute of Preventive Health Care, Leiden, xv, 130pp.

This report attempts to describe the system of care for the elderly in the Netherlands as a whole. It is also meant to contribute to a cross-national comparative research project in the European Community named Age Care Research Europe. It focuses on the backgrounds of demand for care, and structure of supply as being the actual result of policies in previous decades. It is divided into three sections: The situation of the elderly; the professional care system; and the government control system. It ends with the main conclusions which are based on the initial hypothesis that 'inefficiency and ineffectivity of the care system and the difficulty of transferring patients between different forms of care are substantially caused or aggravated by relative over-concentration on medical and residential services, and/or that organizational and professional separatism causes inflexibility in planning and providing an integrated system of care.' The conclusions seem to provide support for this hypothesis.

NEEDS, POLICY ANALYSIS, DEMOGRAPHIC GROUPS, ORGANISATION AND CONTROL, NETHERLANDS

- 396 Kastenbaum, Robert and Sandra E. Candy (1973), 'The 4% fallacy: a methodological and empirical critique of extended care facility population statistics', **International Journal on Aging and Human Development**, 4(1):15-21.

'Much use has been made of population statistics which indicate that only 4% of those over 65 are in nursing homes and other extended care facilities (ECF). These data are misleading, however, for they are cross-sectional and seriously underestimate the probability of a person coming to an EFC sooner or later. Two small empirical studies are reported using, respectively, published obituary notices and death certificates for the metropolitan Detroit area during 1971. It was found that a minimum of 20% of all men and women over 65 who had died in the study year were residents of a nursing home, and 24% were residents of one or another kind of ECF. Clearly, more people died in ECFs than are usually thought to be there in the first place. Discussion focuses upon the magnitude of the terminal care problem and the need to recognize the full scope of ECF difficulties which have often been underestimated because of careless use of the population data.'

CASE STUDIES, DEMOGRAPHIC GROUPS, SERVICE UTILISATION, UNITED STATES

- 397 Katan, Joseph (1990), 'Voluntary organizations - a substitute for or a partner to state activity in the social arena', *Social Security, Special English Edition*, 2, July:134-56.

'This article attempts to discuss the functioning of the voluntary organizations which...constitute one of the components meant to play a central role in the framework of the alternative arrangements of allocating welfare services, and to examine the manner by which these organizations may fill the vacuum that may be created if indeed state intervention is considerably reduced. This article has three main sections. The first section reviews arguments against state intervention in the social arena; the second section examines the major advantages attributed to voluntary organizations, with special emphasis on those advantages which supposedly make up for the weaknesses of the governmental-public organizations; and the third section surveys a number of research works which describe patterns of functioning characteristic of voluntary organizations and which identify various vulnerable points which may significantly reduce their ability to provide adequate social services to the population.' The article cautions against the trend of considering the activities of voluntary organizations to be a sure recipe of correcting the weaknesses of the welfare state and a means of releasing the state from its role and responsibilities in the social arena.

ORGANISATION AND CONTROL

- 398 Kay, D.W.K. (1989), 'Ageing of the population: measuring the need for care', *Age and Ageing*, 18(2):73-6.

The simplest way to quantify the physical causes of dependency in old age is by their effects on ADL, but this may not be entirely satisfactory as the capacity for self-care is profoundly influenced by mental factors, particularly dementia the presence of which is strongly associated with need for services. Ideally, one would like to quantify physical symptoms and study the effects of these on ADL, when present alone and when combined with dementia. Methods of management which are appropriate for the non-demented patient may not be so for the patient with dementia.

METHODOLOGY, NEEDS, TARGETING

- 399 Kaye, L.W. (1988), 'Assessing the community care needs of the functionally impaired elderly: the gerontological worker's perspective', *Home Health Care Services Quarterly*, 8(4), Winter:89-101.

'A survey study of home care workers (N=91) in three federally funded home care programs sheds light on the perceived community care and support service needs of the functionally impaired elderly. Findings also serve to identify those variables which may influence the accuracy and/or legitimacy of needs assessment data, especially when such information is collected from the perspective of the gerontological community workers. Results indicate that the professional home care staff are able to more clearly define a finite set of high priority home-delivered services to the elderly. On the other hand, paraprofessional personnel as a group do not agree as easily on a specific set of community support services meriting top priority. Their diffused notion of priority expressed itself in responses regressing to the mean. As a source of targeted needs assessment data, paraprofessional staff may reflect a lesser capacity to selectively set priorities. On the other hand, their responses seemingly reflect a weaker attitude to disciplinary biases. The implications of these study data are discussed in terms of the process and methodology of community needs assessment for the elderly and the target groups to which program planners will want to seek evaluations of service needs in the future.'

CASE STUDIES, METHODOLOGY, NEEDS, TARGETING, UNITED STATES

- 400 Kemp, Frances M. and Roy M. Acheson (1989), 'Care in the community - elderly people living alone at home', **Community Medicine**, 11(1):21-6.

'A study carried out in East Anglia identified a number of aspects of the lives of elderly people living alone and some of these are reported here...There is a high level of informal support for elderly people living alone, although there is also a large number who do not have regular frequent visitors. Of the statutory services, home helps visit nearly a quarter of those aged 75 and over living alone, on a weekly basis. In terms of at least one activity of daily living, shopping, those living alone exhibit a higher level of independence than those living with others, but nearly a quarter of those aged 75 and over living alone do rely on someone else to do their shopping for them. The study identified a number of aspects of ill health in elderly people. There was a substantial proportion with urinary incontinence and, among those aged 75 and over living with others, a significant proportion with a degree of faecal incontinence. There was also a high proportion of people unable to cut their own toenails. In terms of the current shift in policy towards care in the community, there is, therefore, a diverse set of needs amongst elderly people which will require the close co-operation of statutory and voluntary agencies, and relatives and friends if neglect of health and personal care is not to be a necessary consequence of living alone in old age.'

CASE STUDIES, NEEDS, GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS, UNITED KINGDOM

- 401 Kemper, Peter (1988), 'The evaluation of the national long term care demonstration. 10. Overview of the findings', **Health Services Research**, 23(1), April:161-73.

'The channeling demonstration sought to substitute community care for nursing home care through comprehensive case management and expanded community services. The channeling intervention was implemented largely according to design. Although the population served was, as intended, extremely frail, it turned out not to be at high risk of nursing home placement. The costs of the additional case management and community services - provided in most cases to clients who would not have entered nursing homes even without channeling - were not offset by reductions in the cost of nursing home use. Hence, total costs increased. The expanded formal community care did not, however, result in a substantial reduction in informal caregiving. Moreover, channeling benefited clients, and the family and friends who cared for them, in several ways: increased services, reduced unmet needs, increased confidence in receipt of care and satisfaction with arrangements for it, and increased satisfaction with life. Expansion of case management and community services beyond what already exists, then, must be justified on the basis not of cost savings but of benefits to clients and their caregivers.'

EVALUATION, QUALITY OF LIFE, CASE MANAGEMENT, FINANCING, UNITED STATES

- 402 Kendall, Alan (1989), 'A journey of hope: the development of a voluntary agency's services for intellectually handicapped children', **Australian Child and Family Welfare**, 14(1/2):4-5.

'This paper traces the development of services to intellectually handicapped children and their families provided by Dr. Barnardo's North West Division in the U.K....The milestones and lessons of the journey are described.' There are four major family support projects, two fostering projects and an advocacy service.

CASE STUDIES, GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS, UNITED KINGDOM

- 403 Kendig, Hal L. (1981), 'Informal support networks', in Australian Institute of Multicultural Affairs, **Community and Institutional Care for Aged Migrants in Australia: Research Findings**, Melbourne:16-52.

'The purpose of this chapter is to identify the diverse ways in which older migrants manage their households and the tasks of everyday living in the community. Information from the Australian Institute of Multicultural Affairs

(AIMA) Survey of Aged Migrants and the Australian National University (ANU) Survey of Aged Persons provides a basis to test a number of common assumptions about older people born overseas. Are older migrants more physically capable than their Australian-born counterparts? Do they have more practical support from family and rely less on government services? The analysis consists of a descriptive account identifying differences in support patterns among various birthplace groups. Older people's personal resources, contributions to others, expectations for care, and needs as regards various household and other practical tasks are reviewed. Providers of support are also discussed - family, friends, paid help and community services. The chapter concludes with a broad discussion about the adequacy of community care for the aged migrant, and the distribution of responsibility for providing it.'

NEEDS, CARERS, GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS, AUSTRALIA

- 404 Kendig, Hal L. (ed.) (1986), **Ageing and Families: A Support Networks Perspective**, Allen & Unwin, Sydney, xviii, 227pp.

'This landmark study of ageing in Australia challenges our misconceptions of older people as dependent, and identifies their emotional and practical contributions to the family and to the community, as well as their sources of support.' It is based on 'detailed and original research findings on the personal experiences of older Australians, and the implications for broader aspects of family and social life...The book shows how older people actively negotiate relationships with family, friends and neighbours, as well as staff in organisations. The social consequences of widowhood, disability, retirement and entering a nursing home are all examined.'

NEEDS, CARERS, DEMOGRAPHIC GROUPS, AUSTRALIA

- 405 Kendig, Hal L. (1986), 'Towards integrated community care of the frail aged', **Australian Journal of Social Issues**, 21(2):75-91.

'The growing awareness of family support among the frail aged has yet to be incorporated into a clear strategy for developing comprehensive community care. A starting point is to identify the characteristics of target populations, the range of tasks associated with aged care, and the capabilities of various informal and formal providers. Fully appropriate services would take into account the availability of family support as well as the needs of older people themselves. It is suggested that services be designed to (1) supplement support from spouses; (2) periodically substitute for other co-resident carers; (3) complement assistance from non-resident family; and (4) substitute for the unavailability of family support. Community services currently provide modest supplements, principally to non-resident support, but do little to address the other contexts of care. Suggestions are made for program developments that would provide genuine alternatives to institutionalisation without devolving the social costs entirely onto families.'

NEEDS, CARERS, DEMOGRAPHIC GROUPS, PLANNING, AUSTRALIA

- 406 Kendig, Hal L., D.M. Gibson, D.T. Rowland and J.M.P. Hemer (1983), **Health, Welfare and Family in Later Life**, Ageing and the Family Project, Research School of Social Sciences, Australian National University, Canberra, xi, 191pp.

'This report is based primarily on the Ageing and the Family Project's 1981 survey of 1050 persons aged 60 or over living outside of institutions in Sydney. It provides a detailed account of their circumstances, with particular attention to the vulnerabilities and resources which influence their need for health and welfare services. It suggests desirable directions for more comprehensive and integrated public provision of care, and shows how the survey findings support proposals for the establishment of an Office of Aged Care, regionalisation of services, and the establishment of multi-disciplinary assessment teams.'

NEEDS, DEMOGRAPHIC GROUPS, ORGANISATIONAL INNOVATION, AUSTRALIA

- 407 Kennedy, Cille (1989), 'Community integration and well-being: toward the goals of community care', *Journal of Social Issues*, 45(3):65-77.

'This study examined the effects of social competence, social support, and their interaction in predicting the community integration and well-being of young chronically disabled, mentally ill adults. The 159 participants, all between the ages of 18 and 45, were residents of New York City's supervised and supportive community residences, and single room occupancy hotels with mental health services. Significant positive relationships were found between social competence and community integration, emotional support and well-being, and community integration and well-being. The interaction of emotional support and community integration was significant in its prediction of well-being. The interaction of social competence and community integration was significant in predicting well-being when emotional support was held constant. Implications for housing, research, and policy for community care are discussed.'

CASE STUDIES, QUALITY OF LIFE, DEMOGRAPHIC GROUPS, UNITED STATES

- 408 Kleber, Anna (1988), *A Step in the Right Direction: A Community Pilot Project for Ethnic Aged and Younger Disabled in the ACT*, Migrant Resource Centre of Canberra and Queanbeyan, Canberra, xii, 54pp.

This report documents a Community Options project targeting the ethnic aged and younger disabled in the ACT. It examines the cost effectiveness and efficiency of the Community Options model and demonstrates its acceptability to clients and other service providers and lists the steps taken to establish the linkage role which is the basis of the Community Options programs. The report also examines the present level of access and equity of the ethnic frail aged and younger disabled to HACC and related services in the ACT. Some of the existing barriers are highlighted and a framework of recommendations to overcome some of these barriers.

CASE STUDIES, CASE MANAGEMENT, DEMOGRAPHIC GROUPS, FINANCING, ORGANISATION AND CONTROL, AUSTRALIAN CAPITAL TERRITORY

- 409 Knapp, Martin (1984), *The Economics of Social Care*, Macmillan, London:141-166.

Chapter 8 in this book applied cost benefit analysis to community care of the elderly. Care services for the elderly are arranged along a continuum and three alternatives are looked at: care provided informally; domiciliary care; and residential care. Costs and benefits are looked at in relation to degree of dependency in all three areas. It identifies seven care agencies, groups or individuals who incur costs at some point on the continuum and looks at them in more detail. These are the National Health Service, housing departments, the Department of Health and Social Security, Inland Revenue, voluntary organisations, the elderly themselves and their principal unpaid carers. Finally, conclusions are drawn from evaluative studies of seven care programs.

CASE STUDIES, EVALUATION, CARERS, DOMICILIARY SERVICES, FINANCING, UNITED KINGDOM

- 410 Knapp, Martin (1988), 'Searching for efficiency in long-term care: de-institutionalisation and privatisation', *British Journal of Social Work*, 18, Supplement:149-71.

'This paper starts from the present emphasis on the pursuit of efficiency in public sector provision and spending. Efficiency (or "value for money") has often been stressed to the neglect of other important policy criteria, has been dominated by narrow concepts of cost reduction, and has focused on unnecessarily short time horizons. In this paper, discussion focuses on long-term care (for children, and elderly, mentally ill and mentally retarded persons) and on recent policy trends - particularly "de-institutionalisation" and privatisation. What does "efficiency" mean?

What assumptions are held about the role of efficiency in guiding policy? How valid are those assumptions? What policy directions are most likely to offer efficiency gains without hindering other policy objectives?'

POLICY ANALYSIS, UNITED KINGDOM

- 411 Knapp, Martin and Spyros Missiakoulis (1982), 'Inter-sectoral cost comparisons: day care for the elderly', *Journal of Social Policy*, 11(3):335-54.

'It is often argued that there are significant differences in the costs of providing public and non-public services. However, these arguments have almost invariably been based on crude comparisons of bald expenditure figures of rather dubious validity. In this paper we describe and apply a conceptual framework which attempts to place such inter-sectoral comparisons on a more reliable basis. Our application is to day care services for elderly people provided by local authority social services departments, area health authorities and voluntary organizations, although the framework has a much wider relevance. Our results provide clear evidence to refute the oft-made assumption that voluntary services are universally cheaper than their statutory counterparts. Standardizing costs for the dependency characteristics of users and the activities of day units, we find that voluntary-statutory cost differences are dependent upon the scale of operation. Small voluntary units certainly enjoy a cost advantage, but larger voluntary units are unlikely to be cheaper, and are probably more expensive, than local authority units of a similar scale.'

EVALUATION, GENERAL SUPPORT SERVICES, FINANCING, ORGANISATION AND CONTROL, UNITED KINGDOM

- 412 Koopman-Boyden, Peggy G. (1988), 'Perspectives on the elderly in New Zealand', in New Zealand, Royal Commission on Social Policy, *Report, Vol.IV, Social Perspectives*, Wellington:629-710.

This section of the Report argues that 'a singular perspective of the type that characterised past government policy on the position of the elderly is no longer appropriate.' Part 1 sets out eight perspectives on the elderly: Medicalisation of the elderly; the 'welderly' approach - a health promotion approach; institutional perspective; community care; dependency perspective; empowerment - life enhancement; social construction of old age and retirement; and continuity and integration perspective. Part 2 'gives an overview of the specific issues arising within each perspective, taking into account the research findings and the submissions to the Royal Commission.' Section 3 presents a summary viewpoint by outlining a National Policy on Ageing and the Elderly, beginning with a description of the unique characteristics of the elderly.

POLICY ANALYSIS, DEMOGRAPHIC GROUPS, NEW ZEALAND

- 413 Kop, Yaakov (1988), 'The graying Sabra: a demographic view of the elderly population', *Social Security*, Special English Edition, June:49-68.

This article deals with the dynamics of population ageing in Israel. The second part deals with 'distinct patterns of recourse to various services. The health and employment services, and the degree to which the elderly benefit from income maintenance payments, are given special attention. The last section of the study focuses on a view toward the future, with reference to the demographic forecasts and the information they provide with respect to the projected characteristics of this population and its changing needs. Special attention is devoted to the importance of re-examining the determination of needs.'

DEMOGRAPHIC TRENDS, NEEDS, DEMOGRAPHIC GROUPS, ISRAEL

- 414** Korman, Nancy and Howard Glennerster (1990), **Hospital Closure: A Political and Economic Study**, Open University Press, Milton Keynes, viii, 173pp.

'This book is about the administrative, financial and political issues involved in the closure of Darenth Park Hospital - a large mental handicap hospital which served almost half of one Thames Region...Darenth Park was the first large long-stay hospital closure in Britain, and this book is based on a unique research project which monitored the political and professional debates, the planning process and the final implementation of the closure in detail over the seven year period. Beyond the closure, the authors' research went on to examine the fate of the 800 former residents, where they went in the community and the cost of reprovision of services for them.'

CASE STUDIES, EVALUATION, GENERAL SUPPORT SERVICES, FINANCING, PLANNING, UNITED KINGDOM

- 415** Kosberg, Jordan I. and Richard E. Cairl (1986), 'The cost of care index: a case management tool for screening informal care providers', **The Gerontologist**, 26(3):273-8.

'The Cost of Care Index (CCI) has been developed as a case management tool to assist professionals in family assessments and to identify actual or perceived problem areas of families in the care of elderly relatives. The 20-item CCI has been determined to be reliable and focuses upon five dimensions, related to family care of the elderly. The CCI has been used for family screening, intervention, and peer group interaction.'

METHODOLOGY, NEEDS, CARERS

- 416** Kramer, Ralph M. and Paul Terrell (1984), **Social Services Contracting in the Bay Area**, Institute of Governmental Studies, University of California, Berkeley, viii, 42pp.

'This is the first study to analyze empirical data on social service programs in nine San Francisco Bay Area counties. It provides a unique look at contracting from the perspective of government...' It examines scope, purpose and perceptions and substantive contract arrangements.

CASE STUDIES, EVALUATION, POLICY ANALYSIS, ORGANISATION AND CONTROL, UNITED STATES

- 417** Kruit, H.P. and J.R. Kruizenga (1987), 'Care of the elderly in the Netherlands', **Tijdschrift voor Gerontologie en Geriatrie**, 18(2a), mei:168-70.

This article outlines recent general developments in care of the aged in the Netherlands, and briefly looks at services and at the elderly themselves.

GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS, NETHERLANDS

- 418** Krulik, Tamar and Miriam J. Hirschfeld (1985), 'The continuation of home care to severely impaired children and aged in Israel: family attitudes', **Home Health Care Services Quarterly**, 5(3/4), Fall/Winter:283-313.

'There are a growing number of children and aged with severe chronic health problems in the community. Mothers become the prime caregivers to these children and aging spouses or middle-aged offspring the caregivers to the aged. The services offered to these families are determined by economic and social conditions, as well as changing fashions, rather than knowledge of the patients' and caregivers' needs. The purpose of this study was to assess the

impact of homecare upon families caring for children versus those caring for aged and these families' attitudes toward continuation of home care versus institutionalization. The families included in the study were drawn randomly from the case load of community nurses in central Israel. In-depth interviews were conducted with 92 families of severely impaired children and 181 families of severely impaired adults and aged in their homes. While the majority of both populations carry a heavy burden of caregiving over the years, they also receive gratification from their ability to care for their patient at home. There is little difference between those caring for children and those caring for adults in their attitudes towards continuation of home care. Mental rather than physical impairment, a deteriorating illness trajectory, depression, aggression and tension of the caregiver, the absence of sufficient social support and home care services correspond with negative feelings toward continued home care. The perceived impact of caregiving responsibilities upon the caregivers' lives, the ability to tolerate and manage symptoms and above all the quality of the patient-caregiver relationship influenced the caregivers' attitudes toward institutionalization in both populations. Family attitude toward continued homecare and institutionalization of children and adults are compared and the needs for services discussed.'

NEEDS, CARERS, QUALITY OF LIFE, ISRAEL

- 419** Lalonde, B., N. Hooyman and J. Blumhagen (1988), 'Long-term outcome effectiveness of a health promotion program for the elderly: the Wallingford Wellness Project', *Journal of Gerontological Social Work*, 13(1/2):95-112.

'A two-year follow-up evaluation was conducted on participants of a health promotion program for the elderly and their matched comparison group to investigate the long-term outcome effectiveness of health behavior, information, risk, status, and service utilization. Subjects from the first study were mailed a shortened version of the original questionnaire. Analyses revealed long-term program effectiveness in sustaining, above pretest levels, participant improvements in lifestyle habits and health information achieved at posttest and six months. The data, however, clearly showed these program benefits to have declined from the six-month follow-up. Positive posttest and six month follow-up program effects related to mental health, responsibility for health, and risk of heart attack and stroke were not shown to have been sustained at long term. Health service utilization behavior and health status at long term were also not found to be significantly changed from pretest. Decreased involvement in health promotion classes and premature long-term evaluation are offered as partial explanations of these results.'

CASE STUDIES, EVALUATION, HEALTH SERVICES, QUALITY OF LIFE, SERVICE UTILISATION, UNITED STATES

- 420** Laming, Herbert (1985), *Lessons from America: The Balance of Services in Social Care*, Policy Studies Institute, London, Discussion Paper No.11, ii, 42pp.

This paper relates the experiences of the author, Director of Social Services for Hertfordshire, in being seconded onto a project to implement a program of services for elderly people in Ohio, United States. The author's observations on service provision for the elderly in the United States are contrasted with those in Britain in order to widen the debate in this area. It concludes that 'every effort should be made to build upon the excellent framework of services in this country [Great Britain] and to avoid the development of a two-tier system of services identified separately with the rich and the poor' as has happened in the United States.

CASE STUDIES, INTERNATIONAL COMPARISONS, ORGANISATION AND CONTROL, UNITED KINGDOM, UNITED STATES

- 421 Lammers, William W. (1989), 'Prospects for innovation in state policies for the elderly', **Journal of Aging & Social Policy**, 1(3/4):37-66.

'A comparison of recent state efforts for the elderly shows wide variation in the extensiveness of innovative responses. Overall, the states have been fairly reluctant to undertake new financial commitments, but have engaged in a wide variety of regulatory policy responses. The sources of innovation in state policy can be attributed to the following major factors: problem magnitude, financial resources, political attitudes and traditions, political capacity, and leadership and lobbying efforts. The states have frequently displayed predictable responses in relation to past levels of policy action, but there are important instances of both "underachievers" and "unexpected achievers" on specific policies. The level of innovative activity which occurred suggests the importance of lobbying and leadership roles by and for the elderly at the state level.'

POLICY ANALYSIS, ORGANISATIONAL INNOVATION, UNITED STATES

- 422 Lampley, Paul and Robert Freeman (1984), 'Utilization and referral patterns for home health services: a data base for needs determination', **Home Health Care Services Quarterly**, 5(1), Spring:89-106.

'This paper presents and discusses utilization and referral patterns for home health services in Mississippi. The universe of agencies delivering services in an eleven county sample area are surveyed for patient and demographic characteristics, modes of referral to home care and diagnostic characteristics. Comparisons are made of diagnoses of the 65 and over population utilizing home health services and a sample of hospital discharges in that same age group. A home health diagnostic index is derived and used in a home health "needs" determination formula.'

DEMOGRAPHIC TRENDS, METHODOLOGY, NEEDS, DOMICILIARY SERVICES, ORGANISATION AND CONTROL, SERVICE UTILISATION, TARGETING, UNITED STATES

- 423 Lane, D., D. Uyeno, A. Stark, E. Kliwer and G. Gutman (1985), 'Forecasting demand for long-term care services', **Health Services Research**, 20(4), October:435-60.

'This article analyzes three methods used to forecast the transition of long-term care clients through a variety of possible home and facility placements and levels of care. The test population (N=1,653) is derived from the larger population of clients admitted in 1978 to British Columbia's newly established Long-Term Care program. The investigators have accumulated 5 years of service generated data on moves, discharges, and deaths of these clients. Results show that the first-order Markov chain with stationary transition probabilities yields a superior forecast to state-by-state moving average growth and state-by-state regression analyses. The results of these analyses indicate that the Markov method should receive serious consideration as a tool for resource planning and allocation in long-term care.'

METHODOLOGY, PLANNING, RESOURCE ALLOCATION, CANADA

- 424 Langan, Mary (1990), 'Community care in the 1990s: the community care White Paper: "Caring for People"', **Critical Social Policy**, (29), Autumn:58-70.

'This article summarises the main proposals of the government's November 1989 White Paper Caring for People. It traces the background to the current drive towards community care, emphasising the phase of austerity and privatisation inaugurated by the 1988 Griffiths Report. It assesses the likely consequences of the White Paper, now incorporated into a joint parliamentary bill with the government's plans for the health service, giving particular attention to the consequences for women, ethnic minorities and voluntary organisations.'

POLICY ANALYSIS, UNITED KINGDOM

- 425 Lareau, Leslie S. and Leonard F. Heumann (1982), 'The inadequacy of needs assessments of the elderly', **The Gerontologist**, 22(3):324-31.

'Information on the quality of needs assessments of the elderly was collected from three sources: a nationwide survey of agencies involved in needs assessments of the elderly, evaluation of the needs assessment documents produced by these agencies, and examination of documents identified as being on the frontier of needs assessment. It was found that the overall quality of the majority of needs assessments was so low as to provide little meaningful input to the planning process. It is recommended that the states be the initial and central focus for the improvement of needs assessment efforts.'

EVALUATION, METHODOLOGY, NEEDS, UNITED STATES

- 426 Lawton, M. Powell, Miriam Moss and Miriam Grimes (1985), 'The changing service needs of older tenants in planned housing', **The Gerontologist**, 25(3):258-64.

'The health and well-being of 494 residents living in five federally assisted housing projects for the elderly were assessed 12 to 14 years after a similar sample of original occupants of the five projects were studied. A decline in functioning was more notable in psychological than in health domains. All five environments had accommodated such declines by developing different clusters of services delivered by community agencies, and this "patchwork of services" was working reasonably well.'

CASE STUDIES, NEEDS, GENERAL SUPPORT SERVICES, QUALITY OF LIFE, UNITED STATES

- 427 Lazarus, R. and L. Gray (1988), 'Clinical characteristics and outcomes in a cohort of patients who were assessed as in need of nursing-home care', **Medical Journal of Australia**, 149(8):410-1, 414-5.

'A cohort of 116 applicants who were assessed by the Bundoora Extended Care Assessment Team during the first six months of 1985 as requiring nursing-home care was followed-up in an attempt to detect the clinical characteristics that were associated with a delay in placement. By the end of the follow-up period, 89 applicants had been admitted to nursing homes. The mean time from assessment to placement for this group was 98.1 days. A significant delay in placement was associated with an age of less than 80 years, and inability to speak English, the presence of an indwelling urinary catheter, and the need for assistance with feeding. We concluded that some clinical characteristics had an effect on the time to placement'.

CASE STUDIES, METHODOLOGY, DEMOGRAPHIC GROUPS, TARGETING, VICTORIA

- 428 League of California Cities (1977), 'Problem analysis: data collection techniques', in Neil Gilbert and Harry Specht, **Planning for Social Welfare: Issues, Models, and Tasks**, Prentice-Hall, Englewood Cliffs, N.J.:211-23.

'This chapter reviews several basic data collection techniques and provides a discussion of costs, applicability, and effectiveness for each. Among them are: (1) interviews, (2) questionnaires, (3) existing statistics, (4) special methodologies such as systematic field observations, and (5) meetings.'

METHODOLOGY

- 429 Leat, Diana (1989), **Welfare Provision for the Elderly: The Contribution of the Voluntary Sector**, National Institute for Social Work, Research Unit, London, EEC Project Report 3, vii, 103pp.

Four types of voluntary 'weakness' are discussed: philanthropic insufficiency, philanthropic particularism, philanthropic paternalism, and philanthropic amateurism. It is suggested that the voluntary sector is above all uncertain, that there is increasing dependency on income from the statutory sector and considerable variation between causes and geographical areas. Research data suggests that some voluntary provision is of limited effectiveness. Five strategies for improvement are considered: Paying volunteers; purchase of service contracting; changing professional attitudes; planning, management and co-ordination; and changing public awareness and attitudes.

ORGANISATION AND CONTROL, ORGANISATIONAL INNOVATION, UNITED KINGDOM

- 430 Leat, Diana and Pat Gay (1987), **Paying for Care: A Study of Policy and Practice in Paid Care Schemes**, Policy Studies Institute, London, Research Report No.661, 81pp.

'This report is concerned with the growing practice within social services departments of paying "ordinary people" to provide various forms of care for a wide range of client groups.' This is referred to as 'paying for care' and the practice can be seen as a reflection of a number of strands in current thinking about the provision of social care. 'It does not examine in detail any particular type of provision or scheme, rather it attempts to identify and discuss some of the broader issues', focusing on 'the principles and problems underlying the practice of payment for care. The report is based on a small exploratory study and is intended to raise questions and suggest hypotheses rather than present firm conclusions or answers.' It discusses scope and extent, accountability and protection, presents data on the perceived costs and benefits, and raises the issue of exploitation.

POLICY ANALYSIS, CARERS, FINANCING, UNITED KINGDOM

- 431 Lee, Trevor (1985), 'Social statistics, social indicators and the evaluation of social need', in Australian Bureau of Statistics, Tasmanian Office, **Social Report: Tasmania**, Hobart:147-54.

This chapter defines and notes the differences between social statistics and social indicators. There are many definitions of social indicators and this chapter examines some of the key works in the social indicators literature. It describes the state of the art in Australia.

DEMOGRAPHIC TRENDS, METHODOLOGY, NEEDS, AUSTRALIA

- 432 Lee, Trevor (1987), 'Needs based planning and services for older people', in Chris Foster and Hal L. Kendig (eds), **Who Pays? Financing Services for Older People**, Commonwealth Policy Co-ordination Unit and ANU Ageing and the Family Project, Canberra:359-78.

'The aim of this paper is to look at the concept of needs based planning as it pertains to community services for the elderly. Both facets of this topic - needs based planning, and services for the elderly - are complex, and our current understanding of them is far from adequate. As such, the aim of this paper is not to provide definite answers, but to draw attention to some of the relevant issues that need to be resolved in order to apply the concepts of needs based planning to the provision of services for the aged.' It looks at the broad aims of needs based planning and the key processes in identifying need and moves on to need as a basis of planning services for the aged.

NEEDS, DEMOGRAPHIC GROUPS, PLANNING, AUSTRALIA

- 433 Lee, Trevor (1990), 'Looking forward over our shoulder', in A. Howe, E. Ozanne and C. Selby Smith (eds), **Community Care Policy and Practice: New Directions in Australia**, Public Sector Management Institute, Monash University, Clayton, Vic.:255-9.

It is argued in this paper that the principles upon which the HACC Program is founded are widely accepted and lists them and describes some emerging models of care including: integrated assessment units for the aged and younger people with disabilities requiring multiple assessment; 'lead agency' model; 'at risk' committee model; community health network model; and brokerage. 'While these innovative models are a welcome step forward, there are significant shortcomings shared by a number of these service delivery models.' One of these is that integration and service co-ordination occur predominantly between existing HACC services only. It outlines a comprehensive integrated care model developed by the Canadian province of Manitoba.

CASE STUDIES, METHODOLOGY, GENERAL SUPPORT SERVICES, ORGANISATION AND CONTROL, ORGANISATIONAL INNOVATION, CANADA

- 434 Lefroy, D. (1985), 'Health care for the elderly: a concept and a plan', in **Myth and Realities: Proceedings of the Forum on Ageing**, University of Western Australia, Perth:120-31.

'If the elderly disabled tend to be excluded from conventional medical practice, how should we set about providing for them? The author argues that rather than setting up a separate service, we should complement the services we already have. He presents a plan of health care for the elderly which utilises three existing divisions serving different functions: home care, permanent care institutions, and medical services. The role of each division is described, as well as the essential relationship of each to the other.'

HEALTH SERVICES, ORGANISATIONAL INNOVATION, AUSTRALIA

- 435 Lehtinen, V., M. Joukamaa, E. Jyrkinen, K. Lahtela, R. Raitasalo, J. Maatela and A. Aromaa (1990), 'Need for mental health services of the adult population in Finland: results from the Mini Finland Health Survey', *Acta Psychiatrica Scandinavica*, 81(5), May:426-31.

'This article presents results on the self-perceived and clinically assessed met and unmet need for mental health care as indicated by the Mini Finland Health Survey, an extensive epidemiological study of the Finnish population aged 30 years or over. The prevalence of self-perceived definite or probable need for care was 6.4% in the men and 8.2% in the women. The corresponding clinical assessments were 14.5% in the men and 19.6% in the women. The need for specialist care was 7.5% in the men and 9.6% in the women. The need was greatest in the middle-aged groups. About 60% of persons in need of care were not receiving any treatment. Half of the treatment received was assessed as inadequate. The treatment situation was much better for psychoses than for neuroses, but it varied little between the different parts of the country.'

NEEDS, HEALTH SERVICES, DEMOGRAPHIC GROUPS, FINLAND

- 436 Leinbach, Raymond M. (1982), 'Alternatives to the face-to-face interview for collecting gerontological needs assessment data', *The Gerontologist*, 22(1):78-82.

'A needs assessment study was done of older persons. The sample was randomly assigned to three data collection techniques: face-to-face interview, telephone interview, and self-administered, mailed questionnaires. Comparisons of the needs by technique led to a conclusion that either the telephone or the mail technique is a viable substitute for the "assumed-to-be-superior" face-to-face interview.'

METHODOLOGY, NEEDS

- 437 Leinbach, Raymond M. (1988), 'Differences in need among the rural and urban aged: statistical versus practical significance', **Journal of Rural Health**, 4(3), October:27-34.

'Needs assessment data from two states are analyzed to determine if there are any differences between rural and urban older persons. Five different definitions of "rural" are utilized. A test of statistical significance is used to determine if differences exist and a measure of association is used to determine how strong the relationships are between residence and need. It is concluded that, with the exception of one rural definition within one state, there are residential differences in need. However, those differences are so small as to have limited practical significance in the public policy arena.'

NEEDS, DEMOGRAPHIC GROUPS, UNITED STATES

- 438 Leslie, Ray (1990), 'Difficulties experienced by Aborigines in accessing HACC services and solutions to overcoming these difficulties', in A. Howe, E. Ozanne and C. Selby Smith (eds), **Community Care Policy and Practice: New Directions in Australia**, Public Sector Management Institute, Monash University, Clayton, Vic.:148-51.

This paper begins with a brief history of services to aborigines and why they have had difficulty in gaining access to them. It then examines the Home Care Service in the Dubbo area of New South Wales which has three Aboriginal branches. The paper argues that the community options model of service has assisted Aborigines in gaining access to services appropriate to their needs. To overcome difficulties in accessing services by Aborigines the following issues must be addressed: who are the elderly in Aboriginal communities because of the twenty years lower life span? There must be Aboriginal input into service provision and adequate training for all staff in cultural differences. There must be continued flexibility and expansion of services to reach isolated communities; and there must be continued employment of Aboriginal staff whenever possible and they must be adequately trained.

CASE STUDIES, CASE MANAGEMENT, DEMOGRAPHIC GROUPS, NEW SOUTH WALES

- 439 Levin, Enid, Ian Sinclair and Peter Gorbach (1989), **Families, Services and Confusion in Old Age**, Avebury, Aldershot, Hants., x, 328pp.

'This book is based on an intensive study of the principle supporting relatives of 150 elderly persons identified as confused by health and social services workers in three areas. The study was commissioned by the central government Department of Health and Social Security (DHSS) and carried out by the Research Unit at the National Institute for Social Work (NISW) between 1979 and 1983.' The aims were to identify the specific problems faced by supporting relatives and to explore the effectiveness of services in alleviating them. In the section on services, separate chapters examine the gatekeepers to the services; the main domiciliary services; the services which provide supporters with breaks; and other services, private and voluntary help and the gaps in provision. The concluding chapter bring together the evidence from this study which makes the case for providing services to relatives and outlines the kinds of help they require.

CASE STUDIES, NEEDS, CARERS, GENERAL SUPPORT SERVICES, ORGANISATION AND CONTROL, UNITED KINGDOM

- 440 Lewis, Anne (1990), **Defining the Social and Community Services Industry: A Discussion Paper**, Social and Community Services Industry Training Board, Melbourne, 46pp.

This paper examines the salient features of the social and community services industry in order to attempt a definition of the industry. It begins with a description of its evolution from welfare sector to an industry and highlights its distinguishing characteristics. There is a review of existing definitions and classification systems

applied to the industry. The methodology used in preparing this paper is discussed and a range of options are set out, with a preferred option given.

METHODOLOGY, ORGANISATION AND CONTROL, AUSTRALIA

- 441** Lewis, Bob, et al. (1987), **Care and Control: Personal Social Services and the Private Sector**, Policy Studies Institute, London, Discussion Paper No.15, 74pp.

These papers are about the developing relationship between the private and public sectors in the provision of social care. The aim was to clarify the issues and look at the potential effects of an expanding private sector on the work and role of Social Services Departments. In particular, how the issues of regulation, registration, accountability and the protection of the weak and vulnerable members of society might be handled.

ORGANISATION AND CONTROL, UNITED KINGDOM

- 442** Lewis, Dan A., William R. Shadish and Arthur J. Lurigio (1989), 'Policies of inclusion and the mentally ill: long-term care in a new environment', *Journal of Social Issues*, 45(3):173-86.

'We propose "policies of inclusion" as a conceptualization of current mental health long-term care policy. Inclusionary policies refer to the fact that deinstitutionalization, and all the policy changes associated with it, resulted in the forcible inclusion back into society of patients formerly excluded by institutional placement. This compelled both society and the patient to change in profound but often unpredicted ways. The conceptualization can explain and unite many phenomena associated with deinstitutionalization - for example, how its problems resemble those of racial desegregation, why it results in increasing differentiation of types of patients, and how it turned what had formerly been a mental health problem into a broader welfare problem. The paper ends with suggestions about future research implied by this conceptualization.'

POLICY ANALYSIS

- 443** Linschoten, C.P. van (1988), 'Towards a comprehensive approach of needs among the elderly', *ESMS -Congress*, Zagreb, 13pp.

'In this paper, a study aimed to assess the needs of the ageing population of a district in the city of Groningen [The Netherlands] is presented.' Firstly, the background of the project is sketched; secondly, the research methodology is described; and thirdly, the results and their implications are discussed. Three different aspects of need were distinguished: ADL/IADL needs, psychosocial needs and expressed needs. The research questions asked were: To what extent do ADL/IADL and psychosocial problems exist among the sample? What is the amount of overlap between the three types of need? Do ADL/IADL problems go with certain psychosocial problems as they increase? To what extent the three types of need can be explained by individual background variables?

METHODOLOGY, NEEDS, DEMOGRAPHIC GROUPS, NETHERLANDS

- 444** Lippmann, Walter M. (1984), 'Implications for the future', in Australian Institute of Multicultural Affairs, **Community and Institutional Care for Aged Migrants in Australia: Research Findings**, Melbourne:263-75.

This chapter 'identifies the two most significant findings from the Australian Institute of Multicultural Affairs Survey of Aged Migrants which have implications for the future: that the number of Australian aged to whom their ethnic background remains of relevance and importance will more than double over the next two decades and that

78% of aged migrants identified their ethnicity; and, that the longer lifespan of women demands more supporting services designed specifically for them. It summarises other findings in order to show the need for policies which are more responsive to Australia's cultural diversity. It reviews appropriateness of services suggested under the Home and Community Care Program, outlines other services that are desirable, suggests a structure and system of priorities, and calls for definition of the specific responsibilities of the three levels of government in Australia, development of a genuine partnership in the field of care for the aged, and involvement of ethnically based organisations in the planning of overall programs and the provision of services.'

DEMOGRAPHIC TRENDS, NEEDS, GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS, ORGANISATION AND CONTROL, AUSTRALIA

- 445 Little, V.C. (1980), 'Assessing the needs of the elderly: state of the art', **International Journal of Aging & Human Development**, 11(1):65-76.

'Need is a multi-faceted, multi-dimensional concept. National and international efforts to assess the needs of the elderly confront common problems: lack of an accepted definition of terms such as "needs", "want" and "demand" perceptions which vary with age, professional role, relationship and time; a range of methodologies encompassing rational, empirical and relativistic approaches, as well as subjective, objective and statistical measures. Research instruments are being refined and shared, but the state of the art remains in its infancy. Use of index of incapacity measures appears to offer the best data base for planning needed services.

METHODOLOGY, NEEDS, PLANNING

- 446 Little, Virginia C. (1982), **Open Care for the Aging: Comparative International Approaches**, Springer, Springer Series on Adulthood and Aging, 11, New York.

This book is a personal view of the development of home care services for the aged in an international perspective. It develops a four level model of care with examples: Level 1, Western Samoa; Level 2, Hong Kong; Level 3, Japan; and Level 4, Sweden. It examines issues and problems with open care such as the family as the unit of care; needs assessment; levels of effort; quantitative and qualitative indicators; and problems of a maturing system: beginnings of service. The final chapter gives the summary and conclusions and discusses trends and innovations in care for the aged.

INTERNATIONAL COMPARISONS, METHODOLOGY, GENERAL SUPPORT SERVICES, ORGANISATION AND CONTROL

- 447 Litwak, Eugene (1985), **Helping the Elderly: The Complementary Roles of Informal Networks and Formal Systems**, Guilford Press, New York:253-63.

Large scale formal organisations and informal primary groups such as 'family' and 'community' manage different and complementary aspects of the achievement of the same goals. Therefore both types of groups are necessary for optimal goal achievement. This book examines the mechanisms that allow this to happen. Group structure is matched to task structure for optimal service delivery and this is illustrated with the assessment of 13 services under varying assumptions.

EVALUATION, GENERAL SUPPORT SERVICES, ORGANISATION AND CONTROL, UNITED STATES

- 448 Litwin, Howard and Gail K. Auslander (1988), 'Between social networks and formal social services', *Ageing and Society*, 8(3):269-85.

'This article reports a study of the social networks of recent applicants to the social welfare bureaux of Jerusalem. Beyond review of the relevant study variables as reflected in the literature, and an overview of Israeli social services for the aged, the article addresses why the social networks of the elderly claimants turned to formal assistance. The study revealed that networks were most likely to be the source of referral to social services when the applicant was frail, and the presenting problem was the need for institutional care. Multivariate analysis revealed that the degree of network-initiated contact with the social worker was significantly related to these same factors. Networks of the elderly seemed to turn to formal social services as a substitute for their own caregiving, rather than as a source for interweaving informal and formal care. The implications of the findings for social service policy are discussed.'

NEEDS, CARERS, DEMOGRAPHIC GROUPS, ISRAEL

- 449 Lodge, Brian (1986), 'A model service based on needs', *Health and Social Service Journal*, 30 January:144-5.

This article describes the Leicestershire healthcare planning team's model for the style and structure of community services for the demented elderly. Assessed needs and appropriate services are listed in a table.

CASE STUDIES, NEEDS, GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS, UNITED KINGDOM

- 450 Longino, Charles F. (1986), *The Oldest Americans: State Profiles doe Data-Based Planning*, Center for Social Research in Aging, University of Miami, Coral Gables, Fla., vii, 244pp.

This project creates a new set of census tables (a set of four tables for each state and the District of Columbia) that will profile the demographic, socioeconomic, relational and residential characteristics of the most vulnerable segment of the older population of each state, the population age 74-84 and 85 and above.

DEMOGRAPHIC TRENDS, DEMOGRAPHIC GROUPS, UNITED STATES

- 451 Longino, Charles F. and Jeanne C. Biggar (1982), 'The impact of population redistribution on service delivery', *The Gerontologist*, 22(2):153-9.

This paper makes a limited assessment of the impact of population redistribution on service delivery in two states. Comparisons are made between the migrants and nonmovers in Florida and California. It is argued that the impact in any programatically meaningful sense must be at the substate level.

DEMOGRAPHIC TRENDS, TARGETING, UNITED STATES

- 452 Lovelock, Robin (1985), 'Caring for the elderly at home: the contribution of home helps and care attendants', *Social Services Research*, 14(1):59-73.

This article looks at two domiciliary support schemes catering for the frail elderly in Hampshire, England - the Petersfield Care Attendant Scheme and the Basingstoke Extended Home Help Service. The common features of both schemes are greater flexibility of existing tasks, especially into the personal care area, and the availability of

more time to include evenings and weekends. The operations of the two schemes are compared and contrasted and there is a consideration as to how the study has influenced the development of domiciliary care policy locally.

CASE STUDIES, DOMICILIARY SERVICES, UNITED KINGDOM

- 453** Lowy, Louis (1980), **Social Policies and Programs on Aging: What is and What Should Be in the Later Years**, Lexington Books, Lexington, Mass., xv, 267pp.

This book is an overview of present social policies and programs as they relate to older people in society in the United States. It also defines issues and options and makes recommendations for change. 'Based on the rationale of social justice this book takes as its central theme the concept of human needs interfaced with their particular manifestations among older people.' There is a demographic profile of the aging population and a brief historical outline of policy since 1961. Major policies and programs for the aged are described and finally, present trends and an agenda for the future are described.

SOCIAL POLICY, NEEDS, DEMOGRAPHIC GROUPS, UNITED STATES

- 454** Lusky, R.A. (1986), 'Anticipating the needs of the U.S. aged in the 21st century: dilemmas in epidemiology, gerontology and public policy', **Social Science and Medicine**, 23(12):1217-27.

'Reductions in the prevalence of chronic disease, functional dependence, and associated social problems among aged Americans have been predicted on the basis of improving environmental and social conditions, more effective public health measures, and advances in medical care. Public policy makers have found such predictions attractive since improved health status in old age could significantly offset the increase in health care resources which would otherwise be required to meet the needs of the country's growing number of elderly. This paper reviews the epidemiological model underlying such predictions. Key assumptions of the model are evaluated by examining the health and social well-being of elderly residing in a socio-economically advantaged community with an age structure similar to that projected for the United States in the 21st century. Despite their long-standing advantages in education, employment, income, housing, health care and community services, these elderly experienced age adjusted rates of health and social problems comparable to those found in nationwide samples of the elderly. No evidence of a compression of health problems into the final years of life could be found. Considerable diversity in problem constellations suggested a need for sophisticated packages of health and support services.'

DEMOGRAPHIC TRENDS, EVALUATION, NEEDS, DEMOGRAPHIC GROUPS, UNITED STATES

- 455** Lutz, Betsy (1989), **The Screening and Assessment of Frail Elderly People Who Might Become the Clients of a Multi-Disciplinary Community Care Project: Report of the Development and Testing of Screening and Assessment Instruments**, Stirling, Social Work Research Centre, University of Stirling, 73pp.

'The initial aim of this study was to develop a comprehensive medical/functional/social needs assessment schedule for all elderly people referred to the project [for an innovative community care scheme for elderly people in Scotland] which can serve as the basis for multi-disciplinary care planning and monitoring. Recent developments in community care have also highlighted the need for a method of identifying frail, vulnerable, "at risk" elderly people for whom a comprehensive assessment would be indicated to determine the most preferable intervention. The second aim of the study was therefore to formulate a simple "screening" device to serve as a first step filter for the case management team in the multi-disciplinary approach...It incorporates standardised and validated measures for activities of daily living, physical functioning and health, mental status, and other indicators known to be significant in planning for the needs of elderly people...A screening form was also developed'.

METHODOLOGY, CASE MANAGEMENT, TARGETING, SCOTLAND

- 456 Macken, Candace L. (1986), 'A profile of functionally impaired elderly persons living in the community', **Health Care Financing Review**, 7 (4), Summer: 33-49.

'The Health Care Financing Administration, in cooperation with other agencies of the Department of Health and Human Services, conducted surveys in 1982 and 1984 designed to develop a better understanding of the numbers and circumstances of functionally impaired elderly persons living in the community. This report is based on data from the 1982 Long-Term Care Survey. There were approximately 5 million functionally impaired elderly persons living in the community in 1982. The data show that functionally impaired persons in the community are older, are more often female, have lower incomes, and have a larger proportion of black people than the general elderly population. The data also provide baseline data information on what functional impairments are prevalent among them, what means they use to cope with the limitations, and from whom they receive help. The baseline data gathered in 1982 will be supplemented by longitudinal data gathered in the 1984 Long-Term Care Survey.'

NEEDS, DEMOGRAPHIC GROUPS, UNITED STATES

- 457 Maddox, G.L. (1981), 'Assessment of individual functional status in a programme evaluation and resource allocation model', in A.J.J. Gilmore, et al. (eds), **Aging: A Challenge to Science and Society. Vol.2. Medicine and Social Science**, Oxford University Press:221-31.

'This chapter outlines a model designed to facilitate programme evaluation and decision-making in regard to resource allocation. The focus of the chapter, however, will be on the first element of this model - the measurement of the functional status of individuals who compose the populations for which programmes are developed and resources are allocated.'

EVALUATION, METHODOLOGY RESOURCE ALLOCATION, TARGETING

- 458 Maguire, Maria (1987), 'Making provision for ageing populations', **OECD Observer**, (148), October/November:4-9.

'Low birth rates and longer life spans are increasing the proportion of elderly people in most OECD countries. In some European countries, present birth rate trends could lead to a downturn in the size of the total population and in the number of working age people, exacerbating the problem of financing pensions, health care and welfare services for the aged. The following article looks into the question of how social policies need to be adapted now to meet the demographic problems expected early next century.'

DEMOGRAPHIC TRENDS, INTERNATIONAL COMPARISONS, POLICY ANALYSIS

- 459 Malikiossi-Loizos, Maria (1986), **The Impact of Social Cohesion and Time Available for Assistance to the Elderly: Greece**, European Foundation for the Improvement of Living and Working Conditions, Dublin, Working Paper Series, vi, 110pp.

This report describes the demography of the ageing in Greece. It analyses the needs of the aged and public, private and voluntary services providing for them. Considerable help in maintaining elderly people in the community could come from different groups of people, such as fit retirees and the 'young old', with proper utilisation of free time. There is an essential need for planning and the carrying out of research projects which are almost totally lacking in Greece.

DEMOGRAPHIC TRENDS, NEEDS, DEMOGRAPHIC GROUPS, ORGANISATION AND CONTROL, GREECE

- 460 Mangan, David J. and Warren A. Peterson (1982-84), **Research Instruments in Social Gerontology**, University of Minnesota Press, Minneapolis, 3 vols.

These three volumes (Clinical and Social Psychology; Social Roles and Social Participation; and Health, Program Evaluation and Demography) are designed to serve the needs of researchers, evaluators and clinicians in assessing the instruments used in the field of ageing. Each chapter in the books is in three parts. The first part is a concise narrative review of the major theoretical concerns and measurement strategies within each domain. The second part is a collection of abstracts presenting a conceptual definition and a description of a specific instrument. The instruments themselves constitute the third part of each chapter.

EVALUATION, METHODOLOGY

- 461 Manton, Kenneth G. (1986), 'Past and future life expectancy increases at later ages: their implications for the linkage of chronic morbidity, disability, and mortality', **Journal of Gerontology**, 41(5):672-81.

'Recently life expectancy increases have been noted at advanced ages in the United States. This means a more rapid growth in the elderly U.S. population in general, and of the "oldest-old" population in particular. Thus it is of considerable social and health policy interest to forecast (a) the direction and magnitude of future changes and life expectancy at later ages and (b) the changes in the prevalence of health and disability at later ages consequent to the increases in life expectancy. In the analysis, several prior efforts to predict life expectancy changes using standard demographic techniques are reviewed and reasons for the limitations of such efforts suggested. Results show that mortality changes at advanced ages have very different risk factors than at earlier ages. The analysis also shows that linking morbidity, disability, and mortality in a complete projection of population health changes will require an extension of standard demographic methodologies to utilize information from multiple data sources.'

DEMOGRAPHIC TRENDS, METHODOLOGY, UNITED STATES

- 462 Manton, Kenneth G. (1989), 'Life-style risk factors', **Annals of the American Academy of Political and Social Science**, (503), May:72-88.

'This article examines the evidence for two propositions: that health and ability to function can often be sustained into advanced old age through interventions that (1) control risk factors among people already old and (2) improve lifelong health behaviors and life-styles starting with people currently still young. Beginning with a general model of age-related changes in health function, and survival, the article shows how the interrelationship between the three varies between two extreme types of diseases: the fast, lethal type, where death occurs early and rapidly, with few years spent in unhealthy or disabled conditions; and the slow, degenerative type, where prolonged survival allows for added years in unhealthy or disabled conditions. Since this latter type is predominant among older people in the United States the interventions to prevent morbidity and functional loss are of critical importance. The need for an improved research base to guide such interventions is strongly urged.'

DEMOGRAPHIC TRENDS, HEALTH SERVICES, DEMOGRAPHIC GROUPS, UNITED STATES

- 463 Manton, Kenneth G. and Beth J. Soldo (1985), 'Dynamics of health changes in the oldest old: new perspectives and evidence', **Milbank Memorial Fund Quarterly**, 63(1), Winter:206-85.

This article conducts an assessment of individual health changes at advanced ages using a broad range of vital statistics and epidemiological data and data from longitudinal ageing studies to deal with the issue of a need for new concepts of ageing and disease, the heterogeneity of health changes and new scientific insights. It presents a model to serve as a tool for describing the relation of morbidity, disability, and mortality, and the changes of those relations over age. Finally, there is a comparison of Japanese and United States mortality changes. The ageing of the population presents new challenges for health and social policy. Policy makers must adequately respond to the

qualitative dimensions of population ageing as well as the quantitative dimensions. To do this requires two elements: a broad conceptual framework to relate basic health and survival changes; and, a comprehensive review of a broad range of data on the interrelation of morbidity, disability, and mortality changes at advanced ages.

DEMOGRAPHIC TRENDS, INTERNATIONAL COMPARISONS, DEMOGRAPHIC GROUPS, JAPAN, UNITED STATES

- 464** Marks, Janet (1975), **Home Help: A Study of Needs, Management and Home Help Staff in a Local Authority**, G. Bell, London, Occasional Papers on Social Administration No.58, 112pp.

This study looks at the home help service in West Sussex, U.K. and at ways in which it might be expanded or improved and it was hoped that the findings might offer guidelines for use by other authorities. This study concentrates on the quality of the service, its management and organisation, and on the home helps themselves. It does not attempt to estimate the extent of unmet need. Conclusions and recommendations are provided in the final chapter.

CASE STUDIES, DOMICILIARY SERVICES, ORGANISATION AND CONTROL, UNITED KINGDOM

- 465** Martin, Jean and Amanda White (1988), **The Financial Circumstances of Disabled Adults Living in Private Households**, HMSO, London, OPCS Surveys of Disability in Great Britain, Report 2, xviii, 81pp.

Surveys of disability in Britain aim to provide up-to-date information on the numbers of disabled with different levels of severity and their circumstances for the purposes of planning benefits and services. Four separate surveys were carried out between 1985 and 1988. This report examines the financial circumstances of adults with disabilities living in private households. The three main aims were to examine the extent to which disability affects income; to establish whether extra expenditure is incurred as a result of disability and the magnitude of that expenditure; and to evaluate the overall impact of disability on the standard of living and financial circumstances of the disabled and their families.

QUALITY OF LIFE, DEMOGRAPHIC GROUPS, FINANCING, UNITED KINGDOM

- 466** Martin, Jean, Howard Meltzer and David Elliot (1988), **The Prevalence of Disability Among Adults**, HMSO, London, OPCS Surveys of Disability in Great Britain, Report 1, xii, 75pp.

This report describes the concepts and methods common to all four surveys of disability in Great Britain carried out between 1985 and 1988. It also presents the prevalence estimates from the two surveys of adults with disabilities.

METHODOLOGY, DEMOGRAPHIC GROUPS, UNITED KINGDOM

- 467** Martinus, Pia (1988), 'Quantifying the effects of respite care', **Geriatric Medicine**, 18(10), October:73-9.

The subjects for this research project on the effects of respite care were drawn from the registers of regular relief care patients in the Portsmouth and Southampton health districts, U.K. A questionnaire was administered at three stages in the respite programme - one to two weeks prior to admission, in the middle of the respite break, and one to two weeks after return home. In hospital patients experienced decrease in pain level, improved sleep, and increase in physical mobility but respite care had no effect on the less 'physical' aspects of the patients' lives, namely social isolation, energy levels and emotional state. Carers had increased energy levels while their relative was in hospital

but other aspects such as social isolation were not significantly affected. This improvement was not maintained when the patient returned home again. There was an extremely high unsolicited comment rate expressing feelings of anger and dissatisfaction with the service provided. It may be concluded that geriatric respite care is not functioning efficiently in its role of carer support.

CASE STUDIES, EVALUATION, CARERS, GENERAL SUPPORT SERVICES, QUALITY OF LIFE, UNITED KINGDOM

- 468 Mastenbroek, Ine (1986), **The Impact of Changing Social patterns on the Services for the Elderly: The Netherlands**, European Foundation for the Improvement of Living and Working Conditions, Dublin, Working Paper Series, iv, 118pp.

This report attempts to discover how changes in the patterns of working hours and leisure time have affected the various groups of older people and how the foreseeable changes in these patterns may help to improve the quality of their life. It presents demographic data, describes the service needs and existing services for the aged in The Netherlands, and evaluates the services. The final part of the report offers conclusions and recommendations for the future.

DEMOGRAPHIC TRENDS, EVALUATION, NEEDS, GENERAL SUPPORT SERVICES, QUALITY OF LIFE, NETHERLANDS

- 469 Matras, Judah (1990), **Dependency, Obligations, and Entitlements: A New Sociology of Aging, the Life Course, and the Elderly**, Prentice Hall, Englewood Cliffs, xi, 324pp.

This book aims to show that the ageing of the population 'signals a new framework for family and community interdependency and relationships. It focuses on how the age-related patterns of dependency, family and social obligations, and entitlements and claims on family and community are affected and how they change under the shifting demographic, socioeconomic, and political contingencies of individual and population aging.' Chapter 5 is on public and social services for the ageing population.

DEMOGRAPHIC TRENDS, GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS, UNITED STATES

- 470 Maurana, C.A., R.L. Eichhorn and W.B. Doyle (1977), **Handbook for the Assessment of Needs of Older Americans**, Purdue University, Lafayette, Ind., 147pp.

'This directory contains inventories of data sources pertaining to the needs of the elderly for specific areas mentioned in the Older Americans Act of 1965 and its subsequent amendments. State and area agencies on aging are required by the law to assume leadership for planning, coordination of services, and evaluation of directed change on behalf of the elderly. State and area plans must be developed that include analyses of needs, inventories of available resources, approaches to combining resources for meeting needs, and methods for evaluating outcomes. All these functions require agencies to collect, analyze, and interpret data. The directory contains inventories of data sources for eight specific areas mentioned in the law: sociodemography, employment, income, housing, health, transportation, nutrition, and social services. Criteria considered in the selection of data sources for inclusion in the directory were data availability, data completeness, timeliness, and comparability. Many of the data sources are taken from Federal collection agencies. Each data source listed in the inventories provides the following information: citation, availability, content description, and notes to users.'

METHODOLOGY, NEEDS, DEMOGRAPHIC GROUPS, PLANNING, UNITED STATES

- 471 McAuley, William J. and Rosemary Blieszner (1985), 'Selection of long-term care arrangements by older community residents', *The Gerontologist*, 25(2):188-93.

'This study examined the distribution and patterning of responses to five long-term care arrangements as well as factors associated with various choices. Older adults most frequently preferred care from a relative or paid helper in their own homes and selected moving into a relative's home least often. Marital status, income, race, and availability of extended informal support were significantly associated with at least three arrangement choices.'

NEEDS, DEMOGRAPHIC GROUPS, UNITED STATES

- 472 McCarthy, Michael (1989), 'Personal social services', in Michael McCarthy (ed.), *The New Politics of Welfare: An Agenda for the 1990s*, Basingstoke, Hants.:22-52.

The author 'sets out the principal challenges confronting the personal social services, not least those of demography, access to services and resources, and the continuing tensions experienced in upholding the civilising influences of the welfare state against a determined Conservative drive to define the limits of welfare. He draws out the traditional goals and values of the PSS and sets these against the increasingly blurred boundaries between cash, care and capitalism. McCarthy argues that the personal social services, both in structural and in policy terms, are at the watershed and face in the 1990s a further period of change and challenge.'

POLICY ANALYSIS, GENERAL SUPPORT SERVICES, ORGANISATION AND CONTROL, UNITED KINGDOM

- 473 McCaughey, J. (1986), 'Who helps? Family support through informal networks and formal services', in *Making Marriage and Family Work*, National Conference, Marriage Education Institute, Melbourne:246-58.

'This paper attempts to find answers to the following questions: where do families turn for help when they need it? Does the extended family still play its traditional role of caring for its dependent members - the young, the aged, the sick, the disabled, the handicapped? How much help do neighbours and friends give each other? What part do the services play in family support and in what circumstances do families use them? A brief outline is given of a study carried out in Geelong by the Institute of Family Studies, followed by a summary of the main findings and the recommendations which arise from them.'

CASE STUDIES, CARERS, GENERAL SUPPORT SERVICES, VICTORIA

- 474 McClenahan, John, Guy Palmer, Alastair Mason and David Kaye (1988), *Planning for the Elderly Achieving a Balance of Care. Designing Successful Studies in Joint Health and Local Authority Planning*, King Edward's Hospital Fund for London, Project Paper No.69, 43pp.

'Quantitative approaches to the joint planning of health and social services care for client groups such as the elderly and mentally ill have changed over the last ten years, both to meet the requirements of a shifting financial and political climate and to take advantage of the experience gained in tackling planning issues at national and local level...This booklet describes the components which we now believe make up a successful joint planning exercise. The main objective is to achieve a 'balance of care'. Three distinct approaches to joint planning are identified and discussed: 'Reference framework' approach, using readily available data; 'local data' approach, requiring ad hoc local surveys; and 'individual problem' approach.

METHODOLOGY, PLANNING, UNITED KINGDOM

- 475** McCoy, John L. and Beatrice E. Edwards (1981), 'Contextual and sociodemographic antecedents of institutionalization among aged welfare recipients', **Medical Care**, 19(9), September:907-21.

'Data obtained in the 1973 Survey of Low-Income Aged and Disabled were used to predict 1974 institutionalized status among aged (65+) welfare recipients. Principle factor analysis was used to derive an index of self-care based on activities of daily living items. Two levels of ability were determined and separate logistic analyses were performed for demographic, contextual and community contact variables. County and other contextual indicators were used to test effects of bed supply and concentration of poverty. The following characteristics were associated with greater probabilities of institutionalization: functional impairment, advanced age, household isolation, presence of nonrelatives and white racial background. Variables associated with greater probabilities of noninstitutionalization included: southern residence, residence in counties with greater concentration of poverty, frequent contact with friends and relatives, and propinquity of children. Receipt of services was associated with greater probability of institutional placement.'

NEEDS, DEMOGRAPHIC GROUPS, TARGETING, UNITED STATES

- 476** McCracken, K.W.J. (1985), 'Disaggregating the elderly', **Australian Geographer**, 16(3), May:218-24.

'In much geographical research on the elderly the older population is treated as a single-age bloc. Data from Sydney is used to illustrate how this collective approach can bury significant spatially varying characteristics of age subgroups within the elderly population. Analysis of these subgroup variations is essential for effective targeting of services and programmes for the aged.'

CASE STUDIES, METHODOLOGY, DEMOGRAPHIC GROUPS, TARGETING, NEW SOUTH WALES

- 477** McCracken, Kevin and Peter Curson (1990), **A Kit for Assessing the Needs of the Aged and Disabled Persons**, Warringah Shire Council, Dee Why, 137pp.

'This kit is designed to serve as a practical working guide to assessing the needs of aged and disabled persons'. The term 'needs' and 'needs assessment' are defined. Essentials for successful needs assessment are listed: define objectives clearly and precisely; do not embark on data collection until a check has been made of information already available and the total assessment strategy has been carefully worked out; use a variety of assessment methods; seek the views of as wide a range of interest groups as possible; and, present the results in a manner that will attract the interest and support of relevant decision makers.

METHODOLOGY, NEEDS, PLANNING

- 478** McDermott, Justin (1984), **"...But You'd Sooner Live at Home": The Footscray Home Care Project for Elderly People**, Brotherhood of St Laurence, Melbourne, 66pp.

'This report comprises an evaluation of the Footscray Home Care Project for Elderly People...It began by employing a co-ordinator and a team of five young people to provide a new type of domiciliary service to the suburb's age pensioners. The work of the team is divided between garden maintenance, home maintenance, and "social visiting" or "social support".' The last chapter gives conclusions and recommendations.

CASE STUDIES, EVALUATION, DOMICILIARY SERVICES, VICTORIA

- 479 McDowell, Donna (1990), 'Comments on the Australian situation: a US perspective', in A. Howe, E. Ozanne and C. Selby Smith (eds), **Community Care Policy and Practice: New Directions in Australia**, Public Sector Management Institute, Monash University, Clayton, Vic.:100-6.

This chapter summarises the author's observations of the Home and Community Care Program and Community Options demonstrations from the point of view of someone from the US. Ten issues were identified: consensus and commitment to reform of long term care; leadership, lead agency designation and horizontal cooperative management; defining case management, in contrast to coordinators, administrators, or key workers; recognition of social roles of individual preferences for lifestyles; worries about demarcation; conflict of interest; resource constraints; cost-sharing; and design for cultural diversity.

POLICY ANALYSIS, CASE MANAGEMENT, ORGANISATION AND CONTROL, ORGANISATIONAL INNOVATION, AUSTRALIA

- 480 McKeganey, Neil (1989), 'The role of home help organizers', **Social Policy & Administration**, 23(2), August:171-88.

It has been suggested from some quarters that the home help service in Great Britain has proceeded on an ad hoc basis with no clear decision on rules of allocation, and that some of those people most in need are missing out. There has also been criticism of the management of the service. The Audit Commission Report suggested that 'there is a lack of overall strategy and long-term planning, policy and operating guidelines and information for management purposes.' The author claims that this view derives from a systems management perspective which implies a top down view of organisational activity. This paper looks at home help organisation from an ethnographic or 'street-level' approach; the level at which professionals and clients meet. The research here has aimed to provide a detailed description of the organisers' work in one major Scottish city. It identifies three strands of the organisers' work: assessment, general advice and caregiving, and service management, and looks at each separately and at their interection one with the other.

EVALUATION, DOMICILIARY SERVICES, ORGANISATION AND CONTROL, UNITED KINGDOM

- 481 McKnight, John (1989), 'Do no harm: policy options that meet human needs', **Social Policy**, 20(1), Summer:5-15.

This paper argues that in the theory, research and practice of human service professions, there is no tradition of routinely analysing possible negative side- effects of actions. 'This paper is an attempt to formulate a conceptual framework to assess iatrogenic effects of the tool called human services.' It identifies at least four negative effects. They are: the consequences of seeing individuals in terms of their 'needs'; the effect on public budgets; the impact on community and associational life; and, that human services programs can create, in the aggregate, environments that can contradict the potential positive effects of any one program. Three alternative options are offered: first, to identify skills, capacities or potential contributions of persons said to be in 'need' and build on these. Second, to provide cash income in lieu of prepaid or vouchered services. Third, to seek participation in community life and citizenship activities instead of human service interventions. Therefore, in evaluating human service interventions, a medical model is appropriate - the service advocate should be required to identify the negative effects, present evidence of the benefits, and demonstrate that the benefits outweigh the negative effects.

EVALUATION, METHODOLOGY

- 482 McRae, John, Mary Higgins, Cecile Lycan and William Sherman (1990), 'What happens to patients after five years of intensive case management stoops?' **Hospital and Community Psychiatry**, 41(2), February:175-9.

'Seventy-two patients who received five years of intensive case management services were transferred into mainstream community mental health center services with a much higher patient-to-staff ratio. At the end of a two-year follow-up, 91 percent of the patients were still receiving treatment. Compared with the previous five years, hospitalizations during the follow-up period increased, but not significantly so. Contact with mainstream CMHC services increased significantly. Overall cost in constant 1979 dollars showed a non-significant decrease, dropping by about \$1,500 per patient per year. The staff time and resources gained by the programmatic changes were used to treat a larger number of chronic patients seeking services.'

CASE STUDIES, HEALTH SERVICES, CASE MANAGEMENT, FINANCING, RESOURCE ALLOCATION, UNITED STATES

- 483 Means, Robin and Randall Smith (1985), **The Development of Welfare Services for Elderly People**, Croom Helm, London, 379pp.

This book offers an historical perspective on the development of welfare services for the elderly in England and Wales from the outbreak of the Second World War to the reorganisation of the personal social services in April 1971. Two themes underpinning the project are: 'the extent to which policy developments both embodied changing perceptions about the role of the state in the care of elderly people and also reflected increasing concern about the high costs of care for this group. [And,] the process by which politicians and state officials came to accept the need for change and then decide what form this change should take.' It concludes with a discussion as to how the main themes of the book relate to present trends in the personal social services for elderly people.

POLICY ANALYSIS, GENERAL SUPPORT SERVICES, FINANCING, ORGANISATION AND CONTROL, UNITED KINGDOM

- 484 Means, Robin and Lyn Harrison (1988), **Community Care: Before and After the Griffiths Report**, School for Advanced Urban Studies, University of Bristol, 29pp.

'This paper has three aims. The first is to offer a contextual background to the [Griffiths] report. The second aim is to outline the main arguments of the report and then to reflect on some of the fundamental points raised about future directions. And third, a series of implementation issues and problems will be flagged.' The report criticises 'the proposed agenda for action on a number of grounds, from its gender and race assumptions to its failure to address housing as a crucial foundation of community care. Nevertheless, it does offer a penetrating critique of previous community care policy and it does have a clear idea of how to move forward. The agenda for action is the only one currently on offer. We believe social services departments should be given the chance to develop the lead role for community care at the local level, and this should be backed up by a new system of earmarked funds from central government.'

POLICY ANALYSIS, ORGANISATION AND CONTROL, UNITED KINGDOM

- 485 Mechanic, David (1989), 'Health care and the elderly', **Annals of the American Academy of Political and Social Science**, (503), May:89-98.

Western values have long emphasized an interventionist approach to problems of health and health care. Yet, as medical technology becomes increasingly expensive and as the number of older people grows, proposed changes often are now governed more by considerations of cost than by quality of services. This tension between cost and quality also affects public willingness to invest in social components of health care despite their importance in

enhancing quality of life. The tension emerges in sharpest contrast as scarce resources are allocated by gatekeepers in health maintenance organizations and in the arrangements for long-term care. With respect to financing, what seems to be needed is a creative mix of voluntary inputs from the community, private initiatives, and new programs of public entitlements. With respect to quality of care, what has been overlooked is the recognition that gains to quality of life require programs that encourage older people's continued involvement and participation in social life and in active and healthy life-styles. This article discusses the evolving balance between these two types of interventions: the medical and the social.'

HEALTH SERVICES, QUALITY OF LIFE, FINANCING, UNITED STATES

- 486 Menolascino, Frank J. and Jane F. Potter (1989), 'Delivery of services in rural settings to the elderly mentally retarded-mentally ill', *International Journal on Aging and Human Development*, 28(4):261-75.

'A number of controversial arguments exist regarding the ability of sparsely populated areas to adequately provide for their elderly mentally retarded; the elements of distance, education, and capital are said to effectively obstruct access to psychiatric and social support. Yet several facts speak soundly for the necessity to overcome these obstacles: a five-fold increase in the life spans of the mentally retarded in recent decades, and the amply demonstrated reality that individuals with mental retardation are nearly twice as likely as the general population to develop severe behavioral disorders. This article examines both the methods and the reasons for ensuring that rural populations of elderly mentally retarded citizens receive modern psychiatric assistance and community support.'

METHODOLOGY, NEEDS, GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS, UNITED STATES

- 487 Mignone, Italia (1989), *Non-English Speaking Background South Australians and their Needs for Domiciliary Care Services*, Review of Domiciliary Care Services in South Australia, Adelaide, Supporting Paper No.4, 18pp.

Statistical projections show that by the year 2001, one-third of persons aged 65 years and over in South Australia will be of non-English speaking background. As a group, the ethnic aged share with other older Australians the range of needs which emerge from the ageing process, however, they also experience special needs. The report points to some inaccurate assumptions about the ethnic aged and some of the barriers that exist to access to services. It lists the things that must be taken into consideration in providing appropriate domiciliary services to ethnic aged.

DEMOGRAPHIC TRENDS, NEEDS, DOMICILIARY SERVICES, DEMOGRAPHIC GROUPS, SOUTH AUSTRALIA

- 488 Miller, Leonard S. (1988), 'Increasing efficiency in community-based, long-term care for the frail elderly', *Social Work Research and Abstracts*, 24(2), Summer:7-14.

'Evaluation methods and estimates of California's effectiveness in administering an intensive community-based, long-term care program for the poor, frail elderly are presented. The additional days attributable to the program that an average most-frail client spends in the community are about 20 times the additional days of an average, least-frail client. The expected additional costs over the comparison system for the most-frail clients are 20 percent more than the the expected additional cost for the least-frail client. Program efficiency would be advanced with improvements in client selection (increasing the percentage of most-frail clients in the program), and with the use of a staged, case management system (that is, after restoring clients to a stable situation, services are continued but the intensity of case management is reduced).'

EVALUATION, METHODOLOGY, CASE MANAGEMENT, FINANCING, TARGETING, UNITED STATES

- 489 Minaker, Kenneth L. and John Rowe (1985), 'Health and disease among the oldest old: a clinical perspective', *Milbank Memorial Fund Quarterly*, 63(2):324-49.

'The oldest old present special challenges to the American health care system based largely on their dual afflictions of progressively increased chronic disease and the varying impacts of the aging process. The projections of increased numbers of this population group add to the broad implications for health policy changes.'

DEMOGRAPHIC TRENDS, POLICY ANALYSIS, HEALTH SERVICES, DEMOGRAPHIC GROUPS, UNITED STATES

- 490 Mitchell, Stephen (1988), *Managing Policy Change in Home Help Services*, Social Services Inspectorate, Department of Health and Social Security, London, 43pp.

'SSI's programme of inspections of home help services has examined the management choices and issues arising from processes of policy change in selected counties and metropolitan districts, during 1986 and 1987. Data available for the country as a whole (from DHSS statistical returns, OPCS and CIPFA) enable comparisons to be made of levels of inputs and outputs for home care services, both between individual authorities and across classes of authority.' Findings from the exploration of data are given and it is concluded that the management of policy change requires a strengthening of the basic processes and infrastructure of service management; more explicit targeting on priority groups; and, an effort to improve and diversify the actual services.

EVALUATION, DOMICILIARY SERVICES, ORGANISATIONAL INNOVATION, TARGETING, UNITED KINGDOM

- 491 Moen, Elizabeth (1978), 'The reluctance of the elderly to accept help', *Social Problems*, 25:293-303.

'This study is concerned with the methodology of needs assessment, and an understanding of why the elderly don't take advantage of existing programs and services. Data were obtained through 25 in-depth interviews, and briefer interviews of clients and service personnel in senior centers, meal sites, and agencies. It was found that direct assessment of needs (via direct questions, suggestion lists, contingency planning and projection) may not be possible. The elderly are reluctant to admit need or accept help and may even deny using services. They seem to have devised their own model of services with those perceived to have been earned or which require a donation most acceptable and those having a minimum income eligibility least acceptable. Findings are explained in terms of relative deprivation and through an analysis of the social and economic history of age cohorts representing the older, younger and future elderly. It is concluded that since successive cohorts have experienced better times and a more liberal social atmosphere, they will feel increasingly needier and be increasingly aggressive about getting assistance.'

CASE STUDIES, METHODOLOGY, NEEDS, DEMOGRAPHIC GROUPS, SERVICE UTILISATION, UNITED STATES

- 492 Monk, Abraham and Carole Cox (1989), 'International innovations in home care', *Ageing International*, 16(2):11-19.

Home care in the United States is a fragmented and disjointed patchwork of programs and services responding to various streams of funding and variations in eligibility. For this reason, the Administration on Aging of the United States Department of Health and Human Services funded a study to seek a more viable model. This article presents findings from the study which examined successful home care program models and innovations in England,

Canada, Sweden, Norway, the Netherlands and Argentina. The propositions guiding the service model which evolved from this study are given at the end of the paper.

INTERNATIONAL COMPARISONS, DOMICILIARY SERVICES

- 493 Montgomery, Rhonda J.V. (1988), 'Respite care: lessons from a controlled design study', **Health Care Financing Review**, Annual Supplement:133-8.

'Findings are reported from a study of respite services in which an experimental design was used to assess the impact of respite on families caring for elderly persons. Almost one-third of the 189 families eligible for respite services offered through Medicare waivers failed to use any services. The majority of families chose respite services in their home for frequent periods of 3 hours. Families spent, on average, only 63 percent of their allotted funds. Respite services appeared to delay nursing home placement among families with adult children as caregivers but encouraged placement when spouses were the primary caregivers.'

EVALUATION, GENERAL SUPPORT SERVICES, SERVICE UTILISATION, UNITED STATES

- 494 Montgomery, Rhonda J.V., Laurie Russell Hatch, Thomas Pullum, Donald E. Stull and Edgar F. Borgatta (1987), 'Dependency, family extension, and long term care policy', in Edgar F. Borgatta and Rhonda J.V. Montgomery (eds), **Critical Issues in Aging Policy: Linking Research and Values**, Sage, Newbury Park, Calif.:162-77.

'This chapter identifies the research process that is necessary to generate systematic data on the levels and pattern of family caregiving that now exist, and the levels and patterns that are likely in the future. Because the level of public resources necessary for long-term care of the elderly is related to the extent of family resources devoted to their care...the availability of such systematic data will enable policy makers to plan for the future needs of the elderly.'

DEMOGRAPHIC TRENDS, NEEDS, CARERS, PLANNING, UNITED STATES

- 495 Montgomery, Rhonda J.V. and Laurie Russell Hatch (1987), 'The feasibility of volunteers and families forming a partnership for caregiving', in Timothy H. Brubaker (ed.), **Aging, Health, and Family: Long Term Care**, Sage, Newbury Park, Calif.:143-61.

'This chapter reports findings from a research and demonstration project in which volunteers were employed to provide respite for families caring for elderly relatives. Volunteer respite was one of the four services offered to families participating in the Family Support Project. The purpose of the project was to identify the costs, benefits, and feasibility of three model programs for supporting families. An experimental design was used to determine which model, if any, could sufficiently enhance the families' resources to enable them to extend their caregiving efforts.' This chapter focuses on respite care, describes the service, analyses difficulties encountered in implementation and assesses the impact on caregivers. It was concluded that volunteer respite services cannot meet the wide range of needs that exist among families caring for the elderly.

CASE STUDIES, CARERS, GENERAL SUPPORT SERVICES, ORGANISATION AND CONTROL, UNITED STATES

- 496 Moore, Stephen T. (1987), 'The capacity to care: a family focused approach to social work practice with the disabled elderly', **Gerontological Social Work with Families**, 10(1/2):79-97.

'The social work profession has demonstrated a commitment to assisting the disabled elderly to maintain an independent life style within the community. The dual focus of the profession has led to the development of a variety of instrumental and psychosocial approaches to assist elders and their families. This paper addresses the conceptual basis for social work practice with elderly persons in non-institutional settings. It involves a discussion of family caretaking process and an examination of the relevance of family theory to social work practice. A model is presented which would assist the practitioner in integrating instrumental and psychosocial approaches to serving the aged.'

METHODOLOGY, CARERS, UNITED STATES

- 497 Moran, Donald W. and Janet M. Weingart (1988), 'Long-term care financing through Federal tax incentives', **Health Care Financing Review**, Annual Supplement:117-21.

'Congress and the Administration are currently exploring various methods of promoting access to long-term care. In this article, an inventory of recent legislative proposals for using the Federal tax code to expand access to long-term care services is provided. Proposals are arrayed along a functional typology that includes tax mechanisms to encourage accumulation of funds, promote purchase of long-term care insurance, or induce the diversion of funds accumulated for another purpose (such as individual retirement accounts). The proposals are evaluated against the public policy objective of encouraging risk pooling to minimize social cost.'

POLICY ANALYSIS, FINANCING, UNITED STATES

- 498 Morgan, A.G. (1986), 'A comprehensive rehabilitation service', **New Zealand Medical Journal**, 99(798), March:200-3.

'Integration of all rehabilitation services to the community is advocated to form a comprehensive rehabilitation service. This will embrace all age groups over 14 and combine geriatrics and physical medicine with paramedical personnel in a multidisciplinary team. Close liaison with psychiatric rehabilitation will be achieved by parallel use of a computerised client register. General practitioners will be actively involved. This reorganisation will better utilise available facilities and allow scope to develop two proposed new resources: (1) the use of mutual aid by matching of complementary residual skills of the handicapped; and (2) the provision of extra accommodation and care by host-attendants. To fully capitalise on this service, hospital boards should take active initiatives to foster the development of attendant care and the provision of sheltered housing in liaison with government departments, ACC, local bodies and charity organisations. In the long term, central government should consider a final common path for funding of services for disabled people.'

HEALTH SERVICES, ORGANISATIONAL INNOVATION, DEMOGRAPHIC GROUPS, NEW ZEALAND

- 499 Morginstin, Brenda (1988), **Issues Related to Implementation of Long-Term Care Insurance in Israel**, National Insurance Institute, Bureau of Research and Planning, Jerusalem, Discussion Paper 1, Series B, 17pp.

Long-Term Care Insurance in Israel is very different from other social insurance programs both in the nature of its provisions and in its mode of implementation. It is also different from programs of home care services to the elderly in other countries. Eligibility is in kind rather than in cash. Eligibility is determined on the basis of need for assistance with ADL, and the translation of eligibility level to benefits is defined by law, whether or not informal care is being provided. Care plans, however, are designed to meet individual and family requirements. There is a strict separation between assessment for eligibility on the one hand, and assessment for type of care plan on the

other. There is also a system of related services which are provided purely on a selective, discretionary basis if a level of care beyond LTCI is required. It remains to be seen whether the relationship between these two systems will emerge as substitutive or complementary.

NEEDS, CASE MANAGEMENT, ORGANISATION AND CONTROL, TARGETING, ISRAEL

- 500** Morginstin, Brenda (1988), 'Response of formal support systems to social changes and patterns of caring for the elderly', *Social Security*, Special English Edition, June:103-26.

This paper examines 'several issues related to the response of the formal service sector to patterns of long-term care provision against the background of changing demographic and social conditions.' Factors which ought to be considered in long-term care planning are: informal care patterns; current patterns of service use (institutional and non-institutional); and changing social conditions. These interrelated factors are described schematically. The administrative framework of the Israeli system is described. 'A flexible approach in policy planning and implementation is advocated...predicated on an understanding of family expectations and patterns of care.'

DEMOGRAPHIC TRENDS, POLICY ANALYSIS, ORGANISATION AND CONTROL, PLANNING, SERVICE UTILISATION, ISRAEL

- 501** Morginstin, Brenda (1990), 'Impact of demographic and socioeconomic factors on the changing needs for services for the very old', *Social Security*, Special English Edition, 2:74-99. Also published in International Social Security Association, *The Social Protection of the Frail Elderly*, Studies and Research No.28, Geneva, 1990:1-43.

Both developed and developing countries are experiencing population ageing, which poses problems for health and social services. Key policy concerns are listed: will there be increases in costs, what type of services will be needed, who should be responsible for them, what is the desired balance between institutional and community care, and problems of the 'oldest old'. However, the old are not a homogeneous population. Operational definitions of needs and subsequent planning for services requires different approaches in each society. Based on a model developed in Israel which includes interrelated factors to be considered in future planning, a number of approaches for planning comprehensive social care are suggested.

DEMOGRAPHIC TRENDS, METHODOLOGY, PLANNING, ISRAEL

- 502** Morginstin, Brenda and Perla Werner (1986), *Long-Term Care Needs and Provision of Services for the Elderly: Summary of Selected Data*, National Insurance Institute, Bureau of Research and Planning, Survey No.51, Jerusalem, 67pp.

'The findings presented herein constitute an estimate of the need for community long-term care services in Israel. The pattern of need for personal assistance and home help among two elderly populations is described, including the rate of coverage by services provided by family and organized community services, and the proportion of unmet needs. The report is based on a secondary analysis of data from two identical surveys aimed at examining the needs of disabled elderly persons.'

NEEDS, DOMICILIARY SERVICES, GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS, ISRAEL

- 503** Morris, John N., Sylvia Sherwood and Vincent Mor (1984), 'An assessment tool for use in identifying functionally vulnerable persons in the community', *The Gerontologist*, 24(4):373-9.

'This article presents an easily applied screening instrument, the HRCA Vulnerability Index, involving 11 self-report items or proxy information concerning functional deficits in personal care, instrumental care, mobility, and mentation. Data from samples of community elderly in Massachusetts, clients of home care agencies in that state, and samples of residents in congregate housing facilities across the country are analyzed to explore the potential usefulness of the instrument.'

METHODOLOGY, NEEDS, UNITED STATES

- 504** Morris, Robert (1989), 'Challenges of aging in tomorrow's world: will gerontology grow, stagnate, or change?' *The Gerontologist*, 29(4):494-501.

'What impact will social, economic, and political trends have over the next decade on services, policies, and research for the elderly? The author predicts that declining confidence in social security, questioning of the public's responsibility for the elderly, organization proliferation, anticipated labor shortages, and a trend to reengage in, rather than retire from, mainstream society will all lead to an emphasis on the elderly's productive potential and a "common human need" policy in the aging field.'

DEMOGRAPHIC TRENDS, UNITED STATES

- 505** Mossey, Jana M., Betty Havens, Noralou P. Roos and Evelyn Shapiro (1981), 'The Manitoba Longitudinal Study on Aging: description and methods', *The Gerontologist*, 21(5):551-7.

'The Manitoba Longitudinal Study on Aging (MLSA) includes a representative sample (n=4709) of the residents of Manitoba and combines their responses to a needs assessment interview with complete information on mortality and use of health services (medical, hospital and long-term care) for the years 1970 through 1977 to form a longitudinal record for each participant. This paper describes the MLSA and discusses its relative potential for investigating the health and health care use behaviors of older persons.'

CASE STUDIES, NEEDS, DEMOGRAPHIC GROUPS, SERVICE UTILISATION, CANADA

- 506** Mossey, Jana M. and Evelyn Shapiro (1982), 'Self-rated health: a predictor of mortality among the elderly', *American Journal of Public Health*, 72(8), August:800-08.

'Data from the Manitoba Longitudinal Study on Aging (MLSA) were used to test the hypothesis that self-rated health (SRH) is a predictor of mortality independent of "objective health status" (OHS). Subjects were a random sample of non-institutionalized residents of Manitoba aged 65+ in 1971 (n=3,128). A single item measurement of SRH was obtained during a survey conducted in 1971; a baseline measure of OHS was derived from physician and self-reported conditions and health service utilization data. Occurrence and date of death during the years 1971-1977 were known. Analyses of the data revealed that, controlling for OHS, age, sex, life satisfaction, income and urban-rural residence, the risk of early mortality (1971-1973) and late mortality (1974-1977) for persons whose SRH was poor was 2.92 and 2.77 times that of those whose SRH was excellent. This increased risk of death associated with poor self-rated health was greater than that associated with poor OHS, poor life satisfaction, low income and being male. These findings provide empirical support for the long-held, but inadequately substantiated, belief that the way a person views his health is importantly related to subsequent health outcomes.'

CASE STUDIES, DEMOGRAPHIC TRENDS, METHODOLOGY, QUALITY OF LIFE, DEMOGRAPHIC GROUPS, CANADA

- 507 Murrell, S.A., J.M. Brockway and P. Schulte (1982), 'The Kentucky elderly need assessment: concurrent validity of different measures of unmet need', **American Journal of Community Psychology**, 10(2), April:

'The purpose was to examine the concurrent criterion-based validity of different measures used in a state-wide needs assessment survey of a representative sample of 570 older persons. Need was measured and defined in four different ways in six problem areas. The criterion measure was a life satisfaction scale...Implications for need assessment measurement included: that problem-focused measures are strongly and generally related to need satisfaction, whereas service-focused measures have problems; that both evaluative and descriptive measures appear to be related to need satisfaction; and the clear value of a multineed conception for measurement and application to program planning and resource allocation. Suggestions for improvement in measures were made and cross-validation called for.'

CASE STUDIES, METHODOLOGY, NEEDS, UNITED STATES

- 508 Mykyta, L.J. (1987), 'Is community care an alternative to institutional care for disabled elderly people?' **Australian Journal on Ageing**, 6(2), May:25.

This short article gives data on the Western Domiciliary Care and Rehabilitation Service of Adelaide to offer evidence for the contention that comprehensive community support services offer disabled elderly people a real alternative to institutional care.

CASE STUDIES, EVALUATION, DOMICILIARY SERVICES, SOUTH AUSTRALIA

- 509 Mykyta, L.J. (1988), 'Community services and migrants', **Australian Journal on Ageing**, 7(3), August:15-17.

'The recent experience of the Western Domiciliary Care and Rehabilitation Service [in Adelaide] with clients of Italian, Greek and Polish origin is analysed. It is argued that our Service is accessible to and utilised by non-English-speaking clients to an extent that is proportional to the needs of their "at risk" population.'

CASE STUDIES, EVALUATION, DOMICILIARY SERVICES, DEMOGRAPHIC GROUPS, SOUTH AUSTRALIA

- 510 Mykyta, L.J. (1990), 'A comprehensive public service approach', in A. Howe, E. Ozanne and C. Selby Smith (eds), **Community Care Policy and Practice: New Directions in Australia**, Public Sector Management Institute, Monash University, Clayton, Vic.:171-81.

This paper criticises some aspects of the 'community options' approach, in particular the disparaging views taken of mainstream, public agency services and the assumption that there is an adversarial relationship here between service providers and users. It also cautions against the uncritical use of overseas models without taking the local context into account. There are some distinctly Australian models of practice and the author describes the Western Domiciliary Care and Rehabilitation Service of Adelaide as a case in point.

CASE STUDIES, POLICY ANALYSIS, CASE MANAGEMENT, ORGANISATIONAL INNOVATION, SOUTH AUSTRALIA

- 511 Mykyta, Lu and Michael Burr (1987), 'Assessment, equity and the concept of need', **Australian Journal on Ageing**, 6(3), August:19-21.

This paper comments critically on the paper by Abbey, Hall and Rungie (*Australian Journal on Ageing*, 6(2), May:10-14). 'Amongst the major weaknesses of this paper, it is argued, are its failure to define terms and processes, and constantly implied criticisms of current mainstream services based on invalid assumptions about the behaviour of those services. The principles behind the system that is used by the metropolitan Regional Domiciliary Care Services of South Australia are set out, the assessment process is described, and evaluation is made of claims by Community Options regarding the outcomes of its activities.'

EVALUATION, DOMICILIARY SERVICES, CASE MANAGEMENT, SOUTH AUSTRALIA

- 512 Mykyta, L.J. and G. Lovell (1989), 'Community care for dementia sufferers', **Australian Journal on Ageing**, 8(3), August:17-19.

'A programme of intensive domiciliary support for dementia sufferers operating as part of a regional geriatric service is described in detail and illustrated with a case study. It is argued that domiciliary support for people with advanced dementia and limited social support is feasible and cost-effective.'

CASE STUDIES, DOMICILIARY SERVICES, DEMOGRAPHIC GROUPS, SOUTH AUSTRALIA

- 513 Nankervis, Joan (1990), 'The Victorian linkages project', in A. Howe, E. Ozanne and C. Selby Smith (eds), **Community Care Policy and Practice: New Directions in Australia**, Public Sector Management Institute, Monash University, Clayton, Vic.:119-24.

The success of appropriate packages of care to the elderly in the community hinges upon the development of formal links between the various components of the service system that make up the whole. 'To this end unmatched Commonwealth funds have been made available to develop linkages projects in Victoria. The purposes of the linkages projects are to enhance the development of principles and processes for assessment, to promote care planning, management and review, to link RGATs with councils, home nursing services and other services available to older people and their carers, and to enable the provision of extra support required by people admitted to the projects...To achieve this, seven pilot projects are being conducted across the State, to develop models of case management as a strategy for maintaining the supported independence of older people at risk of institutionalisation, and continuing their involvement in community life.' The four principles informing the project are: equity, access, participation and rights. A profile of the seven projects is given. Monitoring of the outcomes is being undertaken.

CASE MANAGEMENT, VICTORIA

- 514 National Federation of Housing Associations (1989), **Housing: The Foundation of Community Care**, 2nd ed., National Federation of Housing Associations and MIND, London, 108pp.

This report aims to provide practical guidance and information to those concerned with the planning and provision of community-based housing for those people with mental health problems or learning difficulties. It provides a context for planning the necessary support services and highlights areas where legislative and organisational administrative change can facilitate the development of housing and support services. It also covers supported housing for elderly people with mental health needs. This edition includes discussion of the six major reports on aspects of community care to come out between 1986 and 1988.

METHODOLOGY, POLICY ANALYSIS, DEMOGRAPHIC GROUPS, PLANNING, UNITED KINGDOM

- 515** Neu, C.R. and Scott C. Harrison (1988), **Posthospital Care Before and After the Medicare Prospective Payment System**, Rand/UCLA Center for Health Care Financing Policy, Washington, D.C., 95pp.

'With the introduction of the Medicare prospective payment system (PPS) in 1983, hospitals faced strong new incentives to discharge Medicare patients as rapidly as possible. The PPS also provided new encouragement for the use of posthospital care provided by skilled nursing facilities (SNFs) and home health agencies (HHAs)...This report seeks to document the changes in Medicare hospital and posthospital care patterns that have occurred since the introduction of the PPS.' It was found that hospital length of stay is shorter and that more patients are using posthospital care (less SNF and more home health care although limited availability of SNF in some states may account for this). Evidence on whether or not posthospital care is substituting for hospital care is mixed.

POLICY ANALYSIS, HEALTH SERVICES, UNITED STATES

- 516** Neugarten, Bernice L. (ed.) (1982), **Age or Need? Public Policies for Older People**, Sage, Beverly Hills, Calif., 288pp.

Should the first criterion of eligibility for benefits or services be a persons's age or a person's needs? The chapters of this book represent various perspectives and opinions on this question.

NEEDS, POLICY ANALYSIS, DEMOGRAPHIC GROUPS, TARGETING,

- 517** Nevitt, Della Adam (1977), 'Demand and need', in Helmuth Heisler (ed.), **Foundations of Social Administration**, Macmillan, London:113-28.

This chapter uses 'the most simple microeconomic analysis to relate Bradshaw's taxonomy of social need to demand and supply theory.' It discusses both individually purchased goods and services, and publicly provided social services.

NEEDS

- 518** New South Wales - Department of Family and Community Services (1990), **Directions on Ageing in New South Wales: Community Services**, Office on Ageing Sydney, v, 45pp.

This paper, one of a series published as part of the process of developing a NSW Government Policy Paper on Ageing, looks at the provision of community services for older people and addresses current and emerging issues as well as options for the NSW Government. Essentials for government support of community services are: a clear definition of the target group; the needs of the group; strategies to meet those needs; wide political and community support for its objectives; and an administrative structure which allows the services to function properly. There is a list of community services provided under the HACC Program.

POLICY ANALYSIS, GENERAL SUPPORT SERVICES, ORGANISATION AND CONTROL, NEW SOUTH WALES

- 519** New South Wales - Department of Health (1990), **Directions on Ageing in New South Wales: Health**, Office on Ageing, Sydney, ix, 57pp.

This paper, one of a series published as part of the process of developing a NSW Government Policy Paper on Ageing, 'discusses strategic direction for the adaptation of the public health system to meet the needs of the

growing aged population over the coming decade.' It outlines strategies which include: prevention/health promotion; primary and community care; acute hospital services; post-acute care; geriatric health services; residential care; dementia as a priority issue; and, implementation and resource implications.

POLICY ANALYSIS, HEALTH SERVICES, NEW SOUTH WALES

- 520** New Zealand - Department of Statistics (1989), **National Health Status Measures: Report of the Health Status Working Groups of the Review Committee on New Zealand Health Statistics**, Wellington, 72pp.

'This report reviews statistical measures of health status and recommends a minimum list suitable for use in New Zealand. A wide range of definitions of health are reviewed, showing how health definitions have evolved through time to encompass physical, mental and social well-being...Measures of health are also considered in terms of their objectivity or subjectivity.'

METHODOLOGY, HEALTH SERVICES, QUALITY OF LIFE, NEW ZEALAND

- 521** Newman, Sandra J. (1985), 'Housing and long-term care: the suitability of the elderly's housing to the provision of in-home services', *The Gerontologist*, 25(1):35-40.

This paper looks at the question of whether the accommodations in which the dependent elderly live are conducive to the delivery of long-term care services. A minimally adequate housing unit is a necessary condition for many of the in-home long-term care programs. This paper reports on analysis of the 1978 National Annual Housing Survey and provides rough estimates of the number of elderly households potentially at risk. There are directions given for future research and some conclusions.

DEMOGRAPHIC TRENDS, NEEDS, DOMICILIARY SERVICES, UNITED STATES

- 522** Newman, Sandra J. (1988), **Worlds Apart? Long-Term Care in Australia and the United States**, Haworth Press, New York, x, 113pp.

The first section of this book describes the shared concerns and key policy issues regarding long-term care in Australia and the U.S. In the next section the demographic and government structures of the two countries are compared. The third section reviews the overall structure of each country's long-term care system, the interrelationships among components and inherent incentives and disincentives. The fourth section examines costs and institutionalisation rates.

DEMOGRAPHIC TRENDS, INTERNATIONAL COMPARISONS, POLICY ANALYSIS, FINANCING, AUSTRALIA, UNITED STATES

- 523** Nixon, Murray and Rebecca McCollum (1989), 'Geriatric rehabilitation: a family practice approach', *Canadian Family Physician*, 35, October:2157-61.

'Geriatric patients require rehabilitative measures that restore function and prevent further loss, with the goal of preserving independence. Assessment of functional ability and problems contributing to the disability (there are frequently more than one in elderly patients) help to make realistic goals for treatment. Functional scales provide rational evaluation of baseline status, progress made during treatment, and when remission has occurred.'

METHODOLOGY, NEEDS, TARGETING

- 524** Norman, Alison (1985), **Triple Jeopardy: Growing Old in a Second Homeland**, Centre for Policy on Ageing, London, Policy Studies in Ageing No.3, 180pp.

This book begins by summarising the plight in which elderly settlers find themselves. They are at risk through old age, through cultural and racial discrimination and through their lack of access to services as they are at present provided. It suggests practical action which might be taken to improve matters. It is a complex, multi-faceted situation which needs to be tackled at many different levels and in many different ways.

NEEDS, DEMOGRAPHIC GROUPS, UNITED KINGDOM

- 525** Nørregaard, Carl (1986), **Social Cohesion and Time Available for Assistance to the Elderly in Denmark**, European Foundation for the Improvement of Living and Working Conditions, Dublin, Working Paper Series, iv, 46pp.

The aim of this study is to investigate 'whether there are ongoing trends which indicate greater social cohesion between the various groups of the elderly, with the aim of enabling the elderly to remain in their own homes.' The report begins with the demography of the elderly in Denmark and a description of their living conditions. Service provision is described, especially with regard to living conditions and care provision, with an emphasis on the relatively new interim pension scheme in Denmark. In the final chapter there is an evaluation of the information available, its political implications and the need for further research.

DEMOGRAPHIC TRENDS, GENERAL SUPPORT SERVICES, QUALITY OF LIFE, DEMOGRAPHIC GROUPS, ORGANISATION AND CONTROL, DENMARK

- 526** Norton, Alan, Bryan Stoten and Hedley Taylor (1986), **Councils of Care: Planning a Local Government Strategy for Older People**, Centre for Policy on Ageing, London, Policy Studies in Ageing No.5, 193pp.

This book 'is the report of a review of local government policies undertaken jointly by the Centre for Policy on Ageing and the Institute of Local Government Studies. It outlines the most important areas of current practice, highlights initiatives that could provide a model, and provides an informed basis for discussion of policy and decision making in the immediate future...Part three considers the services required by the frail elderly, and reviews the community care debate and developments in home help, meals services, day care, residential care, social work support, and some of the innovatory alternatives. The final section considers the crucial issue of co-ordination between local government departments, and between local government and other agencies.'

POLICY ANALYSIS, GENERAL SUPPORT SERVICES, ORGANISATION AND CONTROL, ORGANISATIONAL INNOVATION, UNITED KINGDOM

- 527** Nowland-Foreman, G. and N. De Brett (1982), **Estimates of Unmet Need for Home Support Services in New South Wales**, Department of Youth and Community Services in conjunction with Home Support Services Committee, Council of Social Service of NSW, Sydney, 21pp.

Recent reports and inquiries in Australia have been unanimous in recommending the expansion of home support services for both service effectiveness and cost efficiency reasons. This report aims to provide quantitative measures of unmet need for a basis for better future planning by all levels of government and non-government organisations. The estimates are based on conservative assumptions and are more likely to be underestimated than otherwise. In a number of cases international comparisons are made. Clientele estimates are compared with American data and service level estimates with those of the United Kingdom. Present levels of service are

compared to future needs. The cost of the present arrangements is estimated and anomalies in funding arrangements pointed out.

DEMOGRAPHIC TRENDS, INTERNATIONAL COMPARISONS, METHODOLOGY, NEEDS, DOMICILIARY SERVICES, FINANCING, PLANNING, NEW SOUTH WALES, UNITED KINGDOM, UNITED STATES

- 528** O'Brien, Carole Lium (1982), **Adult Day Care: A Practical Guide**, Wadsworth Health Services Division, Monterey, Calif., xvii, 429pp.

'The aim of the present volume is to formulate, within a unified systems framework, the concepts of assessment, planning, implementation, and evaluation relevant to the development of adult day-care programs and to apply these concepts directly to the circumstances encountered by professionals involved in planning or delivering such services to the elderly disabled population...The book considers the establishing of adult day-care centers within a community perspective and long-term continuum-of-care options.'

EVALUATION, METHODOLOGY, GENERAL SUPPORT SERVICES, PLANNING, UNITED STATES

- 529** Oliver, Mike and Gerry Zarb (1989), 'The new politics of disability: a new approach', **Disability, Handicap & Society**, 4(3):221-39.

'This paper will argue that the politics of disability has, so far, been narrowly conceived as part of the processes of party and pressure group activity. These approaches will be examined critically and it will be suggested that they are unlikely to produce substantial political gains in terms of ensuring the full participation of disabled people in society or contribute significantly to improving the quality of their lives. Finally, it will be argued that the politics of disability can only be properly understood as part of the newly emergent social movements of all kinds and it is only within this context that their real significance can be grasped.'

POLICY ANALYSIS, QUALITY OF LIFE, DEMOGRAPHIC GROUPS, UNITED KINGDOM

- 530** Omohundro, Julie, Mary Jo Schneider, John N. Marr and Bruce D. Grannemann (1983), 'A four-county needs assessment of rural disabled people', **Journal of Rehabilitation**, 49(4):19-24, 79.

'This survey included disabled white, Black, American Indian, and Mexican American residents of four rural counties. An open-ended needs assessment questionnaire was used to analyze the respondents' problems in terms of their antecedents and consequences, and a forced-choice format was utilized to obtain information on income, health, employment, and service utilization. Respondents reported consistently low economic, employment, and educational levels. Primary areas of need were related to physical/emotional problems, completion of house and yard work, employment, and limited mobility. Few of these needs were being addressed through professional services, and few of the respondents had ever applied for rehabilitation services. Future efforts in rural rehabilitation will have to develop and provide services consistent with rural attitudes and conditions, and will have to adequately inform rural disabled persons of the availability and appropriateness of those services.'

CASE STUDIES, NEEDS, DEMOGRAPHIC GROUPS, UNITED STATES

- 531** Ostfeld, Adrian (1988), 'Using epidemiological data to plan services for the elderly', **Public Health Reports**, 103(5), September-October:520-2.

'To plan health services for the elderly population, the planner needs answers to the following questions: What are the sociodemographic characteristics of the group? What are their living arrangements and what transportation is available to the group? What are the prevalences of major chronic diseases in the group and what is the treatment status of person with these diseases? What are the personal diet, smoking, and alcohol use habits of group members? What is the distribution of disability and the status of cognitive function of group members? What are their current sources of health care? What are the group's current rates of hospitalization, of admissions to nursing homes, and of discharges from these institutions? What are the mortality rates of component groups of the elderly?' These questions are answered using data from an epidemiological study of the elderly.

DEMOGRAPHIC TRENDS, NEEDS, HEALTH SERVICES, DEMOGRAPHIC GROUPS, PLANNING, UNITED STATES

- 532** Owens, Patricia (1987), **Community Care and Severe Physical Disability**, Bedford Square Press, London, Occasional Papers on Social Administration No.82, iv, 127pp.

'This report is the outcome of an Action Research Project for the Young Chronic Sick and Severely Disabled in the Cambridge Health District...The primary objectives of the research were to set up a domiciliary care service for the young severely disabled in the community, to improve the quality of life for those people, and to try to meet the needs of disabled persons in terms of their own perceptions.' Surveys such as these are seen to be essential for planning and it is hoped that this local survey will illustrate more general policy problems in the field of community care.

CASE STUDIES, NEEDS, DOMICILIARY SERVICES, QUALITY OF LIFE, DEMOGRAPHIC GROUPS, UNITED KINGDOM

- 533** Ozanne, Elizabeth (1987), 'A review of UK and US approaches to financing and providing aged services: implications for Australia', in Chris Foster and Hal L. Kendig (eds), **Who Pays? Financing Services for Older People**, Commonwealth Policy Co-ordination Unit and ANU Ageing and the Family Project, Canberra:235-88.

'This paper sets out to review some of the principle [sic] factors mediating the development of long term care policies, and then selectively reviews specific program and cost innovations that have been implemented in the United Kingdom and the United States, exploring their applicability to Australia. For the purposes of comparative analysis, eight factors considered to mediate the manner in which a country develops its long term care strategy will be elaborated. These factors are: stage of demographic transition; system and ideology of government; extent of policy elaboration and political commitment to the frail aged; responsibilities of different levels of government in centralisation/decentralisation debates; role of the private sector; perceived responsibility of family and informal support network; nature of the health/welfare linkage/split; and nature of resource rationalisation in an environment of scarcity.'

INTERNATIONAL COMPARISONS, POLICY ANALYSIS, GENERAL SUPPORT SERVICES, FINANCING, ORGANISATION AND CONTROL, AUSTRALIA, UNITED KINGDOM, UNITED STATES

- 534** Ozanne, Elizabeth (1990), 'Development of Australian health and social policy in relation to the aged and the emergence of home care services', in A. Howe, E. Ozanne and C. Selby Smith (eds), **Community Care Policy and Practice: New Directions in Australia**, Public Sector Management Institute, Monash University, Clayton, Vic.:8-24.

'This paper explores the major phases in the development of home care services in Australia and then goes on to draw out some of the characteristics of this evolution and possible implications for future service development.' Ten phases are consolidated into three major periods and each is elaborated in terms of the socioeconomic conditions of the time; the ideology of the government in power; the major identified problems of the period; the nature of the available service infrastructure and technology of response; the principal interest groups involved; and specific home care initiatives of the period.

POLICY ANALYSIS, DOMICILIARY SERVICES, ORGANISATION AND CONTROL, AUSTRALIA

- 535** Ozanne, E. (1990), 'Reasons for the emergence of case management approaches and their distinctiveness from present service arrangements', in A. Howe, E. Ozanne and C. Selby Smith (eds), **Community Care Policy and Practice: New Directions in Australia**, Public Sector Management Institute, Monash University, Clayton, Vic.:186-94.

'It will be argued in this paper that case management is an emergent method of service delivery in the 1990s and should be viewed as an innovation that is generated out of a particular demand situation and service infrastructure to which it is designed to be specifically responsive...This paper begins by giving a definition of case management and goes on to examine why these approaches have developed in present service systems. The final section highlights the ways in which case management approaches differ from present service arrangements.'

CASE MANAGEMENT, ORGANISATION AND CONTROL, ORGANISATIONAL INNOVATION

- 536** Ozanne, Elizabeth and Kenneth Wedel (1987), 'Purchase of service contracting in service provision for older people', in Chris Foster and Hal L. Kendig (eds), **Who Pays? Financing Services for Older People**, Commonwealth Policy Co-ordination Unit and ANU Ageing and the Family Project, Canberra:345-58.

'In this paper alternative government funding arrangements are examined in terms of application for improved service provision. Particular attention is given in this examination to the potential for fostering a collaborative partnership between government and non-government organisations (NGOs) through purchase of service contracting.'

POLICY ANALYSIS, FINANCING, ORGANISATION AND CONTROL, AUSTRALIA

- 537** Page, Carole A. (1988), 'On the continuing misplacement of New Zealand's elderly population: some suggestions', **New Zealand Medical Journal**, 101(856, Part 1), 26 October:666-7.

'One objective of this paper is to outline the various ways in which a particular sector of the elderly population is currently suffering from poor mental health, and how others in that sector are at high risk in the future. Another objective is to suggest how this sector can be helped out of this predicament with the coordinated help of doctors, district nurses, and hospital counsellors.'

NEEDS, HEALTH SERVICES, DEMOGRAPHIC GROUPS, ORGANISATIONAL INNOVATION, NEW ZEALAND

- 538 Palley, Howard A. and Julianne S. Oktay (1983), **The Chronically Limited Elderly: The Case for a National Policy for In-Home and Supportive Community Based Services**, Haworth Press, New York, ix, 142pp.

'The main goal of this book is to stress the need for a clear national policy designed to improve home health and other in-home services for the chronically limited elderly and their families within a comprehensive system of community-based health and social services.' Emphasis is on the role of the family in support and services to reinforce their efforts and relieve the stresses on them. The concepts of 'need' and 'disability' are looked at in relation to the elderly in the United States and current services and policies are examined. Four United States federally funded in-home services are examined state-by-state and are found to be inequitable, with the large majority of the chronically ill living in states which provide inadequate levels of service. Finally, there is a brief overview of in-home service provision in Germany, Sweden, Denmark and Canada.

CASE STUDIES, INTERNATIONAL COMPARISONS, NEEDS, POLICY ANALYSIS, CARERS, DOMICILIARY SERVICES, ORGANISATION AND CONTROL, CANADA, DENMARK, GERMANY, SWEDEN, UNITED STATES

- 539 Palmore, Erdman (1983/84), 'Health care needs of the rural elderly', **International Journal on Aging and Human Development**, 18(1):39-45.

'Statistics from the National Center for Health Statistics show that rural elders have greater health needs than urban elders, but receive less care. The barriers to adequate health care among rural elders include ignorance and denial, a tendency to use lay rather than professional treatment, financial and transportation difficulties, and the resistance of medical personnel to adequate care. Professionals can be more effective if they are aware of these special problems.'

NEEDS, DEMOGRAPHIC GROUPS, ORGANISATION AND CONTROL, UNITED STATES

- 540 Palsdottir, Dogg (1986), **Elderly in Iceland**, Rit heilbrigdis- og tryggingamalaraduneytisins, 1/1986, v, 114pp.

'This paper describes and analyses the past and present situation in services for the elderly in Iceland. Furthermore, projections into the future are given when appropriate.' The legislation on services for the elderly which entered force in 1983 and the services covered by the legislation are described and there is an analysis of the current availability of institutional care for the elderly. The final section puts forward conclusions and recommendations.

DEMOGRAPHIC TRENDS, POLICY ANALYSIS, GENERAL SUPPORT SERVICES, ORGANISATION AND CONTROL, ICELAND

- 541 Panckhurst, Fay and John Panckhurst (1982), **Evaluation, Standards and Accreditation of Government-Subsidised Services for Handicapped People**, Fred and Eleanor Schonell Education Research Centre, University of Queensland, x, 231pp.

'This report examines the development of evaluation and accreditation procedures as one way of improving the quality of services for handicapped Australians.' Part 1 discusses the background to the current development of upgrading and accreditation procedures; identifies important issues and reviews the literature on each; analyses the organisation and selected procedures for accreditation; and ends with a brief introduction to the development of accreditation procedures for Australia. Part 2 deals primarily with the methods proposed for use in evaluating program quality, the testing and review of these methods and the resulting recommendations.

EVALUATION, METHODOLOGY, AUSTRALIA

- 542** Parker, Gillian (1990), **With Due Care and Attention: A Review of Research on Informal Care**, 2nd ed., Family Policy Studies Centre, London, Occasional Paper No.2, 142pp.

'The aim of this review is to set out what is currently known about the implications and consequences of this emphasis of "care by the community", focusing on the non-statutory care provided for heavily dependent people either in their own homes or in the homes of their carers...[it] concentrates on those caring for elderly people, for children with disabilities, and for adults of working age who have disabilities or chronic serious illnesses. Non-elderly adults with mental illnesses are excluded.' It begins with demographic and employment trends and their implications for the size of the dependent population and the potential caring capacity of the community and then asks who are the carers, what are their costs and what are the extent and level of those costs? The current patterns of service provision for carers are reviewed and some recent innovative developments in the support of carers outlined.'

DEMOGRAPHIC TRENDS, CARERS, GENERAL SUPPORT SERVICES, ORGANISATIONAL INNOVATION, UNITED KINGDOM

- 543** Parker, R.A. (1989), **Welfare Provision for the Elderly: The Contribution of the Private Sector**, National Institute for Social Work, Research Unit, London, EEC Project Report 4, 77pp.

There has been a lack of information on the private provision of community services. It has been assumed in the past that privately supplied care services could be lumped together; this, however, is not so and there are at least five characteristics in the light of which a simple classification might be made: form, scale, distribution, regulation and subsidisation. These five themes have informed the structure of this report. The report considers the present and future levels of disposable income amongst the elderly; assesses the size, development, subsidisation and regulation of private residential homes, nursing homes and domestic help; explores questions of distribution; and reviews the place that the private sector is likely to occupy in the future.

ORGANISATION AND CONTROL, UNITED KINGDOM

- 544** Parmenter, Trevor R. (1990), 'Evaluation of service delivery programs', in **National Workshop on Research Priorities Related to the Service and Support Needs of Adults With Severe Intellectual Disabilities and Their Carers**, Social Policy Research Centre, University of New South Wales, Kensington, 11pp.

This paper argues for the co-ordinated effort of researchers, policy makers and service providers to ensure better quality of life for people with severe intellectual disabilities. The paper focuses on: 'the role of research and its relationship to policy-making and service delivery; the definition of the population at hand...; issues in the service delivery and programming areas relating to people with a severe intellectual disability. Several researchable questions emanating from each of these areas will be proposed; and methodological issues.'

EVALUATION, METHODOLOGY, DEMOGRAPHIC GROUPS, ORGANISATION AND CONTROL, AUSTRALIA

- 545 Pensabene, Tony S. (1987), 'Multiculturalism and services for the ethnic aged: from philosophy to practice', in Chris Foster and Hal L. Kendig (eds), **Who Pays? Financing Services for Older People**, Commonwealth Policy Co-ordination Unit and ANU Ageing and the Family Project, Canberra:215-33.

'The purpose of this paper is to present a theoretical and policy approach to the provision of services to the aged, an approach based on the principles of multiculturalism.' The author considers that the current provision of aged care services falls far short of the commitment implicit in the policy of multiculturalism. Self-help initiatives are described, existing ethno-specific accommodation facilities by ethnic groups are listed, and policy considerations are outlined.

POLICY ANALYSIS, DEMOGRAPHIC GROUPS, AUSTRALIA

- 546 Perring, Christina, Julia Twigg and Karl Atkin (1990), **Families Caring for People Diagnosed as Mentally Ill: The Literature Re-Examined**, H.M.S.O., London, Social Policy Research Unit Series, v, 62pp.

'The ultimate aims of this paper are to reach an understanding of what life is like for carers of people diagnosed as mentally ill and to begin to relate this to what is already known about informal care.' The review covers the research reported in the psychiatric and psychological literature that has investigated the impact of mental illness on families. This is a small body of work and there are some barriers to understanding which are discussed here. The main body of the review examines the impact of caring on the family and considers why the impact of caring may be more difficult for some people than for others. A review of families and service provision is given.

CARERS, GENERAL SUPPORT SERVICES, QUALITY OF LIFE

- 547 Pfeiffer, E., T.M. Johnson and R.C. Chiofolo (1981), 'Functional assessment of elderly subjects in four service settings', **Journal of the American Geriatric Society**, 29(10):433-7.

'Rapid, reliable and valid assessment of the functional status of the elderly person is a prerequisite for the efficient provision of appropriate types of services. The Functional Assessment Inventory, a 30-minute, multidimensional functional assessment questionnaire, is an abbreviated modification of the OARS Multidimensional Functional Assessment Questionnaire. It was administered by interviewers to a stratified sample of 244 elderly persons in a rural county of Florida, in four service settings...Patterns of functional impairment for each setting were identified...The findings suggest potential for the widespread use of the new shorter Functional Assessment Inventory for determining the type, level, and appropriateness of services for the elderly.'

METHODOLOGY, NEEDS, TARGETING, UNITED STATES

- 548 Pflanzner, Steven I. and Bela J. Bogner (1989), 'Care of elderly people in Hungary today', **The Gerontologist**, 29(4):546-50.

'Based on library research and international field work, we describe local social services for elderly people in Hungary. Although a broad range of benefits are available there, local services are needed to supplement often inadequate universal entitlements. Hungary's current economic and political situation is unfavourable to improving the benefit system. To illuminate differences among socialist countries in Eastern Europe, we recommend comparisons with Poland.'

GENERAL SUPPORT SERVICES, ORGANISATION AND CONTROL, HUNGARY

- 549 Philipp, Robin, Jenny Dixon, Geraldine Elcombe, Jeannette McLoughlin, Clare Meyrick, Clare Nesling and Mary Rutherford (1986), 'Prevalence estimates of physical handicap', **Public Health**, 100(1):42-8.

'The words "impairment", "disability" and "handicap" have often been used indiscriminately. It has been recommended recently that further discussion should be taken through the EEC on harmonising the definitions. The WHO definitions are stated. When identifying needs or planning services for physically handicapped people in a community it can be difficult to assess the size of the problem. Findings from interview studies and assessments by health care providers are not always in agreement, and at least in the UK, Local Authority and Department of Employment registers are incomplete. Well conducted population surveys are needed to derive reliable estimates for the numbers of handicapped persons. This paper describes some of the larger studies that have been undertaken, and discusses the methodological issues that need to be considered when planning such work.'

DEMOGRAPHIC TRENDS, METHODOLOGY, DEMOGRAPHIC GROUPS, PLANNING, UNITED KINGDOM

- 550 Philips, Tim (1987), 'The cost of residential and community care', in Chris Foster and Hal L. Kendig (eds), **Who Pays? Financing Services for Older People**, Commonwealth Policy Co-ordination Unit and ANU Ageing and the Family Project, Canberra:329-43.

The widespread assumption of policy-makers that it is cheaper to maintain people for as long as possible in their homes is not necessarily so. The concept of 'cost' is not a simple one and can mean different things depending on the point of reference of the person using it. In attempting to obtain an accurate picture of the comparative costs of alternative forms of care, the author gives a list of questions which must be answered. 'The cheapness (or otherwise) to government of alternative forms of care for the elderly is only one of a number of factors which should be taken into account in making policy and resource allocation decisions. Other criteria such as effectiveness, efficiency and acceptability must be considered in determining the most appropriate location of care.'

POLICY ANALYSIS, FINANCING, RESOURCE ALLOCATION, AUSTRALIA

- 551 Phillips, Barbara R., Peter Kemper and Robert A. Applebaum (1988), 'The evaluation of the National Long Term Care Demonstration. 4. Case management under channeling', **Health Services Research**, 23(1), April:67-81.

'The channeling demonstration involved provision of comprehensive case management and direct service expansion. This article considers the former. Under both models, comprehensive case management was implemented largely as intended; moreover, channeling substantially increased the receipt of comprehensive care management. However, channeling was not a pure test of the effect of comprehensive case management: roughly 10-20 percent of control group members received comparable case management services. This was particularly the case for the financial control model. Thus, the demonstration was not a test of case management compared to no case management; rather, it compared channeling case management to the existing community care system, which already was providing comprehensive case management to some of the population eligible for channeling.'

EVALUATION, CASE MANAGEMENT, UNITED STATES

- 552 Phillipson, Chris (1989), 'Preferences for care amongst older people: some implications for community care policies', **Action Baseline**, Winter/Spring:5-9.

Present government policy is premised on the assumption that people only turn to the statutory services when informal sources are either unavailable or lack the necessary skills and resources. This paper argues that there is no consistent evidence to sustain this and that attitudes towards receiving and giving care are rapidly changing. Recent research suggests that 'care by the community is seen as a less attractive option than care from professionals but

with the support and involvement of the family.' The paper suggests that the skills of families in bargaining or buying public sector, voluntary or private support must be improved. It is also suggested that we should not ignore the strength of other traditional structures than family and friends, particularly those based on race, religion and occupation. A third suggestion builds on the nature of friendship in old age, particularly amongst women, and sees possibilities in public sector support for groups of people.

CARERS, GENERAL SUPPORT SERVICES, ORGANISATIONAL INNOVATION, SERVICE UTILISATION, UNITED KINGDOM

- 553** Pillemer, Karl (1984), 'How do we know how much we need? Problems in determining need for long-term care', *Journal of Health Policy, Politics and Law*, 9(2), Summer:281-990.

'As one solution to the widely perceived "crisis" in the long-term care system, state and local agencies have developed methodologies which specify the amount and type of long-term care services needed in an area. This article focuses on need-based methodologies, and criticizes the use of such formulae as a primary strategy to restructure the long-term care system. The major weaknesses of this type of methodology are discussed, including faulty assumptions, lack of sufficient data, and the political character of the implementation process.'

METHODOLOGY, NEEDS, PLANNING, TARGETING, UNITED STATES

- 554** Pillemer, Karl, Margaret MacAdam and Rosalie S. Wolf (1989), 'Services to families with dependent elders', *Journal of Aging & Social Policy*, 1(3/4):67-88.

'This article analyzes the role of states in providing service and financial incentives for family caregivers to impaired older people. Results from a recent Massachusetts study of family relations of the elderly are reported, focusing on the role of relatives in providing care. Next, critical needs of family caregivers are discussed, and major service initiatives to respond to these needs are reviewed. The Massachusetts home care system is used as an example of how services that support family care can be delivered in a comprehensive fashion. Two financial incentive programs (tax incentives and direct payment of caregivers) are then presented. The article concludes with a call for experimental demonstration projects to expand knowledge in this area.'

CASE STUDIES, NEEDS, CARERS, GENERAL SUPPORT SERVICES, FINANCING, ORGANISATIONAL INNOVATION, UNITED STATES

- 555** Platt, Stephen (1985), 'Measuring the burden of psychiatric illness on the family: an evaluation of some rating scales', *Psychological Medicine*, 15:383-93.

'The gradual shift towards non-institutional treatment for severe and chronic psychiatric illnesses has been accompanied by a recognition of potentially harmful effects ("burden") upon the patient's caregivers. This paper aims to provide a framework for the development of further research into the burden of "community care" by offering a clear definition of the burden concept, an exposition of the criteria for evaluating rating scales to measure the concept, a review of major rating scales of burden, and some suggestions for improvements in methodology which are urgently required.'

EVALUATION, METHODOLOGY, CARERS

- 556 Pollitt, Christopher (1988), 'Bringing consumers into performance measurement: concepts, consequences and constraints', **Policy and Politics**, 16(2):77-87.

'As the practice of formal measurement of the performance of public services spreads attempts are beginning to be made to combine this measurement with the even more recent fashion for a "consumer approach". This paper argues that there are a range of sometimes incompatible ideas at play behind the popular label of "consumerism". The consequences of combining performance measurement with a consumer approach will depend very much on *which* concept of the consumer is being invoked. In conclusion it is pointed out, while current conceptions of the of the public service consumer are often stultifyingly apolitical and narrow, the bolder versions of consumerism also face apparently considerable but largely unexplored constraints.'

EVALUATION, METHODOLOGY

- 557 Powell, Chuck and James A. Thorson (1989), **Rural Elderly and Their Needs: Understanding, Developing and Using Needs Assessment**, National Resources Center for Rural Elderly, University of Missouri at Kansas City, iii, 74pp.

'The primary focus of this monograph is to describe methods that can be used in conducting a needs assessment in rural areas with elderly respondents.' One of the first steps is to clarify terms. The different methods that can be used for needs assessment are described and a bibliography and sample questionnaire are included.

METHODOLOGY, NEEDS, UNITED STATES

- 558 Pratt, Clara, Scott Wright and Vicki Schmall (1987), 'Burden, coping and health status: a comparison of family caregivers to community dwelling and institutionalized Alzheimer's patients', **Gerontological Social Work With Families**, 10(1/2):99-112.

'This study investigates caregiver health, burden and coping strategies of family caregivers to institutionalized and community dwelling Alzheimer's disease patients. Patient residence was significantly related to caregiver health status, sources of burden and the efficacy of various strategies for reducing burden. Implications for intervention with family caregivers are discussed.'

CARERS, DEMOGRAPHIC GROUPS, UNITED STATES

- 559 Price, John Rea, et al. (1987), **The Future Role of Social Services Departments**, Policy Studies Institute, London, Discussion Paper No.17, 40pp.

These are papers from a seminar on the future role of social services departments in an environment of changing public policy. They are from people both inside and outside the personal social services and they review the achievements and weaknesses of personal social services departments. The papers explore the options available to providers of social services, discuss welfare pluralism and the future role of social services departments.

POLICY ANALYSIS, ORGANISATION AND CONTROL, UNITED KINGDOM

- 560 Puckett, A. (1986), 'Deinstitutionalisation of the mentally ill: rehabilitation or neglect?' **Welfare in Australia**, 6, November:16-9.

'The care of the mentally ill is a contentious issue in New South Wales because some workers prefer a gradual approach of increasing community facilities whilst keeping the hospital base, as opposed to the current view that

community facilities must rapidly substitute for the existing hospital services. The "gradualist" approach has been developed quite satisfactorily in a number of countries, notably in the UK. By contrast, the "deinstitutionalists", notably in the US, have a number of major failures on their hands because they lack awareness of the needs of the mentally ill in the community. It is argued that, from the fieldworker's viewpoint, current deinstitutionalisation policy should be amended to take cognizance of recent professional studies. Other state governments in Australia will also need to heed the implications of these studies.'

INTERNATIONAL COMPARISONS, POLICY ANALYSIS, DEMOGRAPHIC GROUPS, NEW SOUTH WALES

- 561** Quadagno, Jill, Cebra Sims, D. Ann Squier and Georgia Walker (1987), 'Long-term care, community services and family caregiving', in Timothy H. Brubaker (ed.), **Aging, Health, and Family: Long-Term Care**, Sage, Newbury Park, Calif.:116-28.

'The purpose of this study is to investigate how a community-based services program interacts with family caregiving, both from the perspective of the family caregivers and from that of the elderly clients of the bureaucracy.' It is a study of a home and community based services program in the state of Kansas and interviews were conducted with clients and caregivers.

CASE STUDIES, CARERS, GENERAL SUPPORT SERVICES, ORGANISATION AND CONTROL, UNITED STATES

- 562** Qureshi, Hazel and Alan Walker (1989), **The Caring Relationship: Elderly People and Their Families**, Macmillan, Basingstoke, Hants., xii, 291pp.

This book takes a close look at family relationships at the end of the life cycle. 'The book begins with a description of the overall sample of elderly people, and goes on to discuss the patterns of contact which they have with their relatives and the variety of needs and sources of help which are identified. The second half of the book focuses on those who receive regular assistance with practical tasks and discusses how choices are made about who will help within the family, what effects increasing disability and dependency are seen to have on relationships, and how statutory help is seen in relation to family help. We conclude with a discussion on the ways in which our improved knowledge of the informal sector might be better taken into account in the policy and practice of the formal sector of care.

NEEDS, CARERS, DEMOGRAPHIC GROUPS, SERVICE UTILISATION, UNITED KINGDOM

- 563** Qureshi, Hazel, David Challis and Bleddyn Davies (1989), **Helpers in Case-Managed Community Care**, Gower, Aldershot, Hants., xiv, 242pp.

'This is one of three books about the Thanet Community Care Project, the others being *Matching Resources to Needs in Community Care* (Davies and Challis, 1986) and *Case Management in Community Care* (Challis and Davies, 1986). This book reports analyses of the motivations anticipated and rewards actually enjoyed by paid and unpaid helpers recruited and deployed by the community care "case managers" ...and the implications for policy and practice.'

CASE STUDIES, EVALUATION, POLICY ANALYSIS, CARERS, UNITED KINGDOM

- 564** Radford, Anthony J.L. (1981), 'Community action: a rural survey and its outcome', in Anna L. Howe (ed.), **Towards an Older Australia: Readings in Social Gerontology**, University of Queensland Press, St Lucia:196-204.

This is a study by a committee of the needs, expectations and utilisation of services for the elderly (in particular housing), in the Mt Gambier area of South Australia. The survey was conducted in January 1976 and the method of study was by questionnaire to a sample of the elderly. Interviews with health and welfare professionals, local and other government officers and administrators and organisations concerned with the care of the elderly were conducted and submissions taken from interested individuals. The survey highlighted the inappropriateness of current government policies regarding subsidies, where maximum assistance was given to nursing home placements and least of all to independent living units.

CASE STUDIES, NEEDS, POLICY ANALYSIS, DEMOGRAPHIC GROUPS, RESOURCE ALLOCATION, SERVICE UTILISATION, SOUTH AUSTRALIA

- 565** Reed, Wornie L. (1980), 'Access to services by the elderly: a community research model', **Journal of Gerontological Social Work**, 3(1), Fall:41-52.

'This paper presents and discusses a research model for assessing relative access to medical and social services by older persons. The model provides a methodology for evaluating the community services system for the elderly. Specifically, the model is aimed at answering the following questions: (1) What is the extent to which older persons in need of medical, psychiatric, dental, transportation, and other social services acquire such services? (2) What is the relationship between enabling factors and access? (3) What is the relationship between potential barriers and access? (4) How do particular enabling factors and barriers interact to affect access?'

EVALUATION, METHODOLOGY, TARGETING, UNITED STATES

- 566** Reinken, Judith (1988), 'Health: a brief historical overview', in New Zealand, Royal Commission on Social Policy, **Report, Volume IV, Social Perspectives**, Wellington:41-87.

Social policy in the health area in New Zealand is in a period of transition, with the Department of Health having become a Ministry and having devolved all its service functions to the Area Health Boards. This section looks at current and future likely issues for health and health care in New Zealand.

POLICY ANALYSIS, HEALTH SERVICES, NEW ZEALAND

- 567** Renshaw, Judy (1988), 'Care in the community: individual care planning and case management', **British Journal of Social Work**, 18, Supplement:79-105.

'The first part of this paper describes case management practices in parts of America and elsewhere. The experiences in these settings spotlight issues which have also been raised in the care in the community programme in Britain. In the second part of the paper some of the care planning and case management systems in the care in the community projects are examined and some of the issues which they raise are discussed.'

INTERNATIONAL COMPARISONS, CASE MANAGEMENT, ORGANISATION AND CONTROL, PLANNING, UNITED KINGDOM, UNITED STATES

- 568 Renshaw, Judy, Roger Hampson, Corinne Thomason, Robin Darton, Ken Judge and Martin Knapp (1988), *Care in the Community: The First Steps*, Gower, Aldershot, Hants., ix, 201pp.

In 1983 the Department of Health and Social Security issued the *Care in the Community* circular which recommended, among other things, the setting up of centrally funded pilot or demonstration projects to investigate ways of moving long-stay patients out of institutions. Twenty eight such projects were set up and the Personal Social Services Research Unit at the University of Kent was commissioned to promote the initiative and monitor and evaluate the projects. This book looks at this work. The policy background is outlined and the role of the PSSRU explained. Policies for different client groups are outlined and features of the projects described where they illustrate particular policy elements. Some of the problems faced and the ways in which they were overcome are examined - in particular the management of the projects and the ways in which different agencies collaborated to produce a community care package. Other aspects included are the logistics of providing accommodation, the economic and financial aspects and costing methodology.

POLICY ANALYSIS, CASE MANAGEMENT, FINANCING, ORGANISATION AND CONTROL, ORGANISATIONAL INNOVATION, UNITED KINGDOM

- 569 Rice, Dorothy P. and Jacob J. Feldman (1983), 'Living longer in the United States: demographic changes and health needs of the elderly', *Milbank Memorial Fund Quarterly*, 61(3):362-96.

This paper focuses on the demographic consequences of assumptions of declining mortality and slightly increasing fertility over the next 60 years in the United States and what these changes mean for the nation in terms of health status, use of health services, and expenditures for health care.

DEMOGRAPHIC TRENDS, HEALTH SERVICES, FINANCING, SERVICE UTILISATION, UNITED STATES

- 570 Riley, Matilda White and John W. Riley (1989), 'The lives of older people and changing social roles', *Annals of the American Academy of Political and Social Science*, (503), May:14-28.

'This article addresses the central dilemma of the mismatch between the strengths and capacities of the increasing number of older people in the United States, on the one hand, and the inadequate social-role opportunities to utilize, reward, and sustain these strengths, on the other. In order to enhance the quality of aging, interventions are needed, both in the ways individuals grow older and in the envioning matrix of families, work organizations, political institutions, health care systems, and all the other social structures in which people's lives are embedded. Examples of interventions in both lives and role structures demonstrate the potential for improvement. Looking toward the future, these interventions are seen to affect people of all ages and call for ultimate gradual redesign of the life course from birth to death. An analytical framework of the relationship between aging and broad changes in society is presented as a guide in designing small-scale interventions that can accumulate to benefit - rather than impair - the well-being of older people now and in the future.'

QUALITY OF LIFE, DEMOGRAPHIC GROUPS, ORGANISATIONAL INNOVATION, UNITED STATES

- 571 Rivlin, Alice M. and Joshua M. Wiener (1988), *Caring for the Disabled Elderly: Who Will Pay?* Brookings Institution, Washington, D.C., xviii, 318pp.

'This study analyzes the major options for reforming the way long-term care is financed. It first explores the potential market for private long-term care insurance and other private sector initiatives. Then it turns to the

advantages and disadvantages of various public sector programs. The study recommends both a greatly expanded role for the private sector in financing long-term care and a new public insurance program.'

FINANCING, ORGANISATIONAL INNOVATION, UNITED STATES

- 572 Robertson, Alex and Averil Osborn (eds) (1985), **Planning to Care: Social Policy and the Quality of Life**, Gower, Aldershot, Hants., Studies in Social Policy and Welfare 22, 152pp.

'This book examines planning procedures to see to what extent quality of life is taken into account. It looks at the broad framework of people's satisfaction with their lifestyles and what effect services actually have on them. It shows how more concern for the quality of life of clients can be built into planning procedures for the personal social services. Problems open the discussion: those of defining and measuring objective and subjective aspects of the quality of life; those of planning in economic retrenchment. Aspects of service provision for three client groups - children, mentally handicapped people and the elderly - are then explored, highlighting innovative work and alternative ways of organising such services. Finally, there is an analysis and overview of the resulting themes. Research is seen to have a vital role to play - not just in showing where the cuts fall most heavily, but in helping the planners to devise more effective services to begin with.'

METHODOLOGY, QUALITY OF LIFE, ORGANISATIONAL INNOVATION, PLANNING, UNITED KINGDOM

- 573 Rodin, Judith (1989), 'Sense of control: potentials for intervention', **Annals of the American Academy of Political and Social Science**, (503), May:29-41.

'A substantial amount of research has demonstrated that the sense of control is associated with numerous positive outcomes, including good health. Many aspects of the personal and social conditions of old age influence the control-health relationship. Environmental events associated with old age often place limits on the range of outcomes that are attainable by older people. Moreover, the association between control and indicators of health status may be altered by old age. Finally, old age may influence the relationship between control and various health maintenance behaviors. Aspects of the sense of control can be altered with small interventions that can enhance health specifically and the quality of aging in general. Given the relationship between control and health in old age, several possible factors may help explain or mediate this relationship including mechanisms of behavioral and cognitive change, and physiological adaptations. Despite the largely positive outcomes associated with increased sense of control, negative outcomes are also possible, especially when control is not desired or entails too much responsibility or other demands.'

HEALTH SERVICES, QUALITY OF LIFE, DEMOGRAPHIC GROUPS, UNITED STATES

- 574 Roos, Noralou P., Evelyn Shapiro and Leslie L. Roos (1984), 'Aging and the demand for health services: which aged and whose demand?' **The Gerontologist**, 24(1):31-6.

'Universally insured medical and hospital services provided the opportunity to trace the health care utilized by a large probability sample of elderly residents of Manitoba, Canada. The findings suggest that most elderly are healthy and that they are low, infrequent users of services. A minority were identified who are very high users of health care. The potential influence of physician discretion and the growth in the number of physicians on the utilization patterns of the elderly are discussed.'

CASE STUDIES, HEALTH SERVICES, SERVICE UTILISATION, CANADA

- 575** Ross, Edna (1982), **Home Care**, Planning and Research Unit, N.S.W. Department of Youth and Community Services, Sydney, 101pp.

This is a study of home care in New South Wales. It begins by describing the demographic and social changes requiring new solutions to care of the dependent, including changing values and the relationship between values and policy development. The second section looks at the long-term goals and objectives of home care. Who should receive home care; what services should be provided and the disparity between stated aims and actual policy and practice. Section three examines the role of the family and section four looks at needs: how to measure them, unmet needs and the reasons for them. The organisation and coordination of services are looked at in section five; section six looks at issues relating to service delivery; section seven examines cost effectiveness of home care services and section eight views domiciliary services in three local government areas of NSW.

CASE STUDIES, POLICY ANALYSIS, DEMOGRAPHIC TRENDS, NEEDS, CARERS, DOMICILIARY SERVICES, FINANCING, ORGANISATION AND CONTROL, NEW SOUTH WALES

- 576** Ross, Edna, Deb Turner and Adam Farrar (1990), **The Development and Use of Service Benchmarks in Planning for Community Services**, Council of Social Service of NSW, Sydney, 84pp.

'In this paper NCOSS develops a general procedure for calculating minimum service standards (or "benchmarks") and two different methodologies. One is applicable to direct client services, mainly delivered on a one to one basis with explicit and measurable individual client outcomes. The other is more applicable to indirect services, such as community development, the benefit of which is not usually expressed or measured in individual client outcome terms, but rather in terms of whole populations or communities.' Part one of the paper deals with the need for benchmarks and part two examines two service types: Family Support Services and Neighbourhood Centres.

METHODOLOGY, GENERAL SUPPORT SERVICES, PLANNING, NEW SOUTH WALES

- 577** Rossiter, Chris (1985), 'Policies for carers', **Australian Journal on Ageing**, 4(4), November:3-8.

'Negotiations on the future of the Home and Community Care Program provide an ideal opportunity to implement policies aimed at assisting those caring for frail and confused elderly people. The principal source of community care is, in fact, informal care by families and this article describes the experiences of a group of caring families. It then proposes a range of services, benefits and other means of alleviating some problems of home-based care. It is emphasised that the reorganisation of community care services under HACC must recognise carers' needs.'

POLICY ANALYSIS, NEEDS, CARERS, GENERAL SUPPORT SERVICES, ORGANISATIONAL INNOVATION, AUSTRALIA

- 578** Rossiter, Chris and Malcolm Wicks (1982), **Crisis or Challenge? Family Care, Elderly People and Social Policy**, Study Commission on the Family, London, Occasional Paper No.8, 102pp.

In a dramatically growing population of very elderly people in Britain, how able and how willing is the family to carry out the function of care and support of its frail elderly? After presenting evidence on the ageing of the population, the social and economic circumstances of the elderly are examined and the nature of the different needs highlighted. An analysis is made of which needs are currently met by the family, the state, the private sector and the community, and the impact of changes on the ability of the family and society to meet social needs. Finally, the

implications of all this for social policy and the need for the development of partnership between family and state is discussed.

DEMOGRAPHIC TRENDS, NEEDS, POLICY ANALYSIS, DEMOGRAPHIC GROUPS, ORGANISATION AND CONTROL, UNITED KINGDOM

- 579** Rowland, Don (1983), 'Change in Australia: beyond 2000', *Australian Society*, 2(10), November:17-23.

Part one of this article shows how differences between generations arise; this part aims to discuss their effects. At the national level, the shock waves of successive generations entering each stage of life explain why zero population growth is not yet attainable, why Australia's population is ageing, and why services and production aimed at specific age groups must be ever-ready to change. For individuals, membership of a generation affects life chances, including employment opportunities and marriage prospects. Differences between generations reaching particular life stages continually requires alterations in plans and policies at the national and local levels.'

DEMOGRAPHIC TRENDS, AUSTRALIA

- 580** Rowland, D.T., H.L. Kendig and R.G. Jones (1984), 'Improving efficiency and coverage in survey research on the aged', *Australian Journal on Ageing*, 3(2), May:34-8.

'This paper discusses approaches to survey design applied in a large scale study of the aged in Sydney. The subject matter concerns methods of (i) achieving an adequate coverage of the topics and rare sub-populations while minimising the need for prolonged interviews and sample weighting; (ii) locating a widely dispersed target population economically, (iii) maintaining control over respondent selection and (iv) ensuring the attainment of objectives despite cost constraints and uncertainty.'

CASE STUDIES, METHODOLOGY, AUSTRALIA

- 581** Royal Prince Alfred Hospital & Area Health Service (1987), *A Plan for Health Services for Elderly People in the Royal Prince Alfred Hospital & Area Health Service*, Sydney, 106pp.

This report sets the direction for the development of geriatric services in the Royal Prince Alfred Hospital and Area Health Service with the objective of improving the quality, availability and coordination of health services for elderly people. It outlines the current health status of the elderly in the area and presents information on current services and their utilisation. This plan makes recommendations regarding the organisation, management and requirements for service development.

NEEDS, HEALTH SERVICES, DEMOGRAPHIC GROUPS, PLANNING, SERVICE UTILISATION, NEW SOUTH WALES

- 582** Rubenstein, L.Z. (1986), 'Geriatric assessment programs in the United States: their growing role and impact', *Clinical Geriatric Medicine*, 2(1):99-112.

'Geriatric assessment programs have become a growing component of the health care delivery system for the elderly in the United States. They generally provide interdisciplinary assessment, treatment planning, case management, and often rehabilitation for frail elderly persons and are especially important for persons suspected of needing long-term institutional care. Their development here stems from long experience with geriatric assessment

in the United Kingdom and increasing evidence of the effectiveness in North American settings. Among their demonstrated benefits are better diagnostic accuracy and treatment planning, more appropriate placement decisions with less referral to nursing homes, and improved patient functional status, general well-being, and survival. This article provides, in addition to an overview of geriatric assessment programs and their effectiveness, practical guidelines for their establishment in the hospital setting.'

METHODOLOGY, TARGETING, UNITED STATES

- 583** **Rudd, Dianne (1989), *The Ageing of Local Area Populations in Victoria: Past Patterns and Projected Trends in the Aged Population*, Aged Care Research Group, Lincoln School of Health Sciences, La Trobe University, Melbourne, 151pp.**

This report is concerned with the ageing of local government area populations in Victoria for the fifteen year period 1986-2001. Projections such as these are important in the allocation of scarce resources and for planning services in the longer term.

DEMOGRAPHIC TRENDS, VICTORIA

- 584** **Rungie, Mike (1990), 'Some effects on agencies which plan services around individuals', in A. Howe, E. Ozanne and C. Selby Smith (eds), *Community Care Policy and Practice: New Directions in Australia*, Public Sector Management Institute, Monash University, Calyton, Vic.:132-41.**

This paper makes observations on the effects on Aged Cottage Homes in setting up a community options project. It describes the concept of community options and looks at the reasons for setting up a community options program and then gives details on the setting up of the program by the agency.

CASE STUDIES, CASE MANAGEMENT, ORGANISATION AND CONTROL, SOUTH AUSTRALIA

- 585** **Russell, B. (1984), 'The carer in a country centre', Australian Association of Gerontology, Annual Conference, 19th, Sydney, *Proceedings*, Melbourne:52-5.**

This paper looks at the results of a survey of carers of the handicapped elderly carried out in the South East Region of NSW in 1981. It highlights some of the problems faced by rural dwellers in this situation and concludes by making a series of recommendations to improve the quality of life for both the cared for and the carer.

CASE STUDIES, CARERS, DEMOGRAPHIC GROUPS, NEW SOUTH WALES

- 586** **Sager, Alan Peter (1983), *Planning Home Care with the Elderly: Patient, Family, and Professional Views of an Alternative to Institutionalization*, Ballinger, Cambridge, Mass., xxi, 294pp.**

This book offers a set of tools at what might be called the micro-level of analysis of home care services. Using a sample of 50 cases of patients being discharged from acute care hospitals to nursing homes, it sets out to learn the costs of an equivalent hypothetical home care alternative. It sought the views of the patients themselves, their families and professionals to see whether they agreed about the composition of the home care plans, and if not, who was likelier to be right. Reliability and equity are used in this study as indicators of legitimacy. The quality of care planning is important because outcomes of services are difficult to measure. There appeared to be a lack of agreement among professionals about the purposes of long-term care and there are doubts about the reliability of

professional judgements even when the goals are agreed upon. Permitting wider choice to patients can be seen as good in itself. This micro-approach supplements the macro-level studies that have characterised long term care.

CASE STUDIES, NEEDS, DOMICILIARY SERVICES, PLANNING, UNITED STATES

- 587** Salisbury, Brian, Jo Dickey and Cameron Crawford (n.d.), **Individual Empowerment and Social Service Accountability**, G. Allan Roeher Institute, Downsview, Ont., 31pp.

This report offers a brokerage model of social service delivery for people who have handicaps in Canada. Impetus for change came from a group of families in British Columbia who had to deal with the inadequacies associated with a set of social services. The new approach included the notion of service brokerage within an interdependent three-part nucleus of support consisting of: individualised funding calculated according to personal strengths, needs and service requirements; personal networks comprised of family and friends of the individual; and an autonomous fixed point of responsibility accountable to the individuals and their personal networks.

CASE STUDIES, CASE MANAGEMENT, DEMOGRAPHIC GROUPS, ORGANISATIONAL INNOVATION, CANADA

- 588** Salvage, Ann V. (1986), **Attitudes of the Over-75s to Health and Social Services**, Research Team for the Care of the Elderly, University of Wales College of Medicine, Cardiff, 57pp.

This study was designed: 'to relate receipt of services to such characteristics as disability, age and household composition, in order to assess whether these services are being provided for those most in need of them. To establish levels of awareness of and the degree of consumer satisfaction with a range of services provided by the local health authority and social services department, among a group of people aged 75 and over, living in their own homes. To assess the extent to which elderly people desire to remain in their own homes, and the circumstances under which they would consider entering residential care. To relate attitudes and awareness to the characteristics of the sample in order to identify those to whom information should be directed.' To obtain the information questionnaires were sent to a random sample of people aged 75 years and over in South Glamorgan, Wales. Heavy service use was the exception rather than the rule. There were low levels of awareness of some services and for some, considerable uncertainty about their functions.

CASE STUDIES, DEMOGRAPHIC GROUPS, SERVICE UTILISATION, WALES

- 589** Salvage, A.V. (1988), 'Attitudes of the over 75s to NHS chiropody services', **Chiropodist**, June:103-5.

From the survey described above, one of the services assessed was NHS chiropody services. Thirty-two per cent of the sample had seen a chiropodist and a further 17 individuals had received private treatment. Receipt of service increased with age. Satisfaction with the service was high, however, complaints about the length of the waiting list and the length of time between appointments both suggest a service shortfall. An earlier study found that chiropody was the service most frequently requested by carers and chiropodists themselves freely acknowledge the gap between service need and service provision and predict a serious deterioration in mobility and in foot condition for a quarter of those not receiving care if they remain untreated. It has been suggested that current services need to be doubled to meet needs.

EVALUATION, NEEDS, GENERAL SUPPORT SERVICES, SERVICE UTILISATION, WALES

- 590 Satin, M.S. and C.H. Monetti (1985), 'Census tract predictors of physical, psychological, and social functioning for needs assessment', **Health Services Research**, 20(3):341-58.

'The advantages of census-data based needs assessment cannot be fully realized in the absence of demonstrated relationships between area characteristics and aggregate individual service need. This study sought to ascertain these relationships by using tract characteristics from the 1980 census to predict tract aggregate levels of individually measured social, physical, and psychological functioning. A census tract stratified sample of 3,465 permanent households in eastern Long Island, New York, was used for the study. In each household, a randomly selected adult was surveyed regarding physical functioning, depressed mood, and social isolation. Stepwise multiple regression was used to determine which census variables best predicted the tract distributions of each of the functioning measures. Census variables explained from 23 to 30 percent of the variance in tract need level. Study findings have immediate utility for efficient needs assessment and suggest avenues for future improvement of needs assessment methods.'

CASE STUDIES, METHODOLOGY, NEEDS, PLANNING, UNITED STATES

- 591 Saunders, Peter (1990), 'Reflections on the Review of the Home and Community Care Program', in A. Howe, E. Ozanne and C. Selby Smith (eds), **Community Care Policy and Practice: New Directions in Australia**, Public Sector Management Institute, Monash University, Clayton, Vic.:201-12.

This paper begins with an outline of some of the salient features of the background and context to the HACC Review and to the Program itself. Section 3 outlines what the author (Chairperson of the Review) sees as some of the more important themes and issues that emerged during the course of the Review. Section 4 addresses some of the issues that have relevance to the future prospects of HACC, and Section 5 summarises the main points raised in the paper.

EVALUATION, POLICY ANALYSIS, GENERAL SUPPORT SERVICES, AUSTRALIA

- 592 Sax, Sidney (1984), **A Strife of Interests: Politics and Policies in Australian Health Services**, Allen & Unwin, Sydney, xi, 274pp.

The policy interests discussed in this book are those concerned with the development of personal health services in Australia. It is argued that in future, rationalising of health services will become more common, and the supply of personnel and resources more stringent. In particular, an ageing population will place greater strains on the health and welfare services. 'The goals, nature and results of the distribution of the personal health service domain are discussed, as well as the arguments justifying government intervention.'

POLICY ANALYSIS, HEALTH SERVICES, RESOURCE ALLOCATION, AUSTRALIA

- 593 Sax, Sidney (1990), **Health Care Choices and the Public Purse**, Allen & Unwin, Sydney, xi, 192pp.

This book 'summarises the underlying economic, political and structural factors that influence health policies, explores the factors that affect health status and comments on the major areas of health expenditure...In future evaluation of the efficiency and effectiveness of services is imperative and choices may also have to be made between different procedures and treatments that are effective.' Such decision-making processes are examined.

POLICY ANALYSIS, HEALTH SERVICES, FINANCING, RESOURCE ALLOCATION, AUSTRALIA

- 594 Scanlon, William J. (1988), 'A perspective on long-term care for the elderly', **Health Care Financing Review**, Annual Supplement:7-15.

'Long-term care represents a significant burden to the approximately 7 million elderly in need, their families, and the Medicaid program. Concerns exist about access, quality, cost, and the distribution of the burden of care. In this article each area is discussed, highlighting the principal issues, identifying the unique aspects that pertain to long-term care, and exploring the implications for research and policy development. Future trends, especially the growth of the elderly population, are expected to affect significantly the provision of long-term care. The considerable uncertainty about how these trends may impact on long-term care is described, and the critical role social choice will play in shaping the future long-term care system is emphasized.'

DEMOGRAPHIC TRENDS, POLICY ANALYSIS, UNITED STATES

- 595 Scharlach, Andrew E. (1989), 'A comparison of employed caregivers of cognitively impaired and physically impaired elderly persons', **Research on Aging**, 11(2), June:225-43.

'An employee survey found that 32% of caregiving respondents were providing assistance to cognitively impaired older persons. These employees were more likely than those caring for physically impaired elders to report high levels of emotional, physical, and financial strain, and that they more often reported that caregiving had a negative effect on their personal lives and on their work. Programs considered particularly helpful by caregivers of cognitively impaired elders included information about community resources, personal counseling, and support groups. These findings are discussed in terms of their implications for program development and for further research regarding the interface between working and caregiving.'

CASE STUDIES, NEEDS, CARERS, QUALITY OF LIFE, UNITED STATES

- 596 Schultz, Cynthia L. and Noel C. Schultz (1990), **As People Grow Older: Caregiving, Health, and Psychological Well-Being**, Lincoln Gerontology Centre, La Trobe University, Abbotsford, Vic., Lincoln Papers in Gerontology, 5, 13pp.

In response to the identification of family caregivers of the dependent elderly as being a group at risk of physical and psychological ill-health, an education programme of support has been mounted in Victoria.' This paper describes the project and analyses data that suggests positive results from the programme.

CASE STUDIES, EVALUATION, CARERS, GENERAL SUPPORT SERVICES, VICTORIA

- 597 Schwab, John J., George J. Warheit and Eileen B. Fennell (1975), 'An epidemiological assessment of needs and utilization of services', **Evaluation**, 2(2):65-7.

'The needs assessment approach described in this article is part of a multistage model for comprehensive evaluation research in a community mental health center. The model is based on a social systems orientation that assumes that broad social forces, community processes, and human interactions are primarily responsible for mental health and illness.' There are five stages in the evaluation model: Description, conceptualization, and definition; assessment of need and utilization of services; comparative studies; outcome appraisals; and impact studies.

EVALUATION, METHODOLOGY, NEEDS, UNITED STATES

- 598 Seebohm, Frederic (1989), **Seebohm Twenty Years On: Three Stages in the Development of the Personal Social Services**, Policy Studies Institute, London, Discussion Paper 25, 42pp.

'This publication brings together three papers delivered by Frederic Seebohm at crucial stages in the development of the personal social services over the past twenty years...The first of these papers, *The Seebohm Report*, outlines the original recommendations of the Seebohm Committee, of which he was Chairman. The Second paper, *The Seebohm Reorganisation: What Went Wrong?*, reviews the development and implementation of these recommendations, and the third, *The Seebohm Report: Twenty Years On*, brings together the reflections of the author of the Seebohm Report twenty years after the publication of that report.' It warns of the dangers of disregarding the lessons learned in this period.

POLICY ANALYSIS, UNITED KINGDOM

- 599 Seidl, Frederick W., Robert Applebaum, Carol Austin and Kevin Mahoney (1983), **Delivering In-Home Services to the Aged and Disabled: The Wisconsin Experiment**, Lexington Books, Lexington, Mass., xvi, 197pp.

This book reports on a demonstration project, known as the Wisconsin Community Care Organization, which sought to demonstrate working models of home-delivered services to the elderly and adult disabled residents in the state. It was based on a concept of the personal-care organization developed at the Levinson Gerontological Policy Institute at Brandeis University. The central concern that began the project was cost containment. Chapter 2 reviews the literature on the alternatives to nursing homes. Overall, the project was able to demonstrate important effects in a reduction in the number of days of hospitalisation and nursing home utilisation and a potential for cost-effectiveness. Chapter 8 offers a summary and implications of the findings.

CASE STUDIES, EVALUATION, DOMICILIARY SERVICES, FINANCING, UNITED STATES

- 600 Shadish, William R., Arthur J. Lurigio and Dan A. Lewis (1989), 'After deinstitutionalization: the present and future of mental health long-term care policy', **Journal of Social Issues**, 45(3):1-15.

'Deinstitutionalization is perhaps the most widely recognized term in mental health policy. It has dominated our thinking about policy, especially about mental health long-term care policy, for nearly 30 years. But it is less clear that it is still the best way to characterize current mental health long-term care, or the best policy for the future. In this article, we explore some reasons why this is so, and we present a new picture of current mental health long-term care policy.'

POLICY ANALYSIS, HEALTH SERVICES, UNITED STATES

- 601 Shannon, Phil and Chris Foster (1987), 'Interstate comparisons of state outlays on services for older people', in Chris Foster and Hal L. Kendig (eds), **Who Pays? Financing Services for Older People**, Commonwealth Policy Co-ordination Unit and ANU Ageing and the Family Project, Canberra:105-25.

'This paper seeks to redress a major gap in our understanding of community services financing by examining both the States' own outlays, a hitherto ignored area, and Commonwealth outlays in the States.' This is essential to understand the extent and nature of variations in service provision for older people across the states.

FINANCING, AUSTRALIA

- 602 Shapiro, Evelyn (1986), 'Patterns and predictors of home care use by the elderly when need is the sole basis for admission', *Home Health Care Services Quarterly*, 7(1), Spring:29-44.

'Data from the Manitoba Longitudinal Study on Aging is used to describe the 1975-78 home care utilization of a large probability sample of elderly interviewed in 1971. The predictors of home care use of these interviewees are identified by multiple logistic regression analysis. Findings indicate that a home care program based solely on professionally assessed need admits only a small minority of elderly that, next to age, difficulty in coping with the instrumental activities of daily living is one of the best predictors of subsequent home care use. Differences between the determinants of home care and long-term institutional care are noted and the policy implications of the findings are discussed.'

CASE STUDIES, NEEDS, POLICY ANALYSIS, SERVICE UTILISATION, CANADA

- 603 Shapiro, S., E.A. Skinner, M. Kramer, D.M. Steinwachs and D.A. Reiger (1985), 'Measuring need for mental health services in a general population' *Medical Care*, 23(9):1033-43.

'This article presents measures of need for mental health services estimated from the 1981 Eastern Baltimore Mental Health Survey...Need is based on mental health services use in the prior 6 months or the presence of two or more manifestations of emotional problems: a) one or more DIS [Diagnostic Interview Schedule] disorders present in the past 6 months, b) a General Health Questionnaire (GHQ) score of four or more current symptoms, or c) the respondent's report of having been unable to carry out usual activities in the past 3 months for at least 1 entire day because of an emotional problem...Need for care was influenced by a variety of sociodemographic and economic characteristics: it was low among the aged and high among persons living alone and the poor on Medicaid. The proportion of need that was unmet varied less but was relatively large for two groups, the aged and nonwhites. Those on Medicaid through public assistance were more likely to have their need met than the near poor.'

CASE STUDIES, METHODOLOGY, NEEDS, HEALTH SERVICES, SERVICE UTILISATION, UNITED STATES

- 604 Sharma, Rabinder K. (1980), 'Forecasting need and demand for home health care: a selective review', *Public Health Reports*, 95(6), November/December:572-8.

This paper reviews the current techniques for forecasting needs and then illustrates these techniques by applying them to Allegheny County in Pennsylvania. It also presents and applies a utilisation approach to forecasting.

CASE STUDIES, DEMOGRAPHIC TRENDS, METHODOLOGY, NEEDS, SERVICE UTILISATION, UNITED STATES

- 605 Shaw, Marion W. (ed.) (1984), *The Challenge of Ageing: A Multidisciplinary Approach to Extended Care*, Churchill Livingstone, Melbourne, vii, 166pp.

'This book is intended to draw to the attention of people within the health professions, the special needs of old people, the importance of informed assessment and the identification of problems, and the need to plan within a flexible system of extended care to meet the varied and changing needs of individual people.' This system of extended care 'includes health promotion and preventive measures, and is concerned with treatment, assessment and planning in the acute phase of disabling conditions. It also encompasses the restoration, management and ongoing planned support of disabled people generally, and coordination of use of community and residential options on the basis of assessed need.'

NEEDS, DEMOGRAPHIC GROUPS, ORGANISATION AND CONTROL, PLANNING, AUSTRALIA

- 606** Shaw, Richard E., William A Hargreaves, Robert Surber, Lorraine Luft and Richard Shadoan (1990), 'Continuity and intensity of case management activity in three CNHCs', **Hospital and Community Psychiatry**, 41(3), March:323-6.

'Case management of severely and persistently mentally disabled patients involves assessing the patients' needs, planning services, linking patients to services, monitoring them to detect changing needs, and advocating on their behalf with service agencies.' The work reported here, a quasi-experimental study of case management and outcome, used a measure to assess case management activity reflected in the clinical records of 286 patients from three community treatment systems.

CASE STUDIES, CASE MANAGEMENT, DEMOGRAPHIC GROUPS, UNITED STATES

- 607** Shearer, Ann (1986), **Building Community With People with Mental Handicaps, Their Families and Friends**, Campaign for People with Mental Handicaps and King Edward's Hospital Fund for London, 231pp.

This book is about 'projects, schemes, services and gatherings together of people which seem to offer a taste of what future opportunities for people with mental handicaps and their families could be like.'

CARERS, GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS, UNITED KINGDOM

- 608** Shimizu, Y., Daisaku Maeda, H. Asano, T. Okamoto and N. Noguchi (1983), 'Factors influencing the expression of need for home help service among families caring for impaired elderly', **Australian Journal on Ageing**, 2(3), August:21-4.

This paper assesses the effects of various social and demographic variables on the discrepancy between objective and subjective needs for home help service in Japan. The sample for the study was 179 families in Japan caring for the impaired elderly. Among the respondents, fifty-two per cent expressed a need for home help and forty-eight per cent did not want it. Nineteen independent variables in five groupings were used: demographic and socioeconomic; family care situation; respondent's characteristics; elderly person's social roles and contacts; and elderly person's impairments and capability of family to provide needed care. It was found that there was a strong possibility of increase in need expression for a home help service with social and familial changes in the future.

CASE STUDIES, DEMOGRAPHIC TRENDS, NEEDS, CARERS, DOMICILIARY SERVICES, JAPAN

- 609** Siegel, Jacob S. and Cynthia M Taeuber (1982), 'The 1980 census and the elderly: new data available to planners and practitioners', **The Gerontologist**, 22(2):144-50.

The 1980 census contains a lot of new data on older people that can be used to identify and analyse important trends and problems. The subjects covered in the census allow researchers to evaluate the requirements, at least broadly, in a number of significant areas. Some examples are given.

DEMOGRAPHIC TRENDS, DEMOGRAPHIC GROUPS, UNITED STATES

- 610** Simson, S. and L.B. Wilson (1982), 'Meeting the mental health needs of the aged: the role of psychiatric emergency services', **Hospital and Community Psychiatry**, 33(10), October:833-6.

'The mental health emergency service is a critical triage point for making decisions about the delivery of a variety of services needed by an increasingly large elderly population. This study explores the roles of two mental health

emergency services in providing services and linking elderly clients with elements of the health, mental health, and long-term care systems.' Key findings are presented and recommendations made for the future role of the mental health emergency services.

CASE STUDIES, HEALTH SERVICES, ORGANISATION AND CONTROL, UNITED STATES

- 611** Sinclair, Ian and Jenny Williams (1989), **Welfare Provision for the Elderly: Social and Demographic Background**, National Institute for Social Work, Research Unit, London, EEC Project Report 1, 139pp.

This report is concerned with the numbers of old people who appear to have particular kinds of problems; the impact of these problems on quality of life and coping; the willingness of carers to care, the kinds of care they provide and the rewards and burdens of caring; and the degree to which statutory services ensure community care.

CARERS, GENERAL SUPPORT SERVICES, QUALITY OF LIFE, DEMOGRAPHIC GROUPS, UNITED KINGDOM

- 612** Sinclair, Ian and Jenny Williams (1989), **Welfare Provision for the Elderly: The Contribution of the Statutory Sector**, National Institute for Social Work, Research Unit, London, EEC Project Report 2, 146pp.

This report considers the contribution of statutory services to the social care of old people. It deals with the role of assessment; domiciliary services; services based on settings (e.g. day care); residential care; and comes to conclusions on the system of statutory services. The aim is to describe the size of the various services, who receives them, what the services do for them with what aim and how effectively, and how the services function as a system. In the case of residential services, it looks at how they relate to community services.

EVALUATION, DOMICILIARY SERVICES, GENERAL SUPPORT SERVICES, ORGANISATION AND CONTROL, UNITED KINGDOM

- 613** Sinnett, Peter (1984/85), 'Australia: special needs in health care - the aged', **Home Health Care Services Quarterly**, 5(3/4), Fall/Winter:159-73.

'Australian health and welfare services have developed in an ad hoc fashion. In response to demands by interested groups within the community, governments have relied on fiscal control and political expediency to regulate the growth of services and benefits. The lack of comprehensive policies and adequate planning has resulted in legislative complexity and administrative fragmentation, which has adversely affected the development of effective health and welfare services for the elderly Australian. The nature of these difficulties is discussed and recommendations are made for their resolution.'

POLICY ANALYSIS, GENERAL SUPPORT SERVICES, HEALTH SERVICES, AUSTRALIA

- 614** Siskind, M. and M. Whiley (1987), **Community Day Care: A Study of Community Day Centres for Frail or Disabled Older People in Queensland**, Queensland Council on the Ageing, Brisbane, 77pp.

This study was initiated to gauge what community support is available to frail or disabled older people in the form of community day care in Queensland. The study is based on descriptive information, recorded in questionnaires by people responsible for the functioning of the day centres. Additional informal data were gathered through visits to a number of centres. Information provided by the study includes descriptions of the function, structure and definition

of day centres, costs, resources, activities offered, transport utilisation and needs, staff and internal structure and, indemnity against accident, injury or loss. Recommendations are made, and a copy of the questionnaire is provided.

CASE STUDIES, EVALUATION, METHODOLOGY, GENERAL SUPPORT SERVICES, FINANCING, ORGANISATION AND CONTROL, QUEENSLAND

- 615** Sisley, Diane (1990), 'Links between practice, evaluation and policy: a state perspective', in A. Howe, E. Ozanne and C. Selby Smith (eds), **Community Care Policy and Practice: New Directions in Australia**, Public Sector Management Institute, Monash University, Clayton, Vic.:244-7.

The purpose of this paper is to reflect on some policy and practice issues which have been addressed in Victoria and the implications for the relationship between practice, evaluation and policy. In attempting to make these links, the missing element is program development. To illustrate the model here the author considers the personal care policy statement, the introduction of adult day care, demonstration projects and the introduction of HACC in Victoria.

EVALUATION, POLICY ANALYSIS, VICTORIA

- 616** Sitsky, Lynn, Sara Graham and Michael Fine (1989), **Community Support Services for People with Disabilities and Frail Elderly People: A Directory of Recent Australian Research**, Social Welfare Research Centre, University of New South Wales, SWRC Research Resource Series No.5, vii, 99pp.

This directory describes 168 recent Australian research projects on the provision of community support for the elderly and people with disabilities. The projects are arranged by broad headings which are further broken down by client groups, and key words were assigned to each project. There is an alphabetical key word index as well as an alphabetical list of researchers.

GENERAL SUPPORT SERVICES, AUSTRALIA

- 617** Skellie, F. Albert and Ruth E. Coan (1980), 'Community-based long-term care and mortality: preliminary findings of Georgia's Alternative Health Services Project', **The Gerontologist**, 29(3):372-9.

'This study investigates the relationship between receipt of comprehensive community-based care services and mortality for a sample of elderly individuals who were eligible for nursing home care. Georgia's Alternative Health Services Project was designed to test the costs and effectiveness of Medicaid financed home delivered services, day health care, and supervised boarding care. Mortality of project clients was compared to that of randomly assigned controls. Death rates among those referred to project services was lower within the first 6 months after enrollment, and the mortality rate difference was maintained throughout the first year. Death rate differences were related to specific long-term care services recommended and received and to initial functional health status. The preliminary results provide evidence of a need for more Medicaid financed options in long-term care. Further research on relative costs of services and their long-term effects is indicated.'

CASE STUDIES, EVALUATION, GENERAL SUPPORT SERVICES, UNITED STATES

- 618** Smallegan, Marian (1985), 'There was nothing else to do: needs for care before nursing home admission', **The Gerontologist**, 25(4):364-9.

'A sample of 288 persons admitted to nursing homes was investigated for problems and management of those problems before the decision to use a nursing home was made. Multiple problems were found to have existed, often for years, and close family members were the major caregivers, although extended family and friends were also of

substantial help. Men were caregivers for almost two-thirds as many persons as were women. Community resources were used relatively rarely.'

CASE STUDIES, NEEDS, CARERS, DEMOGRAPHIC GROUPS, SERVICE UTILISATION, UNITED STATES

- 619 Smith, Gilbert (1980), **Social Need: Policy, Practice and Research**, Routledge & Kegan Paul, London, Library of Social Work, x, 216pp.

The author sees a systematic study of the management of 'social need' as potentially fruitful on three counts: theoretically in terms of understanding the concept of 'social need' and of the way in which social work agencies function to meet 'need'; methodologically in terms of exploring appropriate strategies for the study of social work and related agencies; and in terms of social policy and practice so far as 'need' played an important part in assumptions which were basic to the reorganisation of British social work. The central theoretical concern of this book was to locate a sound formulation of the concept of 'social need'.

NEEDS

- 620 Smyer, Michael A. 'The differential usage of services by impaired elderly', **Journal of Gerontology**, 35(2):249-55.

'Why do some clients use institutional services, while others, with comparable impairment, use community based services? To answer this question, a matching procedure paired clients from the two types of service provision. Sixty-six clients, ages 62 and over, were matched for functional ability as rated on a 6-item ADL scale...A discriminant function analysis was performed, with the setting of service provision as the criterion variable. The results indicated that the institutional group was more likely than their community counterparts: (a) to have had previous service contact with other service providers; (b) to have less support available within the community setting from their family members or friends; (c) to be more impaired in the area of mental health and social resources.'

CASE STUDIES, METHODOLOGY, DEMOGRAPHIC GROUPS, SERVICE UTILISATION, UNITED STATES

- 621 Snyder, Barbara and Kathy Keefe (1985), 'The unmet needs of family caregivers for frail and disabled adults', **Social Work in Health Care**, 10(3), Spring:1-14.

'This study examines the efforts and needs associated with family care for disabled and frail adults. A survey of 117 primary caregivers focused on: the health problems associated with caregiving, the existence of informal, family support systems, use of formal social services, and the need for additional social service programs. Most caregivers report physical and emotional problems due to caregiving ranging from hypertension and health problems to depression and mental exhaustion. The characteristics of caregivers at high risk for health problems are identified. More than half of the caregivers have family or friends to assist them in caregiving. At least one type of social service was being used by over 80% of caregivers, with utilization patterns in male and female caregivers. Based on the study findings, several policy implications are reviewed.'

CASE STUDIES, NEEDS, CARERS, SERVICE UTILISATION, UNITED STATES.

- 622** Social & Community Services Industry Training Board (1990), **Industry Training Plan, September 1990**, Hawthorn, Vic., ii, 243pp.

Industry training plans project training requirements over a three year period with updates on a yearly basis. This plan focuses on six outcomes: the need for additional training/educational places; requirements for a new curriculum; the need for improved access to training; the adequacy of in-house and short course training; a program of further research to be done; and further action to be taken. In working towards these outcomes a set of training principles is proposed and there is a pro tem definition of the industry. It examines training needs and supply, funding, barriers to access, gaps in provision and priorities.

DEMOGRAPHIC TRENDS, NEEDS, ORGANISATION AND CONTROL

- 623** Social Planning Consortium (1985), **Feasibility Study for a Community Alarm System for Aged & Disabled Persons Conducted for Willoughby Council**, Sydney, 2v.

This study revealed a positive demand amongst aged and disabled persons for an alarm service with accompanying social and support services. Eighty three per cent of the elderly and fifty per cent of the disabled indicated that they would remain in their own homes if such a service were provided, however, almost all were unable or unwilling to pay the full cost of provision, and estimates indicated that only at a weekly price of \$1.50 would 100% of potential customers subscribe. No current government or commercial service offers an adequate model. Only a partnership of local government community based organisations, commercial alarm services, and Commonwealth and State governments can provide the basis for development of a fully integrated and efficient service.

NEEDS, GENERAL SUPPORT SERVICES, FINANCING, ORGANISATION AND CONTROL, NEW SOUTH WALES

- 624** Sodaro, Frances (1990), 'The N.S.W. Community Options Program', in A. Howe, E. Ozanne and C. Selby Smith (eds), **Community Care Policy and Practice: New Directions in Australia**, Public Sector Management Institute, Monash University, Calyton, Vic.:125-31.

Community options in N.S.W. is a fairly new program developed along the lines of a brokerage model. The topics covered in this paper include philosophy; concepts of the NSW model; how the model operates; where projects are located; who refers; and benefits of monitoring. Funding and data collection are also mentioned briefly. A number of case studies are included.

CASE STUDIES, CASE MANAGEMENT, FINANCING, ORGANISATION AND CONTROL, ORGANISATIONAL INNOVATION, NEW SOUTH WALES

- 625** Soderstrom, Bengt and Elisabet Viklund (1986), **Housing, Care and Service for Elderly and Old People: The Situation in Sweden**, Swedish Ministry of Housing and Physical Planning, Stockholm, 40pp.

This report deals with planning in Sweden to offer old people a good standard of housing and a good standard of living. The first part looks at the broad, overall picture with general information regarding demographic, physical, and economic conditions related to the situation. The end of the first part deals with a number of questions currently being debated on both housing accomodation for old people and the care of old people. The second part contains more concrete presentations of these two aspects, with some case studies.

CASE STUDIES, DEMOGRAPHIC TRENDS, POLICY ANALYSIS, DEMOGRAPHIC GROUPS, PLANNING, SWEDEN

- 626 Soldo, Beth J. (1985), 'In home services for the dependent elderly: determinants of current use and implications for future demand', *Research on Aging*, 7(2), June:281-304.

'Nationally representative data are used to examine the factors affecting the service utilization patterns of disabled elderly in the community in the United States. The probability of formal service use was found to respond directly to the severity of care needs and indirectly to the availability of informal care providers. The analysis suggests that, at extreme levels of need, frail elderly and their families overcome the price and supply barriers that characterize today's home care market to secure at least some outside assistance.'

NEEDS, DOMICILIARY SERVICES, DEMOGRAPHIC GROUPS, SERVICE UTILISATION, UNITED STATES

- 627 Soldo, Beth J. and Kenneth G. Manton (1985), 'Health status and service needs of the oldest old: current patterns and future trends', *Milbank Memorial Fund Quarterly*, 63(2):286-23.

This paper begins by developing a baseline understanding of the interrelationships among age, health care needs, and the patterns of health service utilisation. It then identifies those factors which mediate these relationships at present and suggest ways in which the process of cohort flow may alter the distributions of these factors over time. It extends the life-table model of individual risks and population ageing to allow for differences in the ways in which health-related needs are satisfied. This formulation also provides an organising framework for discussing changes in the structuring and coverage of various health care programs.

DEMOGRAPHIC TRENDS, NEEDS, HEALTH SERVICES, DEMOGRAPHIC GROUPS, SERVICE UTILISATION, UNITED STATES

- 628 South Australian Mental Health Services Strategic Planning Review Steering Committee and Health Solutions Pty Ltd (1988), *Strategic Plan for Development of Mental Health Services in South Australia*, South Australian Health Commission, Adelaide, 52pp.

This report is a strategic plan for the development of mental health services in South Australia. It identifies the range and level of provision of services, addresses requirements for services, establishes priorities for the provision of additional services, identifies duplication and overlap, and makes recommendations regarding organisational arrangements. To gather data the Committee consulted widely with consumers and providers of services and collected information from demographic and epidemiological data, financial and economic data and literature-based research reports, particularly with regard to seeking models of mental health services.

METHODOLOGY, NEEDS, HEALTH SERVICES, DEMOGRAPHIC GROUPS, PLANNING, SOUTH AUSTRALIA

- 629 Spann, Jerry (1987), *The Community Options Program (COP): A Public Choice for Personal Choice in Long Term Support*, Robert M. La Follette Institute of Public Affairs, University of Wisconsin, Madison, 48pp.

This report describes the Wisconsin Community Options Program set up in 1982 as an alternative to institutionalisation. It was in response to calls for social change in offering clients a choice and compelling fiscal pressures that the Program was set up. It outlines the background to the Program, its beginnings and structure. It describes some of the clients, and developments in the Program to 1987. The Program has also been a catalyst for major system change in helping to foster a newly strengthened array of community services; empowered case

management that focuses on client needs, strengths and prospects, rather than on limitations and institutional convenience. Some of the possibilities for the future of COP are considered.

CASE STUDIES, CASE MANAGEMENT, ORGANISATIONAL INNOVATION, UNITED STATES

- 630** Spector, William D., Sidney Katz, John B. Murphy and John P. Fulton (1987), 'The hierarchical relationship between Activities of Daily Living and Instrumental Activities of Daily Living', *Journal of Chronic Disease*, 40(6):481-9.

'A three-level hierarchical scale including IADL (shopping and transportation) and ADL (bathing, dressing, transferring, and feeding) was tested and validated based on secondary analysis of three studies of elders in the community: a population-based sample, the Cleveland-GAO, and two service-based samples, the Alternative Health Services Project, a study of Medicaid-eligible elders in Georgia, and the Section 222 Homemaker-Day Care study, a sample of Medicare-eligible elders. Scalability analysis included evaluation of Kronbach's alpha, Guttman analysis, and analysis of the pairwise association of individual items using / max. Validation included discriminant validity and predictive validity. With respect to discriminant validity, the negative association between functional ability (as measured by the scale) and age was observed. With respect to predictive validity, the negative relationship between functional ability (as measured by the scale) and risk of decline to ADL, death and hospitalization in a year was observed. A six-level scale similar in structure and detail to the Katz Index of ADL was examined with the three studies. This scale can be used to describe a broader range of needs of elders in the community and will be particularly useful to health services planners, practitioners, and researchers.'

CASE STUDIES, METHODOLOGY, NEEDS, TARGETING, UNITED STATES

- 631** Squier, D. Ann (1985), 'Home- and community-based services: administrative organization and program adequacy', *Mid-American Review of Sociology*, 10(2), Winter:29-47.

'Considering the adequacy of federally authorized and state implemented community-based long-term care programs, this research examines the characteristics of these programs most conducive to elderly persons living in the least restrictive environment that their health will allow. Results suggest that service availability and population explain a significant proportion of the adequacy of the Home- and Community-Based Services program in Kansas.'

CASE STUDIES, EVALUATION, GENERAL SUPPORT SERVICES, ORGANISATION AND CONTROL, UNITED STATES

- 632** Staden, Frances (1987), *A Basic Guide to Needs Based Planning*, Council of Social Service of New South Wales, Sydney, NCOSS Issues Paper No.9, 12pp.

'This paper looks at needs based planning in a social welfare setting. It focuses on the use of needs based planning in allocating resources from the Federal or State level to the level at which resources are intended to meet a need... The main issues raised by this type of needs based planning are examined. The first Section discusses some general points about defining need and how to meet it. The second Section looks at measuring the resources required to meet a need. This involves estimating both the total need and the resources already directed to meeting that need. The final Section considers the meaning of results from needs based planning and sets those results in the wider context of decision-making about resource allocation.'

METHODOLOGY, NEEDS, PLANNING, RESOURCE ALLOCATION

- 633 Staden, Frances (1987), **A Needs Based Planning Approach to Resource Allocation: New South Wales Home and Community Care Program**, Council of Social Service of New South Wales, Sydney, Research Report No.2, 41pp.

'The report begins with a general discussion of needs based planning in the context of the HACC Program. It then concentrates on the example of the YACS recurrent funds allocation model [Chan, Rosita and M. Schlosser, **Need Indicators and the HACC Program**, Department of Youth and Community Services, 1986] which was once proposed for use in other program areas. The report explains the calculations and assumptions of the model and suggests features which could usefully be changed. Analysis is presented to show the likely results of putting the changes into practice and directions for further work are indicated.'

CASE STUDIES, NEEDS, PLANNING, RESOURCE ALLOCATION, NEW SOUTH WALES

- 634 Staines, Verdon (1987), 'Equity and aged care services: alternative strategies for user-charges policies', in Chris Foster and Hal L. Kendig (eds), **Who Pays? Financing Services for Older People**, Commonwealth Policy Co-ordination Unit and ANU Ageing and the Family Project, Canberra:379-403.

This paper suggests 'that an adequate examination of alternative strategies for user-charges policies requires a recognition of both "forward" and "backward" linkages with other aspects of aged care policy or social policy more generally.' Forward linkages concern options related to conceptual or administrative links between aged care policies and income support policies. The backward link concerns choices and arrangements related to how services for individuals are allocated and co-ordinated. It is claimed that approached in this way, the development of an appropriate user-charges strategy could help to promote improved targetting of Commonwealth subsidies, more equitable access to an increased supply of aged care services that are used more effectively and identify service types and geographic areas for which levels of provision are least satisfactory. Four possible strategies for user-charges policies are given: a levy for each service; a separate income-related levy for each service; a levy for a single package of services; and an insurance style levy related to the right of access to needed services.

POLICY ANALYSIS, FINANCING, ORGANISATIONAL INNOVATION, AUSTRALIA

- 635 Steel, Knight, Elizabeth Markson, Caroline Crescenzi, Sumner Hoffman and Anna Bissonnette (1982), 'An analysis of types and costs of health care services provided to an elderly inner-city population', **Medical Care**, 20(11):1090-1100.

'The challenge facing national policymakers is to provide health care that is comprehensive and cost effective to our nation's growing population of elderly people. A solution worthy of consideration is the use of health maintenance organizations (HMOs) in this capacity. An analysis of the services provided by a multidisciplinary health care system to 150 inner-city elderly [in the United States], many of whom were "homebound", reveals 1) this population is not homogeneous with respect to severity of disease and service utilization, and 2) a total mean cost per individual per year of \$2,021.34 covers: physician, nursing, and social service home visits; visiting nurse, homemaker, home health aide, occupational therapy and physical therapy services; outpatient, laboratory and medication costs. These findings suggest that while costs for those over 65 are many times the **per capita** costs of younger enrollees, these costs may be significantly less than the costs of institutional care. Further investigation of the costs of maintaining low-income inner-city old, as well as other elderly populations, at home is vital to planning for future long-term care.'

CASE STUDIES, EVALUATION, HEALTH SERVICES, FINANCING, UNITED STATES

- 636 Stein, Shayna R., Margaret Linn and Audrey S. Weiner (1981), 'Effectiveness of a Service Workers' Action Team (SWAT) for the elderly', *Journal of the American Geriatrics Society*, 29(9):411-7.

'The Service Workers' Action Team (SWAT) is a three-year, community-based demonstration project for the elderly, with the primary goal of improving or maintaining psychosocial and physical functioning. With base-line scores and selected demographic data as covariates, 243 experimental SWAT recipients were compared... with 158 controls after six months, with respect to: 1)Hopkin's Symptom Checklist, 2)Social Participation Scale, 3)Life Satisfaction Scale, 4) Self-Esteem Scale, 5)Activities of Daily Living, and 6) four selected health-related questions. The frequency of response for the experimental elderly were computed for program satisfaction at the time of follow-up. In terms of psychosocial functioning, the experimental group fared significantly better at six months than did the control group. In terms of health, both groups declined in functional status, as evidenced by their scores on Activities of Daily Living, though the experimental subjects still were significantly better than the controls. The majority of the experimental group found the program to be helpful, with suggestions made for program expansion.'

EVALUATION, GENERAL SUPPORT SERVICES, HEALTH SERVICES, QUALITY OF LIFE, UNITED STATES

- 637 Steinberg, Raymond M. and Genevieve W. Carter (1983), *Case Management and the Elderly: A Handbook for Planning and Administering Programs*, Lexington Books, Lexington, Mass., xii, 211pp.

'The purpose of this book is to present the complex subject of case management with the frail elderly from the perspective of the planner, the administrator, and the evaluator.' It is the result of a three-year research project at the University of Southern California's Andrus Gerontology Center entitled 'Alternative Designs for Comprehensive Delivery through Case Service Coordination and Advocacy', and was a search for models, best practices, and guidelines for program development. This book deals with a variety of components of program design that are mixed and matched to suit particular purposes in particular environments. It is a discussion of case management from the bottom up. Chapters deal with organisational bases, mobilising resources, planning steps, funding, staffing patterns, and information systems, presenting a series of tables commenting on design choices in each of these content areas in terms of their relationship with the client pathway. The client pathway is visualised in five columns representing phases: entry, assessment, goal setting and care planning, care-plan implementation, and evaluation of client status. About seventy-five considerations in designing client pathway functions are outlined and over sixty planning alternatives and their consequences are described.

METHODOLOGY, CASE MANAGEMENT, ORGANISATION AND CONTROL, PLANNING, UNITED STATES

- 638 Stevenson, Olive and Michael Key (1989), *Age and Vulnerability: A Guide to Better Care*, Edward Arnold, London, Age Concern Handbooks, 136pp.

The main focus of this book is community care of the aged looked at from a psychosocial perspective. It begins by examining the feelings, fears and attitudes of old age, and the emotional and social significance of dependence. It discusses care in the community as the social context, caring and tending, and the formal sector. The place of residential care is examined and there is a chapter on assessment. Some issues for the future are looked at.

METHODOLOGY, QUALITY OF LIFE, DEMOGRAPHIC GROUPS, UNITED KINGDOM

- 639 Stewart, Richard and Larry Poaster (1975), 'Methods of assessing mental and physical health needs from social statistics', *Evaluation*, 2(2):67-70.

'This article presents three methods of assessing needs from social statistics and attempts to point out the strengths and weaknesses of each method. Method 1 is visually identifying needs; Method 2, identifying the relative amount of need in each census tract; and Method 3, identifying needs in absolute numbers.

DEMOGRAPHIC TRENDS, METHODOLOGY, NEEDS, UNITED STATES

- 640 Streib, Gordon F. (1983), 'An alternative family form for older persons: need and social context', in D.B. Gutknecht, E.W. Butler, L. Criswell and J. Meints, *Family, Self and Society: Emerging Issues, Alternatives and Interventions*, University Press of America, Lanham, Md:393-409.

'Open societies provide opportunities for persons to create new and innovative family and community alternatives which may lie outside the mainstream. This paper examines the need and the context for alternative living arrangements for older persons, and describes some recent attempts to devise new family arrangements for the elderly. Particular attention is focused upon Share-A-Home in Florida, a "family" of non-related senior adults who share their own household, employ a manager, and share expenses. This pragmatic amalgam group is placed in sociological perspective through the theory of shared functions.'

CASE STUDIES, NEEDS, DEMOGRAPHIC GROUPS, ORGANISATIONAL INNOVATION, UNITED STATES

- 641 Streib, Gordon F. (1983), 'The frail elderly: research dilemmas and research opportunities', *The Gerontologist*, 23(1):40-4.

This paper suggests why the elderly population aged 75 years and over, the old old, is probably one of the least studied by social researchers at this time and indicates some of the problems and difficulties which make it a most challenging research group. The paper focuses on two main topics: the need for adaptation of research strategies; and areas in which more knowledge is needed about the frail elderly. Researchers must be sensitive to two legal issues; the first is informed consent and the second is the constitutional right to privacy. These may constitute a challenge in the face of the desire to gather valid information.

METHODOLOGY, DEMOGRAPHIC GROUPS, UNITED STATES

- 642 Stull, Donald E. (1987), 'Conceptualization and measurement of well-being: implications for policy evaluation', in Edgar F. Borgatta and Rhonda J.V. Montgomery (eds), *Critical Issues in Aging Policy: Linking Research and Values*, Sage, Newbury Park, Calif.:55-90.

This chapter brings together research from several disciplines which has focused on the concept of well-being. It 'discusses a number of central issues and problems regarding conceptualization and measurement of well-being and related measures. First, definitions of happiness, life satisfaction, and morale are presented along with issues of what is actually being measured (e.g., attitudes, personality traits, moods). Second, research that has looked at the underlying components of the various concepts will be discussed. Third, measures that have commonly been used will be discussed and briefly compared. Finally, a number of models of the structure of well-being will be presented.'

METHODOLOGY, QUALITY OF LIFE

- 643 Sundstrom, Gerdt (1983), 'Old-age care in Sweden - a task for the government or for the family?', **Current Sweden**, (307), August:1-10.

'The proportion of elderly people is growing in Sweden, as in other countries. The number of family members who can provide care for them has diminished in recent decades. But there are ample resources to help these senior citizens, both personally and - indirectly - through the public sector's formal system of old-age care. Government social welfare measures have enabled the elderly to be more independent of both their children and institutions, without decreasing contact between the generations. Nowadays it is very rare for elderly people to live together with their children. Many of them nevertheless receive assistance from their children who also help them to establish contact with the public sector's social services system. Elderly people without children run the risk of not receiving such help.'

CARERS, GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS, SWEDEN

- 644 Sung, Kyu-taik (1989), 'Converging perspectives of consumers and providers in assessing needs of families', **Journal of Social Service Research**, 12(3/4):1-29.

'An important technical issue in need assessment is the gap often found between the needs expressed by the consumer and the provider's perspectives on the consumer's needs. This paper reports the findings of a needs assessment, which explored problems and service needs of American families residing in a large housing project overseas. Data were based on random samples of 200 residents and 30 care providers. Using both frequency of need expressed and importance given to the need by the residents and the providers, areas of greatest concern to both parties were identified and prioritized. Findings suggest that in setting priorities of human service needs, at least three sets of dichotomous data sources - "consumers-providers," "problems-services," "frequency-importance" - would have to be taken into consideration.'

CASE STUDIES, METHODOLOGY, NEEDS, UNITED STATES

- 645 Swain, Nick and Cathy Walters (1986), **Service Provision Planning by the Commonwealth Department of Community Services**, Policy Co-ordination Unit, Ministry of Community Services, Canberra, 42pp.

'The aim of this paper is to briefly describe the planning mechanisms used in the main Commonwealth Department of Community Services (DCS) programs and to identify the needs-based planning issues arising...This paper first outlines some of the guiding principles used here to assess DCS programs. It then outlines the current DCS approaches to planning resource allocation for subsidy programs, the problems involved in trying to implement needs based planning for subsidy programs and initiatives to put into practice improved needs-based planning.'

METHODOLOGY, NEEDS, PLANNING, RESOURCE ALLOCATION, AUSTRALIA

- 646 Szwarc, Barbara (1989), 'Respite care needs of families with disabled children', **Australian Child and Family Welfare**, 14(1/2):12-15.

Following concerns expressed about the lack of knowledge of respite care, the Children's Bureau of Australia undertook a study in this area. Data was gathered by means of a questionnaire put to a random sample of 216 families with a disabled child living at home. It examined the use of respite care, the region where the family lived and the stress level of the family. It recommends improvement of the mechanisms to make families more aware of the nature and availability of respite care services; increased awareness and understanding about respite care

services for migrant families; upgrading the skills of providers; increased accessibility; and the need for more options.

EVALUATION, NEEDS, CARERS, GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS, SERVICE UTILISATION, VICTORIA

- 647 Telford, Barry and Ashlyn Adrian (1985), 'Needs based planning - some conceptual issues', **Needs Based Planning Workshop, Canberra, 21 August**, Department of Community Services, 14pp.

'This paper attempts to document some of the conceptual issues intrinsic in a needs based planning approach to social welfare resource allocation. It addresses the questions - what is need; what is needs based planning; what are the conceptual issues to be resolved before attempting a needs assessment strategy? The paper concludes by describing assessment techniques which have been used by various researchers to identify "need" in a need based planning framework.'

METHODOLOGY, NEEDS, PLANNING, AUSTRALIA

- 648 Tester, Susan and Barbara Meredith (1987), **Ill Informed? A Study of Information and Support for Elderly People in the Inner City**, Policy Studies Institute, London, Report No.670, 124pp.

'This book describes a project which aimed to promote the wellbeing of people aged over 70 in the inner city [London Borough of Greenwich], by providing them with information and encouraging them to take up services and benefits. Four key information topics were: housing and heating; finance; use of preventive services and aids to daily living; social contacts. The project tested the effectiveness of different methods of information-giving by conducting surveys before and after two interventions - one group being given information personally and the other by post.' An evaluation of the project is also reported here.

CASE STUDIES, EVALUATION, METHODOLOGY, GENERAL SUPPORT SERVICES, UNITED KINGDOM

- 649 Thayer, Richard (1977), 'Problem analysis: alternative measures of needs assessment: measuring need in the social services', in Neil Gilbert and Harry Specht, **Planning for Social Welfare: Issues, Models and Tasks**, Prentice-Hall, Englewood Cliffs, N.J.:297-310.

'This paper sets out to examine various approaches to the measurement and assessment of need and tries to relate these approaches both to each other and to the two elements of need: diagnosis and prescription.' It looks at seven studies of need in the light of Bradshaw's four-fold classification of need.

METHODOLOGY, NEEDS, UNITED KINGDOM

- 650 Thomas, Cynthia and Howard R. Kelman (1990), 'Health services use among the elderly under alternative health service delivery systems', **Journal of Community Health**, 15(2), April:77-92.

'This article compares patterns of health care utilization for hospitalizations and ambulatory care in a sample of 1855 urban, elderly, community residents who report obtaining their health care from one of four types of arrangements: a fee-for-service (FFS) physician, a hospital-based health maintenance organization, a network model HMO, or a preferred provider organization (PPO). Utilization rates reported by respondents at six month intervals over three years were adjusted for health and socioeconomic characteristics of enrollees. PPO plan members consistently have mean and total lengths of hospital stay one-third to one-half those of the others. Although rates of use of particular categories of ambulatory care vary across systems of care, total ambulatory care

rates are highest for network model HMO plan members. Specific features of alternative delivery systems, rather than general model types, may have an impact on utilization rates and the costs of care.'

CASE STUDIES, HEALTH SERVICES, SERVICE UTILISATION, UNITED STATES

- 651** Thompson, Catherine (1987), **Voluntary Sector Forums on Community Care: A Topic Paper from NCVO's Community Care Project**, National Council of Voluntary Organisations, London, 41pp.

New opportunities have arisen for voluntary organisations in Britain through representation on statutory committees such as the Joint Consultative Committee and joint planning teams. For this reason it is important that they have a strong voice 'to let health and local authorities know about the needs they have identified and to make sure that expectations of the voluntary sector are based not on unrealistic assumptions but on properly agreed and properly funded plans.' To meet this need they have established forums in which local groups active in the community can come together to learn from each other, concert their views and brief their representatives on joint action. The aims of this paper are: 'to demonstrate what forums can achieve; to share some of the lessons that are being learnt about setting up and running forums; and to stimulate local voluntary organisations and intermediary bodies into thinking what they might achieve by sharing their concerns in a local forum.' It examines three case studies.

CASE STUDIES, ORGANISATION AND CONTROL, ORGANISATIONAL INNOVATION, PLANNING, UNITED KINGDOM

- 652** Thornton, Craig, Shari Miller Dunstan and Peter Kemper (1988), 'The evaluation of the National Long Term Care Demonstration. 8. The effect of channeling on health and long-term care costs', **Health Services Research**, 23(1), April:129-41.

'Expanded community care for the frail elderly has been advocated based on its potential for financial cost saving. However, the evaluation found that average costs increased: the cost of expanding publicly financed case management and formal community services beyond what was already provided was not offset by reductions in the costs for nursing home care.'

EVALUATION, CASE MANAGEMENT, FINANCING, UNITED STATES

- 653** Thornton, Patricia (1988), **Creating a Break: A Home Care Relief Scheme for Elderly People and Their Supporters**, Age Concern, Mitcham, Surrey, Age Concern Institute of Gerontology, Research Paper No.3, 204pp.

This book 'uses the experience of one innovatory scheme - In Safe Hands, part of Age Concern York - to show how flexible and responsive relief care can be provided with the help of volunteers. After a discussion of the challenges involved in meeting relief care needs, and a review of initiatives in England which use paid or unpaid volunteers, the book focuses on approaches to setting-up, running and reviewing the scheme. The perspective of the helpers and the users are important in reaching an overall assessment of the value of the scheme. Within a discussion of the constraints, key ingredients for successful operation are set out.'

CASE STUDIES, EVALUATION, GENERAL SUPPORT SERVICES, ORGANISATION AND CONTROL, UNITED KINGDOM

- 654 Thorslund, M. (1988), 'The de-institutionalization of care of the elderly: some notes about implementation and outcome of a Swedish case-study', **Sweden, Health Policy**, 10(1), August:41-56.

'During the 1980s the number of institutional beds in Sweden has decreased in relation to the number of elderly in the population. In some communities this development has been drastic. The present paper describes how the implementation of this process in one of these communities was based on action research design. Initially most people regarded the development as a success: more elderly people were able to stay in their homes and institutional places were used more effectively. The situation today is more complicated. Elderly patients finally ending up in institutions are in greater need of care than before. Over-occupation of beds is again common, making the situation more "heavy-going" for their staff. Staff outside the institutions are also experiencing a heavier workload. In view of this, the wisdom of further de-institutionalization is now questioned.'

CASE STUDIES, POLICY ANALYSIS, SWEDEN

- 655 Tinker, Anthea (1984), **Staying at Home: Helping Elderly People**, HMSO, London, 191pp.

'The aim of this research, undertaken by the Department of the Environment (DOE) in co-operation with the Department of Health and Social Security (DHSS), was to find out how a number of new initiatives had enabled a sample of elderly people to remain in the community. It was carried out between 1977 and 1983 in two parts: two national surveys and case studies.' The evaluation looked at the schemes from the point of view of management, the elderly people, the paid carers and the costs.

EVALUATION, GENERAL SUPPORT SERVICES, FINANCING, ORGANISATION AND CONTROL, UNITED KINGDOM

- 656 Tomlins, Robert and David Wiles (1990), **Ageing in Bayswater: A Report of a Social Survey Conducted Amongst Those Aged 60 Years and Over**, Centre for the Development of Human Resources, Western Australian College of Advanced Education, Claremont W.A., Technical Report No.17, ix, 76pp.

'In general, the elderly living in Bayswater provided a positive picture of their lives. Life satisfaction among seniors derived from both past achievements and present conditions. Nevertheless, those who experienced difficulties at home, or difficulties in the community, could suffer intense problems. The main difficulties that emerged in this social survey were those of garden maintenance and inadequate transportation. Ignorance about available domiciliary and community services was also a problem amongst seniors. While in general "carers" did provide help to the frail aged, such carers were liable to exploitation and exhaustion. So far as existing accommodation is concerned, multiple options should be encouraged so as to enhance maximum freedom of accommodation choices for seniors, and professional counselling may be appropriate at times of possible housing transition. While some seniors in Bayswater did suffer difficulties of various kinds, such problems are not beyond solution through improved community care strategies.'

NEEDS, DEMOGRAPHIC GROUPS, WESTERN AUSTRALIA

- 657 Trethewey, Jenny (1985), **Caring: The Commitment and the Costs**, Brotherhood of St Laurence, Melbourne, ii, 66pp.

The Brotherhood of St Laurence proposed a pilot project, based in a community house, to develop a new model of respite care for the confused elderly and their carers. To find out more about the potential consumers of this service, this study was commissioned 'to gather and report the perspectives and experiences of the confused elderly and their carers in the community. It was hoped that this study would contribute to a sense of consumer needs and how the proposed Brotherhood service could best meet those needs.' The report is in four sections: the first reviews what

is known about the confused elderly and their carers in Australia; the second outlines the methodology used by the study; the third reports the results of interviews with the carers of 21 confused elderly people in and around a provincial centre; and the fourth pulls together the general and particular conclusions which can be drawn from the carers' experiences and comments.

METHODOLOGY, NEEDS, CARERS, GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS, VICTORIA

- 658** Twigg, Julia (1989), 'Models of carers: how do social care agencies conceptualise their relationship with informal carers?' *Journal of Social Policy*, 18(1):53-66.

'Carers occupy an ambiguous position within the social care system. Services are predominantly structured around the dependent rather than the carer, and this has important consequences for their delivery and evaluation. Many of the problems that arise in thinking about carer issues relate to confusion over the way the relationship between social care agencies and informal carers should be perceived. The paper outlines three models that provide frames of reference for this relationship: carers as resources; carers as co-workers; and carers as co-clients. The tensions between these are then used to explore the contradictions of policy in this field.'

POLICY ANALYSIS, CARERS, UNITED KINGDOM

- 659** Twigg, Julia, Karl Atkin and Christina Perring (1990), *Carers and Services: A Review of Research*, HMSO, London, 93pp.

This discussion paper reviews work that has been done in the area of evaluating support to informal carers. It begins by clarifying some points concerning the scope of the subject matter, such as the concept of carer; the categorisation of carers and the main client groups; the particular problems posed to evaluation by informal care; and the scope of the services studied, raising the question of what counts as a service for carers. It covers services in both the statutory and voluntary sectors, and looks at carers' support groups, information services, practical nursing and domestic support, as well as the variety of forms of respite care. It concludes that there are three broad areas where knowledge concerning the relationship of services to informal care is deficient. The first concerns policy and practice; the second the levels and patterns of provision for carers; and the last the effectiveness of services.

EVALUATION, POLICY ANALYSIS, CARERS, GENERAL SUPPORT SERVICES, UNITED KINGDOM

- 660** United States - Congress - House of Representatives - Select Committee on Aging - Subcommittee on Human Services (1988), *Exploding the Myths: Caregiving in America*, U.S. Government Printing Office, Washington D.C., viii, 73pp.

This report provides an overview of informal caregiving to the frail elderly. Recent empirical research indicates that family members, friends and neighbours continue to be the principal sources of care of the frail elderly. Caregivers also continue to be predominantly female. Informal caregivers represent a vulnerable population as one-third are poor or near-poor and one-third perceive their health as fair to poor. The report looks at the role of the public and private sectors in support of informal caregivers.

CARERS, GENERAL SUPPORT SERVICES, UNITED STATES

- 661** University of York - Social Policy Research Unit (1985), **Social Policy Research Unit Programme of Research on Informal Care**, York, 26pp.

The research agenda identified four broad areas in which the need for information was apparent: the demography of care; the allocation of responsibility for care within the informal sector; the financial and other costs of caring; and the evaluation of services and benefits to support carers. This paper sets out proposals in response both to the issues identified in the research review and agenda, and to the expressed priorities of customers. First the overall strategy of the research programme is set out together with the rationale which underlies it. This is followed by descriptions of three specific pieces of research and finally a major new study is proposed.

METHODOLOGY, UNITED KINGDOM

- 662** Verbrugge, Lois M. (1984), 'Longer life but worsening health? Trends in health and mortality of middle-aged and older persons', **Milbank Memorial Fund Quarterly**, 62(3):475-519.

This article discusses trends in health for middle-aged (45-64) and older (65+) persons in the United States since 1957. It first examines the data and notes a worsening health profile for both age groups for both the leading fatal diseases and the leading nonfatal conditions. It then states the possible reasons for this, evaluates them and finally, speculates about health in the future for these age groups.

DEMOGRAPHIC TRENDS, DEMOGRAPHIC GROUPS, UNITED STATES

- 663** Victor, Christina R. and Norman J. Vetter (1986), 'A survey of elderly patients admitted to hospital for social reasons', **Archives of Gerontology and Geriatrics**, 5:33-9.

'A random 4% sample of the over 65s discharged from general hospitals throughout Wales was selected from Welsh Office HAA returns. Included within the group were 101 patients admitted for social reasons (ICD code V600 to V6055). Such patients were predominantly very elderly, female and extremely disabled. Typically such patients lived with, and were being cared for, by relatives. The majority of admissions were booked or planned to provide relief to these carers. Geographical variations in the use of such care was demonstrated. Use of domiciliary medical services by these patients was extremely high in contrast to their use of domiciliary social services. Mortality and re-admission rates at 3 months and 12 months after the initial discharge were very high and hospital treatment had very little influence upon patients' disability. However, the short mean length of stay suggests that such patients do not "block beds".'

CASE STUDIES, HEALTH SERVICES, DEMOGRAPHIC GROUPS, SERVICE UTILISATION, WALES

- 664** Victor, C.R. and N.J. Vetter (1988), 'Rearranging the deckchairs on the Titanic: failure of an augmented home help scheme after discharge to reduce the length of stay in hospital', **Archives of Gerontology and Geriatrics**, 7:83-91.

'An augmented home help service was set up in the Rhondda Valley in South Wales in order to facilitate discharge from hospital of elderly subjects who were kept in hospital because of mainly social problems. Patients were allocated to the new service or the pre-existing services according to their date of birth. The extra social support did not result in any faster discharge from hospital, nor in any improvement in well-being of the intervention group, largely because the small extra amount of service input was inadequate to ameliorate the extreme physical, mental and social problems experienced by the study group.'

EVALUATION, DOMICILIARY SERVICES, WALES

- 665** Victor, Christina R. and Norman J. Vetter (1989), 'Measuring outcome after discharge from hospital for the elderly - a conceptual and empirical investigation', *Archives of Gerontology and Geriatrics*, 8:87-94.

'Despite the fact that the elderly are a major client group of the hospital service, there has been comparatively little investigation of outcome for this client group after discharge. In this paper the difficulties in recording outcome for the elderly are discussed using the example of a survey based in Wales. A 4% random sample of patients aged 65 years and over discharged from NHS non-psychiatric hospitals in Wales during 1981 were sent a postal questionnaire 3 months after discharge. Response rates of over 80% were achieved. Outcome after discharge was measured by 3 indices: mortality, physical disability, and patients' own assessments of their health status and rehabilitation. Of survivors, 35% were more disabled than before admission, and 43% did not feel that they were fully rehabilitated. All measures of outcome were strongly inter-correlated and demonstrate a clear trend to deteriorate with increased time after discharge. Interpretations of these results remain difficult until measures of cost and benefit are developed. Without these it is not possible to determine if the results reported are better (or worse) than would be expected given the level of resources involved.'

EVALUATION, GENERAL SUPPORT SERVICES, WALES

- 666** Victorian Womens Consultative Council (1988), *Living with Dignity: A Survey of the Needs of Older Women, Victoria - June 1988*, Melbourne, 63pp.

'This report contains the findings of the project on older women which was conducted over a four month period by the VWCC. The findings of the project are based on - the results of a survey of older women; submissions by individuals and groups; consultations conducted with women in metropolitan and rural areas of Victoria; liaison with government departments and community groups; [and] a review of previous research. Chapter one of the report outlines the scope of the project and discusses the context of the report with reference to the provision of services by government. Chapter two presents a description of the methodology of the project. Chapter three discusses previous research on the needs of older women. Chapter four presents material from the survey and discusses the findings of the project. Chapter five contains the recommendations for government.'

METHODOLOGY, NEEDS, DEMOGRAPHIC GROUPS, VICTORIA

- 667** Wade, Barbara, Lucianne Sawyer and Judith Bell (1983), *Dependency with Dignity: Different Care Provision for the Elderly*, Bedford Square Press of the National Council for Voluntary Organisations, London, Occasional Papers on Social Administration No.68, iii, 252pp.

This book provides information for policy decisions relating to the possible need for alternative forms of long-term care of the elderly, and makes a critical appraisal of the outcome of past policies. It determines the extent to which patients/residents are appropriately placed in relation to official policy and assesses the differences in physical and mental states of those receiving institutional care and those receiving care in their own homes. It establishes which characteristics have the greatest influence in determining which type of care is allocated and assesses the degree to which the burden of caring imposes on the lives of the carers. Information is provided on the different forms of care and the extent to which the elderly person's capacity for independence is being maximised. It relates the elderly persons' expressions of positive or negative effect to their environment.'

POLICY ANALYSIS, CARERS, GENERAL SUPPORT SERVICES, QUALITY OF LIFE, DEMOGRAPHIC GROUPS, TARGETING, UNITED KINGDOM

- 668** Wade, Derick T., Richard Langton-Hewer, Clive E. Skilbeck, David Bainton and Christopher Burns-Cox (1985), 'Controlled trial of home-care service for acute stroke patients', *The Lancet*, February 9:323-6.

'In a controlled trial of a home-care service available for the first 6 months after acute stroke, 440 patients received the new service and 417 patients were in the control group. The trial group used more hospital bed days, had a slightly higher admission rate, and did not show better emotional adjustment to stroke than the control group. There was no difference between the 2 groups in stress on relatives. Functional recovery was equal in the 2 groups. A quarter of patients managed at home in each group were severely disabled. Providing a new service does not necessarily alter clinical decisions in the short term, and care should be taken before expanding domiciliary services to reduce hospital use.'

EVALUATION, DOMICILIARY SERVICES, DEMOGRAPHIC GROUPS, UNITED KINGDOM

- 669** Walders, Daveley (1981), 'Research considerations for older disabled individuals', *Journal of Rehabilitation*, 47(4):90-3.

'This article discusses current federal rehabilitation efforts regarding the elderly disabled population of the United States. Primary focus is on the legislative history, role and activities of the National Institute of Handicapped Research (NIHR)...NIHR's needs assessment and research planning processes are discussed, as are the establishment and activities of two new Research and Training Centers focusing on aging. The article also addresses other NIHR commitments on behalf of elderly disabled individuals, specifically projects of its Rehabilitation Engineering Center network and the activities of the Interagency Committee on Handicapped Research which the Director of NIHR chairs.'

POLICY ANALYSIS, ORGANISATION AND CONTROL, PLANNING, UNITED STATES

- 670** Walfish, Steven, Eric N. Goplerud and Anthony Broskowski (1986), 'Survival strategies in community mental health: a study of management consensus', *American Journal of Orthopsychiatry*, 56(4), October:630-3.

'Human service agency and program managers were surveyed on survival strategies in the face of shrinking government funds. The two groups ranked strategies in order of importance and researchers compared results. There was strong general agreement between the two groups, suggesting that top and middle management are working ideologically and practically along the same lines.'

FINANCING, RESOURCE ALLOCATION, UNITED STATES

- 671** Walker, Alan (1989), 'Community care', in Michael McCarthy (ed.), *The New Politics of Welfare: An Agenda for the 1990s*, Macmillan, Basingstoke, Hants.:203-24.

The author argues 'that the main thrust of community care policies in the period since 1979 has been towards reducing the role of local authorities as service providers. At the same time, he says, the Government has sought to encourage, in an ad hoc and disparate way, the growth of informal, voluntary and private care "under the guise of promoting a mixed economy of welfare". He suggests that the very concept of "community care" may be part of the problem, explaining that its political and public appeal obscures a jigsaw of ill-defined policies and mismatched resources, further hamstrung by unreal expectations.' He sees the 'promotion of the idea of "increased choice" as an important but mistaken source of popular legitimation for the contrived and skewed expansion of the private sector.' The Conservative approach to social policy is seen as a quest for cost-efficiency rather than quality of service, with

a residualisation of the local authority role in providing and developing community care. He rounds off with a critique of the Griffiths Report, assessing its implications for consumers, staff, accountability and social care planning.

POLICY ANALYSIS, ORGANISATION AND CONTROL, UNITED KINGDOM

- 672** Walker, Jill (1987), **Labour Market Structure in the Community Services Sector and the Development of Community Care**, Urban Research Unit, ANU, Canberra, 17pp.

This paper describes the labour market structure of the community services sector which is predominantly casual, low paid or unpaid and female. On the basis of current funding arrangements there is little scope for transforming this labour market structure into a more stable one with adequate training and remuneration. 'If the shift to community care is based on quality of life arguments, then the resource base of the sector needs to be substantially increased to allow for a restructuring of the labour market. If, however, it is based on cost arguments, there will be a conflict with the delivery of good quality services, and with government policies on the status of women. Furthermore, there is no guarantee that the combination of unpaid and underpaid labour which currently delivers community services will be able or willing to do so in future.'

POLICY ANALYSIS, ORGANISATION AND CONTROL, AUSTRALIA

- 673** Wallace, Steven P. (1990), 'The no-care zone: availability, accessibility, and acceptability in community-based long-term care', **The Gerontologist**, 30(2):254-61.

'Community-based care for chronic illness requires a continuum of services. This article identifies three aspects of the organization of long-term care that are important in maintaining a continuum: availability, accessibility, and acceptability. Each category is illustrated by data from Missouri to demonstrate potential problems in each of the three areas that can prevent the chronically ill from obtaining needed services.'

HEALTH SERVICES, ORGANISATION AND CONTROL, UNITED STATES

- 674** Wallace, Steven P and Carroll L. Estes (1989), 'Health policy for the elderly', **Society**, 26(6), September/October:66-75.

Two factors for concern in the area of health policy are the growing numbers of the aged and their health status. As numbers grow, structural restraints on future health policy for the elderly in the United States include the health care system, the changing shape of federalism, the fiscal crisis of the state, and deregulation. These elements are examined in this paper. There must be a shift away from the strict medical model to a continuum of care and a uniting of groups with common interests such as the aged and the disabled. 'Piecemeal development of policies based on either market reforms or regulatory cost-containment strategies that leave the basic health care financing system and medical system intact are inadequate.'

POLICY ANALYSIS, HEALTH SERVICES, ORGANISATIONAL INNOVATION, UNITED STATES

- 675** Wallack, Stanley S. (1988), 'Recent trends in financing long-term care', **Health Care Financing Review**, Annual Supplement: 97-102.

'There has been dramatic change in the financing of long-term care in the last few years. Major private insurance carriers have introduced long-term care insurance policies to meet some of the custodial care needs of a variety of groups, including old and young retirees as well as current employees. Newer policies are tying coverages more

closely to a measure of disability that reflect the ability of persons to live independently. Insurers, consumer groups, and policymakers have come to understand the importance of developing innovative financing mechanisms that emphasize prefunding and cash accumulation to make policies more affordable and more desirable to a broader spectrum of the aged and nonaged population.'

FINANCING, UNITED STATES

- 676 Wan, Thomas T.H., William G. Weissert and Barbara B. Livieratos (1980), 'Geriatric day care and homemaker services: an experimental study', *Journal of Gerontology*, 35(2):256-74.

'The purpose of this study was to examine the impact of geriatric day care and homemaker services on patient outcomes. Patients were randomly assigned and received the experimental services in three study samples. In comparing outcomes between the experimental and control groups, it was found that there were significant differences in physical functioning and contentment level for the combined services group. Among users of the experimental services, increased use of services was associated with improved outcomes of care. Multivariate analysis of data showed that factors other than the use of the experimental services were far more effective in explaining variation in outcomes. Significant factors that affected all four outcome measures in both the day care and homemaker studies were primary diagnosis, impairment prognosis, and number of inpatient hospital days.'

EVALUATION, DOMICILIARY SERVICES, GENERAL SUPPORT SERVICES, UNITED STATES

- 677 Wan, Thomas T.H., Barbara G. Odell and David T. Lewis (1982), *Promoting the Well-Being of the Elderly: A Community Diagnosis*, Haworth Press, New York, xviii, 227pp.

'This book deals with social and health research on the aged that provides the background for understanding the components of comprehensive planning. It demonstrates comprehensive planning of social and health services for the elderly through a careful assessment of their level of well-being and identification of the type and extent of their service needs and unmet needs in the community. Throughout the book a conceptual framework for the analysis of needs assessment data is developed, ways of using needs assessment as a tool in area planning are discussed, and techniques of implementing this framework of study are illustrated in a way that laymen working in the field can utilize in their own community.'

METHODOLOGY, NEEDS, QUALITY OF LIFE, DEMOGRAPHIC GROUPS, PLANNING, UNITED STATES

- 678 Ward, Russell A. (1977), 'Services for older people: an integrated framework for research', *Journal of Health and Social Behavior*, 18, March:61-70.

'Conceptual approaches to the study of health care utilization furnish a useful framework within which to integrate recent gerontological research and utilization data. This paper focuses on selected findings regarding older people with respect to three general factors in models of health care utilization: (1) predisposing factors, (2) enabling factors, and (3) illness level. Use of this approach helps make discussion of past results and future research needs regarding both the aged and health care utilization more coherent, and policy implications may become more apparent. The model itself is improved by studying older people as a special utilization case and by broadening its applicability to include social services as well as health services.'

METHODOLOGY, HEALTH SERVICES, DEMOGRAPHIC GROUPS, SERVICE UTILISATION, UNITED STATES

- 679** Warren, M.D. (1985), 'The Canterbury studies of disablement in the community: prevalence, needs and attitudes', *International Journal Of Rehabilitation Research*, 8(1):3-18.

'The Health Services Research Unit at the University of Kent at Canterbury was set up in 1971, with financial support from the central government's Department of Health and Social Security. One area of major concern has been the study of the number and needs of disabled people living at home and of services provided to meet those needs. In a city-wide survey of the whole population, it was found that about 5 per cent of the people living at home had significant impairments, about half of whom had or required some support. Registers of disabled people and records of services helping them were found to be an inadequate source of data for estimating total numbers and needs. A separate study validated the broad clinical information given by the respondents. The original population of the impaired people were revisited years after the first survey. Thirteen per cent had died, mortality being highest among those with the severer degrees of dependency; 25 per cent had had at least one episode of serious illness; and 61 per cent reported more difficulties overall than they had in the initial survey, although 75 per cent of the needs expressed in the initial survey had been met or ameliorated. Other studies have examined means of detecting visual disability, the value of domiciliary physiotherapy and occupational therapy and the need for special dental services for some disabled people. Inevitably some biases are introduced into the design of population-wide surveys of disabled people. Important among these are definitions used of "impairment", "disability" and "handicap"; the orientation of the questions asked (which tend to define "need" in terms of the perceptions of the provider rather than of the disabled person); and, in the measures used to quantify the data collected. Further areas of research needed are discussed at the end of the paper.'

NEEDS, DEMOGRAPHIC GROUPS, UNITED KINGDOM

- 680** Webb, Adrian and Gerald Wistow (1982), *Whither State Welfare? Policy and Implementation in the Personal Social Services, 1979-80*, Royal Institute of Public Administration, London, 93pp.

'This study comprises two inter-related strands: a conceptual discussion of policy and policy implementation and an outline of the policies towards the personal social services - new and inherited - which characterize the period of Conservative Government up to December 1980. Both these strands are intended as a base from which, subsequently, to record the problems of implementing these policies.'

POLICY ANALYSIS, UNITED KINGDOM

- 681** Webb, Adrian and Gerald Wistow (1986), *Planning, Need and Scarcity: Essays on the Personal Social Services*, Allen & Unwin, London, x, 230pp.

This is a book of essays on the personal social services in the 1970s and 1980s, with emphasis on the problems of planning and implementation and the need for planning to take seriously both need and scarcity and use resources efficiently and effectively. Part one concentrates on policy issues, trends in public expenditure and the growth of interest in the voluntary sector. Part two concentrates on problems of policy implementation, the development and reshaping of the planning process, and the nature of policy making in social services departments. Part three is devoted entirely to the need to co-ordinate the health and personal social services. A particular device for effecting collaboration, financial incentives, is examined in the light of recent policy developments. A brief postscript is devoted to recent changes in the resource environment, the strategic role of local authority social services departments and planning or the failure to plan.

POLICY ANALYSIS, FINANCING, ORGANISATION AND CONTROL, PLANNING, RESOURCE ALLOCATION, UNITED KINGDOM

- 682 Weiler, Philip G. (1985), 'Estimating the need for adult day health care', **Home Health Care Service Quarterly**, 6(1), Spring:39-43.

'Day Health Care has developed much interest as a significant component of a community-based long term care system. However, estimating the need for adult day care is difficult and current formulae tend to overestimate the need. This article discusses methods for estimating the need for adult day health care.'

METHODOLOGY, NEEDS, GENERAL SUPPORT SERVICES, UNITED STATES

- 683 Weiss, Audrey Teren (1975), 'The consumer model of assessing community mental health needs', **Evaluation**, 2(2):71-3.

'The consumer model presents the program planner with a method of assessing mental health needs using the consumer as the major source of input...The model supplies information on the priorities of need for additional services by target problem, age group, and geographic area. Within the model, five consumer groups are surveyed: mental health agencies; secondary related agencies; high risk individuals; consumer and civic groups; and the community-at-large.'

METHODOLOGY, NEEDS, HEALTH SERVICES, UNITED STATES

- 684 Weissert, William G. (1981), 'Toward a continuum of care for the elderly: a note of caution', **Public Policy**, 29(3), Summer:331-40.

'The search for better ways to care for the chronically ill elderly has led to "alternatives to institutional care". A study of geriatric day care and homemaker services finds that they were used as an add-on to existing care, few patients benefited, and costs were 60-71% higher than costs of a control group. Four more studies have confirmed the lack of substitution effects. Services should be targeted on those who need them even though it is very difficult to do so, and efficacy should be demonstrated before benefits are expanded to new services.'

EVALUATION, DOMICILIARY SERVICES, GENERAL SUPPORT SERVICES, FINANCING, TARGETING

- 685 Weissert, William G. (1988), 'The National Channeling Demonstration: what we knew, know now, and still need to know.', **Health Services Research**, 23(1), April:175-87.

The National Channeling Demonstration, and 26 other experimental or quasi-experimental projects undertaken on the costs and effects of home and community care, all came to a similar conclusion: 'home care is not a cost-saving substitute for nursing home care because few patients are at risk of institutionalization; reductions in institutionalization are small; home care costs exceed the small reductions in institutional costs; and patient outcome benefits are extremely limited, and sometimes even negative.' The channeling experiment demonstrated the need for more research in 'demand for home care; efficient delivery; controlled utilization; improved effectiveness; better targeting of patients at risk of institutionalization and with potential for improvement among specified outcome subgroups; comparison of costs with alternative ways of producing equivalent benefits; effects of capitation; and systematic efforts to place a value on the small measured benefits of home care.'

EVALUATION, CASE MANAGEMENT, FINANCING, UNITED STATES

- 686 Weissert, William G., Thomas T.H. Wan, Barbara B. Livieratos and Julius Pellegrino (1980), 'Cost-effectiveness of homemaker services for the chronically ill', *Inquiry*, 17(3), Fall:230-43.

'This article reports the results of a randomized experiment that tested the effects and costs of providing homemaker services to a chronically ill population in the United States. A broad range of potential outcome, utilization, and cost effects were assessed. Services were provided by nonrandomly selected health care providers in four cities who were reimbursed by Medicare. Data and methods are described. Cost data came from Medicare billing files, providers, participants, and Medicaid patient utilization and reimbursement records. The external validity of the study is limited by three factors: 1) homemaker service contractors were not chosen randomly; 2) patient participants may not be representative; and 3) the study was an experiment. The study compared experimental and control group, users and nonusers, and provided a cost analysis. Homemaker services did not prove to be a cost-effective alternative for long-term care. Among patients over 74 years old and severely dependent patients there were significantly fewer deaths in the experimental than in the control group. Experimental or user groups also had higher levels of hospitalization. The significant effect of homemaker services on death deserves further investigation.'

EVALUATION, METHODOLOGY, DOMICILIARY SERVICES, FINANCING, UNITED STATES

- 687 Weissert, William, Thomas Wan, Barbara Livieratos and Sidney Katz (1980), 'Effects and costs of day-care services for the chronically ill: a randomized experiment', *Medical Care*, 18(6), June:567-84.

'Two long-term care settings not now covered by Medicare - adult day care and homemaker services - were studied in a randomized experiment to test the effects on patient outcomes and costs of using these new services. This article reports findings for day care. Patients' physical, psychosocial and health functions were assessed quarterly, and their Medicare bill files were obtained. Medicaid data were obtained on most patients, but few used many Medicaid-covered long-term care services. Multistage analysis was performed to mitigate effects of departures from the randomized design. Day-care patients showed no benefits in physical functioning ability at the end of the study, compared with the control group. Institutionalization in skilled nursing facilities was lower for the experimental group than in the control group, but factors other than the treatment variable appeared to explain most of the variance. There was a possibility that life was extended for some day-care patients. The new services averaged \$52 a day or \$3,235 per year. When costs for existing Medicare services used were added, the yearly cost of the experimental group was \$6,501, compared with \$3,809 for the control group - an increase of \$2,692 or 71 per cent.'

EVALUATION, METHODOLOGY, GENERAL SUPPORT SERVICES, FINANCING, UNITED STATES

- 688 Weissert, William G., Cynthia Matthews Cready and James E. Pawelak (1988), 'The past and future of home- and community-based long-term care', *Milbank Memorial Fund Quarterly*, 66(2):309-88.

'This article reviews the results of home and community care studies conducted over the last several decades. Over 700 citations were examined [of which 150 were selected for review]. All studies conducted after 1960 were included provided they met five criteria: (1) they tested the effects of providing a home- and community-based alternative to existing long-term care services (which in some studies included other home- and community-based services as well as services provided in an institution); (2) they used an experimental design that included a treatment and control group; (3) they included at least 50 individuals in each study group; (4) they used the individual as their primary unit of analysis; and (5) they served primarily an elderly population... The purpose of the review was to reach overall conclusions on costs and effects of home and community care for the aged'. It examined risk of institutionalisation; how much institutional and outpatient care was reduced by home and community care; the cost of new services; savings or losses from changes in use of existing or new services; and effects on health status. Most studies showed only a very reduced use of nursing homes and mixed effects on hospital use with admissions going up and down. Home and community care as it has been practised during the past 30 years has not tended to produce cost savings. The impact on health status also brings mixed results. There was little effect on survival, some evidence of an unfavourable impact on physical functioning and very little evidence one way or the other on mental functioning. In future there must be more effective targeting on 'at risk'

populations; more systematic and accurate estimation of demand for community care; better delineation of subgroups; better utilisation control; cost reductions; co-ordination of services; and improved methods of imputing values reflecting society's willingness to pay.'

EVALUATION, GENERAL SUPPORT SERVICES, UNITED STATES

- 689 Weissert, William G., Jennifer M. Elston, Elise J. Bolda, Cynthia M. Cready, William N. Zelman, Phil D. Sloane, William D. Kalsbeek, Elizabeth Mutran, Thomas H. Rice and Gary G. Koch (1989), 'Models of adult day care: findings from a national survey', *The Gerontologist*, 29(5), October:640-9.

'We examined a nationally representative sample of 60 adult day care centers to describe the state of this evolving care modality after a decade's growth. Results indicate that adult day care centers can be categorized into three models of care, each of which serves a distinctive subpopulation. Model appropriateness was tested with analysis of variance of differences in participant characteristics. Services, staffing, costs, and other program features are contrasted among the three models.'

EVALUATION, METHODOLOGY, GENERAL SUPPORT SERVICES, ORGANISATION AND CONTROL, UNITED STATES

- 690 Western Australia - Office of the Minister for the Aged (1985), *The Aged in Western Australia: An Overview and a Strategy*, Perth, 29pp.

'This Western Australian government policy paper outlines some of the problems and issues in the mechanisms for co-ordination and policy formulation in aged services. The government proposes the establishment of a Bureau for the Aged, which will involve itself in four inter-related functional areas: policy development, co-ordination, information and education, and research and planning. The development of the report involved a review of academic research papers and reports of government inquiries into aspects of aged care, as well as a series of informal consultations.'

POLICY ANALYSIS, ORGANISATION AND CONTROL, ORGANISATIONAL INNOVATION, WESTERN AUSTRALIA

- 691 Western Australia - Office of the Minister for the Aged (1986), *Community Initiatives for Senior Citizens: Report of the Ministerial Task Force*, Bureau for the Aged, Perth, 77pp.

The terms of reference for the Task Force on Community Initiatives for Senior Citizens were: to search out means of encouraging a greater number of older people to become more involved in their communities; to seek ways of improving the use of community resources; to explore the means by which the state government can become more responsive to the needs of the aged; and to make proposals about specific program initiatives. The focus of the Task Force was on determining means of improving the quality and availability of options for elderly people, particularly, but not exclusively, in the areas of the arts, education and recreation. It is intended that the recommendations contained in this report form part of the agenda of the Bureau for the Aged.'

POLICY ANALYSIS, GENERAL SUPPORT SERVICES, QUALITY OF LIFE, DEMOGRAPHIC GROUPS, WESTERN AUSTRALIA

- 692 Wheeler, Rose (1985), **'Don't Move, We've Got You Covered: A Research Report on Anchor Housing Trust's Staying-Put Initiative'**, Institute of Housing, London, 48pp.

This report describes an experiment by Anchor Housing Trust entitled **Staying Put**, which provided assistance to elderly owner occupiers in six different parts of the country to stay in their own homes. The report recommends that such schemes be actively developed in close collaboration with local authority services; that housing advice services be made widely available to all throughout old age; that continued public funding of major repairs, improvements and adaptations for older people be made in partnership with interest only mortgage finance and more generous entitlement for help with the interest charge; and an active recognition of the contribution of good housing and early housing intervention to community care.

CASE STUDIES, GENERAL SUPPORT SERVICES, UNITED KINGDOM

- 693 Wilkin, David and Catherine Thompson (1989), **Users' Guide to Dependency Measures for Elderly People**, Joint Unit for Social Services Research, University of Sheffield, Sheffield, Social Services Monographs: Research in Practice, 93pp.

'The objective of this volume is to help in making an informed choice between a variety of possible instruments designed to measure dependency in old people without having to spend a great deal of time and effort studying the research literature. The guide brings together a variety of measures of dependency which are suitable for use in surveys of elderly people in their own homes and in hospitals or residential care.' It is restricted to measures developed in the United Kingdom and has excluded those which require tests of actual performance, as opposed to descriptive accounts of behaviour.

METHODOLOGY, NEEDS, TARGETING, UNITED KINGDOM

- 694 Williams, C. (1984), 'Reaching isolated older people: I. An alternative model of day services', **Journal of Gerontological Social Work**, 8(1/2):35-49.

'A unique adult day services program includes such special features as the benefit of one-day-a-week attendance supported by limited additional social casework and emphasis on the participant's life and functioning as a whole. Recruitment is directed toward the elderly for whom stress and loss of coping abilities have combined to result in their being unable to maintain supportive social and community contacts or to deal with the complex health and welfare systems. Program elements and staff approaches congruent with the predominant life factors in the target population are discussed. Case material illustrates successful and economical service to participants with a wide variety of needs.'

CASE STUDIES, GENERAL SUPPORT SERVICES, ORGANISATION AND CONTROL, TARGETING, UNITED STATES

- 695 Williams, C. (1984), 'Reaching isolated older people: II. Evaluation of an alternative model of day service', **Journal of Gerontological Social Work**, 8(1/2):51-66.

'The service methodologies developed in a unique single-day-a-week adult day program are described, as is a study of outcomes in four areas: success in reaching the target group, attendance, length of participation, and resolution of psychosocial and health-related problems. Outcomes, illustrated by statistical and case material, indicate success in achieving the overall goal of maintenance and enhancement of the participant's life functioning as a whole. Such a resource is recommended as a vital one for the target population of isolated older people.'

EVALUATION, METHODOLOGY, GENERAL SUPPORT SERVICES, UNITED STATES

- 696 Williams, E. Idris (1989), *Caring for Elderly People in the Community*, 2nd ed., Chapman and Hall, London, x, 283pp.**

The purpose of this book is to describe domiciliary care for elderly people in its widest sense. Chapters 2-5 set the scene with an up-to-date description of the demographic, social, economic and health status of elderly people in the community. Chapters 6 and 7 describe the dynamics of health in association with ageing and the social interactions involved. Chapters 8 and 9 outline health and social care provision in the community. Chapters 10-13 review developments in preventive care and Chapter 14 examines assessment. In Chapter 15 the hospital-community interface is described and new guidelines presented. Chapter 16-18 consider the older person in family practice and describe medical and nursing responses. Chapter 19 describes common difficulties in the community and Chapter 20 discusses ethical dilemmas. Finally, Chapter 22 offers some conclusions.

GENERAL SUPPORT SERVICES, HEALTH SERVICES, DEMOGRAPHIC GROUPS, UNITED KINGDOM

- 697 Williams, T. Franklin (1988), 'Research and care: essential partners in aging', *The Gerontologist*, 28(5):579-85.**

'Improvements in the care of older people clearly depend upon both basic and clinical research findings that lead to greater independence and health maintenance. Conversely, research depends upon care, in that care-related priorities influence society's support for research. Additionally, the imaginative observations made while caring for older persons lead to new research questions. More leaders in the field of ageing are needed with personal experience in both care and research.'

METHODOLOGY

- 698 Williams, T.J. (1988), *Respite Care: Research and Advocacy, With Particular Reference to Carers of People with Alzheimer's Disease: An Annotated Bibliography*, Department of Social Work, University of Melbourne, 74pp.**

This bibliography draws upon any material relating to respite care, regardless of its origins and is both descriptive and evaluative. The arrangement is alphabetically by author within six major section headings: Definitions; The extent of the problem; Essential reading for professionals; Background information for carers; The carers: Who are they? What are their needs? Models of respite care: research and examples of programmes. The first two sections are in essay form with citations appearing as footnotes which are then consolidated into the bibliography.

CARERS, GENERAL SUPPORT SERVICES, DEMOGRAPHIC GROUPS

- 699 Williams, T.J. and E. Ozanne (1989), *Case Management in Community Care: An Australian Bibliography*, School of Social Work, University of Melbourne, iv, 68pp.**

'The generation of this bibliography was aimed to coincide with the development of a range of home support research and development programmes initiated by the Federal Government's Home and Community Care Programme in the 1988/89 period under the title of "Community Options/Linkages Projects". Citations are arranged according to format/source and are presented 'as found' in the sources.

CASE MANAGEMENT, AUSTRALIA

- 700 Willmott, Peter (1986), **Social Networks, Informal Care and Public Policy**, Policy Studies Institute, London, Research Report No.655, 134pp.

This report examines patterns of personal relationships in present-day Britain with an eye to their particular relevance for policy. The central policy interest is in the area of informal care. Using past survey material it looks at what is known about relationships in three categories of people - relatives, friends and neighbours - and the care and support which these informal networks provide. It identifies the distinctive contributions from the different sources and examines the informal relationships of various kinds of people who might be judged 'at risk'. This includes the elderly. Finally an assessment is made of the relevance of neighbourhood and community in contemporary Britain and suggestions are made for policy and research.

POLICY ANALYSIS, CARERS, UNITED KINGDOM

- 701 Willmott, Peter (ed.) (1987), **Local Government Decentralisation and Community**, Policy Studies Institute, London, Discussion Paper No.18, 68pp.

These papers are from a seminar on local government decentralisation which was part of a broader review of the relevance to policy of the notions of community and neighbourhood. The focus is on how residents are affected, in terms of service delivery, as members of community and voluntary groups and as citizens of a democracy.

ORGANISATION AND CONTROL, UNITED KINGDOM

- 702 Willmott, Peter and David Thomas (1984), **Community in Social Policy**, Policy Studies Institute, London, Discussion Paper No.9, 58pp.

This paper is based on a review of published material with the aim of reviewing 'the use of the concepts of community, to draw interim conclusions about their relevance to policy and to suggest what forms of further inquiry, if any, might be appropriate.' It 'discusses terminology, describes recent developments and sets out some basic assumptions; then there is a review of selected examples of community ideas in practice; the last part considers the implications and raises some ideas for discussion.'

POLICY ANALYSIS, UNITED KINGDOM

- 703 Wills, Jenny (1985), **Local Government and Community Services: Fitzroy - A Study in Social Planning**, Hard Pressed Publications, Melbourne, xi, 180pp.

'The major theme of this book is that Local Government should be recognized as the appropriate sphere for the planning, co-ordination, and provision of personal health and welfare services. Furthermore, in focusing on these functions... it argues and demonstrates that Local Government can provide a base for radical welfare work...To support this case, the expanded welfare role of Local Government is examined through a study of Fitzroy's welfare practice in the areas of early childhood services, aged and domiciliary services, housing, information, and community health during the period 1974 to 1984.' Finally, the book also discusses 'the need for delineation of the interrelated roles of all levels of government; the funding complexities regarding Local Government's expanded welfare role; and the issue of the exploitation of women which is inherent in the transition to localism.'

CASE STUDIES, FINANCING, ORGANISATION AND CONTROL, VICTORIA

- 704 Wills, Jenny (1990), 'Principles in planning services around individuals: a local government view', in A. Howe, E. Ozanne and C. Selby Smith (eds), **Community Care Policy and Practice: New Directions in Australia**, Public Sector Management Institute, Monash University, Clayton, Vic.:162-6.

This paper discusses local councils' roles in four facets of community care services, particularly in Victoria, which are planning (both program and needs based planning), co-ordination, service provision and funding. It discusses some principles and planning approaches taken by local government in Victoria and lists some of the pressures negating local government's role.

FINANCING, ORGANISATION AND CONTROL, PLANNING, VICTORIA

- 705 Windle, Charles, Beatrice M. Rosen, Harold F. Goldsmith and J. Philip Shambaugh (1975), 'A demographic system for comparative assessment of "needs" for mental health services', **Evaluation**, 2(2):73-6.

To assist Community Mental Health Centers in the United States in planning, the National Institute of Mental Health decided to extend the availability of fairly simple data that can be used relatively inexpensively and a small-area Mental Health Demographic Profile System (MHDPS) was developed, capable of integrating demographic data, geographic descriptions of service areas, and types of services available to produce analytic statistical reports, computer printouts for particular areas, and data tapes that can be used to establish data systems elsewhere. This means that there can be greater precision in identification of needs and it can be used as an aid in evaluation of services also.

DEMOGRAPHIC TRENDS, METHODOLOGY, PLANNING, DEMOGRAPHIC GROUPS, UNITED STATES

- 706 Wing, J.K. (1990), 'Meeting the needs of people with psychiatric disorders', **Social Psychiatry and Psychiatric Epidemiology**, 25(1):2-8.

'Evaluative research into the provision of psychiatric services to communities and individuals covers the whole spectrum of diagnosis, treatment and care, and the apparatus of policy-making, administration and management concerned in "delivery". The problems for research are described in terms of two central concepts - social disablement and need. Emphasis is placed on the importance of a needs assessment system, in spite of the methodological problems it poses. Examples are drawn chiefly from the UK National Health Service (NHS) because of the opportunities it provides for epidemiologically based research, but the issues raised are universal.'

EVALUATION, METHODOLOGY, NEEDS, UNITED KINGDOM

- 707 Wister, Andrew V. and Thomas K. Burch (1987), 'Values, perceptions, and choice of living arrangements of the elderly', in Edgar F. Borgatta and Rhonda J.V. Montgomery (eds), **Critical Issues in Aging Policy: Linking Research and Values**, Sage, Newbury Park, Calif.:180-98.

'The focus of this chapter is the choice of living arrangements among the elderly, a topic that is of special interest due to the sharp increase over the past three decades in the proportion of older persons in Western countries who live alone. An understanding of the causes and consequences of this trend is important since it has implications for families, for community and social services, as well as for housing policy. The primary tasks of this chapter are (1) to explore the decision-making process and to identify general components of the process for investigation; (2) to investigate the decision-making dimensions that have been identified as relevant to older persons' choices for living arrangement; and (3) to discuss the significance of these dimensions for social policy and future research.'

POLICY ANALYSIS, DEMOGRAPHIC GROUPS

- 708 Wolfe, Barbara (1985), **Health Care Expenditures for the Elderly: Are Prospective Payment Systems and Community Care the Paths to Cost Reduction?** Institute for Research on Poverty, University of Wisconsin-Madison, Discussion Paper No.788, 31pp.

'This paper first reviews the past and prospective changes in the United States population of the elderly - their increasing share of the population as a whole, their increasing life expectancy, improved economic status, and increasing consumption of medical care. It then discusses the various kinds of health care available for the elderly and the costs of such care. The cost containment measures that have in recent years come into being are examined, and their advantages and disadvantages weighed. The emerging issue of community provision of care for the elderly in their homes is then addressed; the demonstrations that have taken place are described; and the cost effectiveness of community care is evaluated. The paper concludes by pointing out that prospective payment systems, which seem to be containing costs, may themselves increase the need for community-based care, which has so far not proved cost-effective.'

DEMOGRAPHIC TRENDS, HEALTH SERVICES, FINANCING, UNITED STATES

- 709 Wood, Juanita B. (1985/86), 'The effects of cost-containment on home health agencies', **Home Health Care Services Quarterly**, 6(4), Winter:59-78.

'Home health agencies are examined in terms of changes their organizations have experienced as a result of federal health care cost-containment policies. Contrasts are made between data collected from a sample of home health agencies in 1983 and 1984. Some attention is also given to differences in home health agency experiences by state. Home health agencies are beginning to change their tax status to for-profit and to try to attract private insurance clients which may potentially alter the home health market in favor of younger clients. The agencies experienced many more denial of claims by the Medicare fiscal intermediaries in 1984 than in 1983.'

HEALTH SERVICES, FINANCING, UNITED STATES

- 710 Wood, Juanita B. and Carroll L. Estes (1990), 'The impact of DRGs on community-based service providers: implications for the elderly', **American Journal of Public Health**, 80(7), July:840-3.

This paper 'investigated changes in community-based agencies following the implementation of the Medicare prospective payment system for hospitals utilizing DRGs (diagnosis-related groups). Data were collected in 1986 and 1987 from 771 community service providers. There were five major findings: 1) hospital discharge planners, nursing homes, and home health agencies experienced DRG effects before other types of community providers studied; 2) the "reach" of DRG impact is widespread; 3) providers report a change in clientele toward a heavier-care client; 4) the impact of DRGs affects the type of services agencies provide; and 5) community providers have experienced a decrease in their ability to refer their clients both to hospitals and to each other.'

EVALUATION, HEALTH SERVICES,, FINANCING, UNITED STATES

- 711 Wooldridge, Judith and Jennifer Schore (1988), 'The evaluation of the National Long Term Care Demonstration. 7. The effect of channeling on the use of nursing homes, hospitals, and other medical services, **Health Services Research**, 23(1), April:119-27.

'An analysis of the impacts of channeling on the use of hospitals, nursing homes and other medical services is described. Comprehensive data on hospital and nursing home use were obtained from Medicare and Medicaid claims and provider records; other medical service use was limited to that which is reimbursed by Medicare or Medicaid. The analysis showed that the population served was not at high risk of institutionalization, and that the reductions in nursing home use among the treatment group were neither large nor, generally, statistically

significant. An exception was for the small group of persons who were in a nursing home at enrollment, for whom large reductions in nursing home use were found. The population showed a very high use of hospitals and other medical services, but the channeling program had no impact on the use of these services.'

EVALUATION, HEALTH SERVICES, CASE MANAGEMENT, SERVICE UTILISATION, UNITED STATES

- 712 Yeatman, Anna (1989), **Review of Domiciliary Care Services in South Australia: Final Report**, State Print, Adelaide, 178pp.

This review of domiciliary services in South Australia involved extensive consultations with service providers, consumers and carers. It was asked to review domiciliary services within the principles and goals of the HACC Program. It entailed a description of the operation of these services with particular attention to their operational parameters, service-delivery processes and organisational framework. It was asked to propose options for the future operation of services and a strategy for the implementation of any changes necessary to implement these models. It was charged also with analysing funding and staffing implications of any recommended changes proceeding from the proposed service models and their impact on the community care network. It was found that there was a need for these services to 'reorient their culture of service-delivery so that it is more responsive to the expressed needs of consumers and carers; [and] the need to resource Domiciliary Care services so that they can do what they are being asked to do.' Chapter two lists the recommendations made by the report.

EVALUATION, DOMICILIARY SERVICES, FINANCING, ORGANISATION AND CONTROL, ORGANISATIONAL INNOVATION, SOUTH AUSTRALIA

- 713 Yeatman, Anna (1990), 'Review of HACC service types', in A. Howe, E. Ozanne and C. Selby Smith (eds), **Community Care Policy and Practice: New Directions in Australia**, Public Sector Management Institute, Monash University, Clayton, Vic.:213-26.

This paper is based on the review of domiciliary services in South Australia undertaken by the author and described above.

EVALUATION, DOMICILIARY SERVICES, FINANCING, ORGANISATION AND CONTROL, ORGANISATIONAL INNOVATION, SOUTH AUSTRALIA

- 714 Yordi, Cathleen L. (1988), 'Case management in the social health maintenance organization demonstrations', **Health Care Financing Review**, Annual Supplement:83-8.

'In this article, case management departments and roles during the early years of the social health maintenance organization (S/HMO) demonstrations are compared. These organizations provide acute and chronic care services under a prepaid plan for the elderly. Eligibility criteria for case management and chronic care services at each site are compared, followed by a description of the resultant case mix of members receiving chronic care benefits. Case managers principal activities are described, and a preliminary assessment is made about the strength of the linkages that have been developed between the case management component of these plans and the larger health care system.'

EVALUATION, CASE MANAGEMENT, ORGANISATION AND CONTROL, TARGETING, UNITED STATES

- 715** Young, Donald A., Grant V. Rodkey and Eli Ginzberg (1986), 'The impact prospective payment will have on de-institutionalizing health care for the elderly', **Home Health Care Services Quarterly**, 7(3/4), Fall/Winter: 159-93.

The prospective payment system under Medicare in the United States which sets the price in advance for a package of services of care of a hospital inpatient, encourages efficiency and productivity in the delivery of inpatient hospital services and has controls built in to maintain quality of care and to foster continued improvements in health services through scientific and technological advances. 'The impact prospective payment will have on de-institutionalizing health care for the elderly will be determined by social values and choices related to continued technological and scientific advances, the willingness to change beliefs, the amount of money we are willing to spend, and the value assigned by the individual to the outcome of the health care services received.' A prospective payment system has implications for financing community services.

HEALTH SERVICES, FINANCING, UNITED STATES

- 716** Zawadski, Rick T. and Catherine Eng (1988), Case management in capitated long-term care', **Health Care Financing Review**, Annual Supplement:75-81.

'For a very impaired population needing multiple interrelated services, the case management approach used by On Lok Senior Health Services in San Francisco, California, produces a responsive, flexible service system. Case management in On Lok's consolidated model has three key characteristics:(1) a true multidisciplinary team of medical as well as nonmedical personnel who separately assess, then, as a group, plan with the client and/or the family the services to be given; (2) use of the same team to assess needs and deliver services; and (3) team access to a potentially unlimited array of services, with freedom to adapt or create needed services.'

CASE STUDIES, CASE MANAGEMENT, ORGANISATIONAL INNOVATION, UNITED STATES

- 717** Zedlewski, Sheila R., Roberta O. Barnes, Martha K. Burt, Timothy D. McBride and Jack A. Meyer (1989), **The Needs of the Elderly in the 21st Century**, Urban Institute, Washington, D.C., 1v.(various pagings)

'This study uses microsimulation techniques to project the elderly population's characteristics, incomes, and needs between now and the year 2030. It enumerates how the aging of America will affect requirements for long-term care, social, and housing services...These projections suggest that the increase in demand for supportive services is likely to be greater than many realize because future increases in the number of frail elderly, elderly with health limitations, and elderly living alone will all exceed the general increase in the elderly population. But this study emphasizes that although many factors driving the need for services are exogenous, many are within our power to influence. To this end, this study describes a combination of efforts which could be launched to reduce the incidence of disability, to reform the service delivery system so that people needing help get no more nor no less than what they need and want, and to develop financing mechanisms to make the purchase of needed services affordable for all older Americans.'

DEMOGRAPHIC TRENDS, NEEDS, GENERAL SUPPORT SERVICES, FINANCING, ORGANISATIONAL INNOVATION, UNITED STATES

- 718** Zuckerman, Connie, Nancy Neveloff Dubler and Bart Collopy (Eds) (1990), **Home Health Care Options: A Guide for Older Persons and Concerned Families**, Plenum Press, New York, Insight Books, xvii, 337pp.

This book begins by discussing the major ethical values and dilemmas that may face clients and family members in home care of the elderly. There is an overview of the present state of home care services delivery, finance and future policies and procedures in the United States. Specific types of programs and services are described, highlighting the options for consumer participation and the available financing options for home care clients and families. Legal issues which may arise are also addressed here.

**POLICY ANALYSIS, GENERAL SUPPORT SERVICES, FINANCING, ORGANISATION AND CONTROL,
UNITED STATES**

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KEY-WORD DEFINITIONS AND INDEX

CASE STUDIES: descriptions of specific projects, services or experiments.

1, 13, 17, 23, 60, 66, 76, 84, 113, 125, 128, 142, 144, 149, 153, 157, 159, 161, 163, 177, 186, 211, 212, 239, 241, 242, 244, 255, 262, 270, 280, 293, 303, 304, 305, 318, 319, 325, 331, 336, 338, 346, 355, 357, 359, 360, 367, 376, 378, 381, 382, 383, 396, 399, 400, 402, 407, 408, 409, 414, 416, 419, 420, 426, 427, 433, 438, 439, 449, 452, 464, 467, 473, 476, 478, 482, 491, 495, 505, 506, 507, 508, 509, 510, 512, 530, 532, 538, 554, 561, 563, 564, 574, 575, 580, 584, 585, 586, 587, 588, 590, 595, 596, 599, 602, 603, 604, 606, 608, 610, 614, 617, 618, 620, 621, 624, 625, 629, 630, 631, 633, 635, 640, 644, 648, 650, 651, 653, 654, 663, 692, 703, 716.

DEMOGRAPHIC TRENDS: works discussing or predicting changes or trends in the population, presentation of demographic data.

12, 28, 33, 42, 49, 54, 60, 82, 94, 104, 106, 107, 168, 187, 188, 195, 218, 223, 236, 246, 252, 256, 257, 258, 265, 266, 287, 288, 297, 312, 324, 330, 333, 334, 335, 349, 351, 356, 357, 371, 373, 394, 413, 422, 431, 444, 450, 451, 454, 458, 459, 461, 462, 463, 468, 469, 487, 489, 494, 500, 501, 504, 506, 521, 522, 525, 527, 531, 540, 542, 549, 569, 575, 578, 579, 583, 594, 604, 608, 609, 622, 625, 627, 639, 662, 705, 708, 717.

EVALUATION: evaluation of projects or specific services; works discussing outcomes.

2, 6, 19, 22, 23, 26, 29, 32, 34, 57, 66, 90, 101, 102, 116, 117, 120, 131, 132, 133, 137, 140, 142, 144, 145, 147, 149, 150, 162, 163, 183, 186, 189, 201, 211, 219, 235, 239, 261, 268, 273, 282, 285, 291, 305, 307, 322, 326, 331, 342, 344, 345, 346, 350, 354, 355, 356, 360, 367, 368, 369, 376, 378, 380, 385, 391, 401, 409, 411, 414, 416, 419, 425, 447, 454, 457, 460, 467, 468, 480, 481, 488, 490, 493, 508, 509, 511, 528, 541, 544, 551, 555, 556, 563, 565, 589, 591, 596, 597, 599, 612, 614, 615, 617, 631, 635, 636, 646, 648, 652, 653, 655, 659, 664, 665, 668, 676, 684, 685, 686, 687, 688, 689, 695, 706, 710, 711, 712, 713, 174.

INTERNATIONAL COMPARISONS: cross national works; works comparing different countries.

14, 61, 166, 168, 199, 231, 237, 265, 277, 278, 323, 332, 358, 366, 372, 373, 377, 387, 389, 420, 446, 458, 463, 492, 522, 527, 533, 538, 560, 567.

METHODOLOGY: works about, or which include sections on, the methods employed in research, the setting up of services or projects, and the methods of needs assessment.

7, 15, 20, 23, 24, 25, 31, 32, 66, 68, 69, 70, 74, 75, 76, 78, 85, 90, 101, 102, 108, 116, 118, 132, 133, 136, 140, 146, 147, 174, 180, 189, 196, 197, 206, 209, 213, 224, 242, 251, 252, 254, 259, 260, 263, 268, 282, 285, 292, 301, 306, 318, 323, 327, 337, 350, 352, 354, 357, 361, 362, 365, 366, 368, 369, 377, 380, 385, 388, 390, 391, 398, 399, 415, 422, 423, 425, 428, 431, 433, 436, 440, 443, 445, 446, 455, 457, 460, 461, 466, 470, 474, 476, 477, 481, 486, 488, 491, 496, 501, 503, 506, 507, 514, 520, 523, 527, 528, 530, 532, 541, 544, 547, 549, 553, 554, 555, 556, 557, 565, 572, 576, 580, 582, 590, 597, 603, 604, 614, 620, 628, 630, 632, 637, 638, 639, 641, 642, 644, 645, 647, 648, 649, 657, 661, 666, 677, 678, 682, 683, 686, 687, 689, 693, 695, 697, 705, 706.

NEEDS: included here are works on the concept of need as well as works on the needs of particular groups such as carers, the aged and the disabled.

1, 7, 8, 14, 15, 17, 27, 35, 43, 45, 47, 48, 51, 55, 64, 65, 68, 69, 70, 72, 73, 76, 92, 93, 96, 99, 104, 109, 112, 114, 118, 129, 130, 135, 137, 139, 151, 153, 167, 168, 169, 172, 180, 182, 185, 189, 190, 196, 202, 205, 210, 214, 215, 216, 218, 221, 222, 228, 229, 230, 232, 233, 236, 238, 239, 241, 244, 250, 253, 254, 264, 265, 266, 269, 272, 276, 277, 278, 280, 281, 302, 308, 310, 319, 321, 327, 328, 329, 339, 340, 346, 347, 353, 364, 365, 367, 371, 374, 375, 380, 381, 382, 394, 395, 398, 399, 400, 403, 404, 405, 406, 413,

415, 418, 422, 425, 426, 427, 431, 432, 435, 436, 437, 439, 443, 444, 445, 448, 449, 453, 454, 456, 459, 468, 470, 471, 475, 477, 486, 487, 491, 494, 499, 502, 503, 505, 507, 516, 517, 521, 523, 524, 527, 531, 537, 538, 539, 547, 553, 557, 562, 564, 575, 577, 578, 581, 586, 589, 590, 595, 597, 602, 603, 604, 605, 608, 618, 619, 621, 622, 623, 626, 627, 628, 630, 632, 633, 639, 640, 644, 645, 646, 649, 656, 657, 666, 677, 679, 682, 683, 693, 706, 717.

POLICY ANALYSIS: works analysing government policies on community care for particular groups.

3, 5, 11, 14, 18, 20, 30, 32, 36, 37, 58, 77, 83, 87, 91, 97, 103, 110, 113, 114, 123, 126, 134, 156, 170, 179, 191, 194, 203, 207, 210, 211, 234, 245, 256, 267, 270, 271, 275, 276, 279, 283, 294, 285, 286, 289, 290, 294, 295, 296, 297, 299, 300, 302, 303, 304, 307, 311, 314, 316, 317, 320, 324, 328, 329, 330, 332, 343, 358, 360, 361, 363, 370, 372, 374, 379, 384, 390, 393, 395, 410, 412, 416, 421, 424, 430, 442, 453, 458, 472, 479, 483, 484, 489, 497, 500, 510, 514, 515, 516, 518, 519, 522, 526, 529, 533, 534, 536, 538, 540, 545, 550, 559, 560, 563, 564, 566, 568, 575, 577, 578, 591, 592, 593, 594, 598, 600, 602, 613, 165, 625, 634, 654, 658, 659, 667, 669, 671, 672, 674, 680, 681, 690, 691, 700, 702, 707, 718.

CARERS: those people, usually female family members, who care for or support a dependent person in the community.

3, 12, 43, 44, 47, 51, 55, 64, 65, 88, 93, 106, 118, 135, 137, 160, 162, 191, 216, 217, 222, 247, 270, 277, 278, 280, 281, 293, 294, 295, 298, 300, 313, 326, 329, 330, 346, 360, 381, 382, 383, 403, 404, 405, 409, 415, 418, 430, 439, 448, 467, 473, 494, 495, 496, 538, 542, 546, 552, 554, 555, 558, 561, 563, 575, 577, 585, 595, 596, 607, 608, 611, 618, 621, 643, 646, 657, 658, 659, 660, 667, 698, 700.

DOMICILIARY SERVICES: services delivered to a person at home, e.g. meals on wheels, home help, attendant care.

14, 21, 46, 50, 54, 55, 57, 62, 67, 68, 71, 72, 89, 97, 118, 119, 155, 158, 163, 164, 166, 177, 178, 179, 183, 220, 225, 226, 231, 240, 246, 248, 269, 270, 291, 292, 338, 340, 352, 367, 376, 378, 392, 409, 422, 452, 464, 478, 480, 487, 490, 492, 502, 508, 509, 511, 512, 521, 527, 532, 534, 538, 575, 586, 599, 608, 612, 626, 664, 668, 676, 684, 686, 712, 713.

GENERAL SUPPORT SERVICES: works on services other than domiciliary services, e.g. respite care, day care; includes works encompassing community services in general.

46, 55, 68, 89, 136, 170, 183, 186, 222, 233, 235, 239, 259, 260, 262, 265, 266, 268, 273, 274, 280, 281, 282, 300, 330, 332, 336, 341, 342, 343, 344, 346, 348, 353, 361, 381, 382, 383, 286, 389, 394, 400, 402, 403, 411, 414, 417, 426, 433, 439, 444, 446, 447, 449, 467, 469, 472, 473, 483, 486, 493, 495, 502, 518, 525, 526, 528, 533, 540, 542, 546, 548, 552, 554, 561, 562, 577, 589, 591, 596, 607, 611, 612, 613, 614, 616, 617, 623, 631, 636, 643, 646, 648, 653, 655, 657, 659, 660, 665, 667, 676, 682, 684, 687, 688, 689, 691, 692, 695, 696, 698, 717, 718.

HEALTH SERVICES: community services relating to medical and health needs.

2, 16, 28, 60, 61, 67, 72, 74, 79, 80, 104, 105, 122, 172, 176, 190, 195, 213, 214, 219, 230, 248, 249, 279, 286, 287, 288, 306, 307, 314, 333, 334, 345, 362, 386, 389, 419, 434, 435, 462, 482, 485, 489, 498, 515, 519, 520, 531, 537, 566, 569, 573, 574, 581, 592, 593, 600, 603, 610, 613, 627, 628, 635, 650, 663, 673, 674, 678, 683, 696, 708, 709, 710, 711, 715.

QUALITY OF LIFE: works on, or with sections on, issues pertaining to the quality of life or general well-being of groups.

7, 17, 26, 41, 49, 59, 163, 212, 218, 243, 293, 355, 381, 382, 383, 401, 407, 418, 419, 426, 465, 467, 468, 485, 506, 520, 525, 529, 532, 546, 570, 572, 573, 595, 611, 636, 638, 642, 667, 677, 691.

CASE MANAGEMENT: community care that assigns an array of services to people on a basis of individual needs, e.g. Community Options Program, the Kent Community Care Project and the National Long Term Care Demonstration (Channeling) in the U.S.

1, 10, 25, 72, 108, 126, 132, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 159, 177, 193, 201, 204, 205, 206, 210, 211, 212, 254, 283, 291, 292, 331, 359, 376, 401, 408, 438, 455, 479, 482, 488, 499, 510, 511, 513, 535, 551, 567, 568, 584, 587, 606, 624, 629, 637, 652, 685, 699, 711, 714, 716.

DEMOGRAPHIC GROUPS: the characteristics of particular groups such as the elderly and people with disabilities.

5, 7, 8, 14, 15, 16, 19, 27, 28, 33, 35, 36, 38, 39, 40, 41, 43, 45, 46, 47, 48, 51, 52, 53, 54, 55, 56, 63, 73, 78, 82, 83, 85, 86, 95, 96, 99, 102, 106, 107, 109, 111, 112, 113, 114, 115, 121, 122, 125, 126, 129, 130, 134, 135, 150, 153, 157, 158, 160, 165, 168, 169, 171, 172, 173, 174, 175, 176, 177, 181, 182, 184, 185, 189, 190, 192, 195, 213, 214, 215, 216, 217, 218, 221, 227, 228, 230, 232, 236, 239, 240, 241, 243, 244, 246, 249, 250, 259, 260, 262, 264, 265, 266, 268, 269, 270, 272, 723, 274, 280, 281, 282, 286, 290, 302, 309, 310, 313, 321, 323, 324, 327, 331, 332, 333, 334, 335, 337, 338, 339, 349, 351, 353, 355, 356, 357, 374, 375, 392, 394, 395, 396, 400, 402, 403, 404, 405, 406, 407, 408, 412, 413, 417, 427, 432, 435, 437, 438, 443, 444, 448, 449, 450, 453, 454, 456, 459, 462, 463, 465, 466, 469, 470, 471, 475, 476, 486, 487, 489, 491, 498, 502, 505, 509, 512, 514, 516, 524, 525, 529, 530, 531, 532, 537, 539, 544, 545, 549, 558, 560, 562, 564, 570, 573, 578, 581, 585, 587, 588, 605, 606, 607, 609, 611, 620, 625, 626, 627, 628, 638, 640, 641, 643, 646, 656, 657, 662, 663, 666, 667, 668, 678, 679, 691, 696, 698, 705, 707.

FINANCING: costs and financial aspects of services.

4, 5, 10, 11, 21, 23, 28, 29, 33, 37, 38, 57, 60, 79, 80, 91, 124, 127, 143, 144, 145, 147, 154, 159, 160, 161, 163, 164, 165, 171, 179, 183, 184, 207, 210, 225, 233, 235, 237, 238, 256, 272, 289, 295, 296, 299, 302, 325, 326, 338, 343, 348, 355, 386, 389, 401, 408, 409, 411, 414, 430, 465, 482, 483, 485, 488, 497, 522, 527, 533, 536, 550, 554, 568, 569, 571, 575, 593, 599, 601, 614, 623, 624, 634, 635, 652, 655, 670, 675, 681, 684, 685, 686, 687, 703, 704, 708, 709, 710, 712, 713, 715, 717, 718.

ORGANISATION AND CONTROL: the way services are organised and who has responsibility for them, e.g. private, public or voluntary bodies.

3, 4, 9, 10, 14, 15, 19, 31, 58, 66, 67, 76, 81, 89, 98, 102, 110, 111, 127, 135, 154, 170, 179, 181, 199, 233, 238, 260, 265, 270, 281, 283, 287, 288, 289, 291, 292, 296, 299, 302, 303, 304, 305, 311, 315, 316, 317, 325, 336, 340, 341, 342, 345, 358, 359, 360, 362, 366, 372, 373, 377, 386, 387, 389, 395, 397, 408, 411, 416, 420, 422, 429, 433, 439, 440, 441, 444, 446, 447, 459, 464, 472, 479, 480, 483, 484, 495, 499, 500, 506, 518, 525, 526, 533, 534, 535, 536, 538, 539, 540, 543, 544, 548, 559, 561, 567, 568, 575, 578, 584, 605, 610, 612, 614, 618, 622, 623, 624, 631, 637, 651, 653, 655, 669, 671, 672, 673, 681, 689, 690, 701, 703, 704, 712, 713, 714, 718.

ORGANISATIONAL INNOVATION: new or experimental ways of organising services for better service delivery.

1, 6, 13, 20, 37, 58, 61, 84, 107, 113, 114, 115, 154, 166, 175, 180, 193, 198, 200, 202, 203, 208, 209, 212, 236, 244, 261, 262, 289, 299, 303, 304, 305, 328, 335, 344, 378, 379, 390, 406, 421, 429, 433, 434, 479, 490, 498, 510, 526, 535, 537, 542, 552, 554, 568, 570, 571, 572, 577, 587, 624, 629, 634, 640, 651, 674, 690, 712, 713, 716, 717.

PLANNING: the ways in which services are planned, including needs based planning.

27, 30, 34, 36, 67, 72, 78, 94, 96, 99, 100, 105, 111, 119, 122, 151, 152, 165, 168, 173, 174, 181, 189, 196, 197, 213, 223, 224, 228, 230, 251, 252, 255, 264, 296, 299, 307, 309, 310, 312, 321, 334, 353, 356,

360, 364, 366, 371, 375, 380, 405, 414, 423, 432, 445, 470, 474, 477, 494, 500, 501, 514, 527, 528, 531, 549, 553, 567, 572, 576, 581, 586, 590, 605, 625, 628, 632, 633, 637, 645, 647, 651, 669, 677, 681, 704, 705.

RESOURCE ALLOCATION: the way resources are allotted to different services.

9, 11, 12, 29, 30, 69, 70, 71, 87, 103, 139, 156, 180, 197, 200, 204, 210, 212, 229, 246, 248, 253, 254, 265, 278, 291, 292, 299, 316, 342, 352, 358, 366, 373, 423, 457, 482, 550, 564, 592, 593, 632, 644, 670, 681.

SERVICE UTILISATION: the take up of services by particular groups.

16, 74, 80, 86, 95, 134, 153, 155, 162, 172, 176, 183, 195, 220, 232, 243, 246, 248, 249, 268, 269, 319, 323, 340, 350, 351, 381, 382, 383, 389, 394, 396, 419, 422, 491, 493, 500, 505, 552, 562, 564, 569, 574, 581, 588, 589, 602, 603, 604, 618, 620, 621, 626, 627, 646, 650, 663, 678, 711.

TARGETING: the way in which services are directed towards a particular group.

4, 22, 24, 25, 54, 71, 73, 75, 108, 109, 131, 138, 202, 213, 240, 309, 315, 318, 322, 337, 339, 347, 367, 369, 388, 390, 391, 398, 399, 422, 427, 451, 455, 457, 475, 476, 499, 516, 523, 547, 553, 565, 582, 630, 667, 684, 693, 714.

AUSTRALIA: see also the individual states.

8, 17, 18, 19, 20, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 54, 55, 56, 57, 64, 65, 81, 89, 90, 93, 97, 106, 107, 108, 109, 117, 120, 121, 163, 169, 172, 179, 215, 230, 259, 267, 273, 275, 276, 279, 287, 288, 315, 320, 321, 324, 343, 344, 345, 347, 349, 350, 351, 356, 392, 403, 404, 405, 406, 431, 432, 434, 440, 444, 479, 522, 533, 534, 536, 541, 544, 545, 550, 577, 579, 580, 591, 592, 593, 601, 605, 613, 616, 634, 644, 647, 572, 699.

AUSTRALIAN CAPITAL TERRITORY:

408.

AUSTRIA:

14.

BELGIUM:

236.

CANADA:

60, 377, 389, 423, 433, 505, 506, 538, 574, 587, 602.

DENMARK:

14, 192, 227, 377, 525, 538.

EIRE:

181, 266.

EUROPE:

218, 358, 366, 373.

FINLAND:

435.

GERMANY:

232, 538.

GREECE:

14, 459.

HUNGARY:

14, 548.

ICELAND:

540.

ISRAEL:

101, 102, 168, 195, 251, 252, 253, 271, 301, 302, 330, 413, 418, 448, 499, 500, 501, 502.

ITALY:

228.

JAPAN:

463, 608.

NETHERLANDS:

14, 98, 333, 394, 395, 417, 443, 468.

NEW SOUTH WALES:

7, 16, 21, 151, 176, 180, 189, 190, 216, 244, 274, 280, 353, 371, 438, 476, 518, 519, 527, 560, 575, 576, 581, 585, 623, 624, 633.

NEW ZEALAND:

170, 194, 264, 309, 412, 498, 520, 537, 566.

NORTHERN IRELAND:

181.

NORWAY:

82.

POLAND:

14.

QUEENSLAND:

46, 47, 110, 111, 112, 113, 114, 115, 380, 614.

SCOTLAND:

268, 360, 455.

SOUTH AUSTRALIA:

1, 2, 48, 62, 75, 125, 186, 225, 226, 310, 357, 487, 508, 509, 510, 511, 512, 564, 584, 628, 712, 713.

SWEDEN:

77, 168, 538, 625, 643, 654.

TASMANIA:

49, 154.

UNITED KINGDOM: see also Northern Ireland, Scotland and Wales.

3, 4, 5, 6, 9, 10, 11, 12, 27, 58, 61, 66, 67, 68, 69, 70, 71, 72, 76, 85, 87, 88, 122, 123, 128, 129, 130, 136, 138, 139, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 152, 153, 156, 158, 159, 164, 166, 173, 174, 175, 193, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 219, 231, 246, 247, 248, 255, 256, 257, 258, 260, 261, 262, 269, 281, 282, 283, 284, 285, 286, 289, 290, 291, 292, 293, 294, 295, 296, 298, 299, 303, 304, 305, 307, 311, 313, 317, 328, 329, 336, 338, 352, 359, 362, 363, 378, 379, 384, 385, 386, 400, 402, 409, 410, 411, 414, 420, 424, 429, 430, 439, 441, 449, 452, 464, 465, 466, 467, 472, 474, 480, 483, 484, 490, 514, 524, 526, 527, 529, 532, 533, 542, 543, 549, 552, 559, 562, 563, 567, 568, 572, 578, 598, 607, 611, 612, 638, 548, 649, 651, 653, 655, 658, 659, 661, 667, 668, 671, 679, 680, 681, 692, 693, 696, 700, 701, 702, 706.

UNITED STATES:

13, 22, 23, 24, 25, 26, 28, 61, 63, 80, 83, 84, 86, 91, 94, 95, 96, 99, 100, 104, 105, 116, 118, 124, 127, 131, 132, 133, 134, 135, 137, 155, 161, 162, 165, 168, 171, 182, 183, 184, 185, 187, 188, 199, 217, 220, 222, 223, 233, 238, 241, 242, 245, 249, 250, 254, 255, 270, 272, 312, 314, 316, 319, 322, 325, 326, 331, 337, 355, 367, 369, 374, 375, 376, 377, 390, 393, 396, 399, 401, 407, 416, 419, 420, 421, 422, 425, 426, 437, 447, 450, 453, 454, 456, 461, 462, 463, 469, 470, 471, 475, 482, 485, 486, 488, 489, 491, 493, 494, 495, 496, 497, 503, 504, 507, 515, 521, 522, 527, 528, 530, 531, 533, 538, 539, 547, 551, 553, 554, 557, 558, 561, 565, 567, 569, 570, 571, 573, 582, 586, 590, 594, 595, 597, 599, 600, 603, 604, 606, 609, 610, 617, 618, 620, 621, 626, 627, 629, 630, 631, 635, 636, 637, 639, 640, 641, 644, 650, 652, 660, 662, 669, 670, 673, 674, 675, 676, 677, 678, 682, 683, 685, 686, 687, 688, 689, 695, 705, 708, 709, 710, 711, 714, 715, 716, 717, 718.

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15, 50, 51, 52, 119, 157, 177, 214, 221, 239, 318, 340, 342, 348, 364, 427, 473, 478, 513, 583, 596, 615, 646, 657, 616, 703, 704.

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297, 381, 382, 383, 588, 589, 663, 664, 665.

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