

# Community Care of the Elderly: An Annotated Bibliography, 1980-85

**Author:**

Sitsky, Lynn

**Publication details:**

Working Paper No. No 2

Research Resource Series

0858236516 (ISBN)

0819-2731 (ISSN)

**Publication Date:**

1987

**DOI:**

<https://doi.org/10.26190/unsworks/803>

**License:**

<https://creativecommons.org/licenses/by-nc-nd/3.0/au/>

Link to license to see what you are allowed to do with this resource.

Downloaded from <http://hdl.handle.net/1959.4/44988> in <https://unsworks.unsw.edu.au> on 2024-04-24

---

# SWRC Research Resource Series

No 2

April 1987

---

## COMMUNITY CARE OF THE ELDERLY: AN ANNOTATED BIBLIOGRAPHY 1980-85

by

Lynn Sitsky

with a foreword by Chris Rossiter



**Social Welfare Research Centre**

THE UNIVERSITY OF NEW SOUTH WALES  
P.O. BOX 1 • KENSINGTON • NEW SOUTH WALES • AUSTRALIA • 2033

---

**SWRC RESEARCH RESOURCE SERIES**  
**No. 2** April 1987  
**Reprinted** September 1988  
**Reprinted** March 1990

**COMMUNITY CARE OF THE ELDERLY:  
AN ANNOTATED BIBLIOGRAPHY, 1980-85**

by

**Lynn Sitsky**  
with a foreword by Chriss Rossiter

**ISSN 0819 2731**  
**ISBN 0 85823 651 6**

**Social Welfare Research Centre**  
**The University of New South Wales**  
**P O Box 1 · Kensington · NSW · 2033 · Australia**

Printed at the back is a complete list of the publications of the Social Policy Research Centre.

For further enquiries about the work of the Centre, or about purchasing our publications, please contact the Publications Officer, Jennifer Young at the SPRC, University of New South Wales, PO Box 1, Kensington, NSW, 2033. Phone: (02) 697 5150.

As with all publications by the Social Policy Research Centre the views expressed in this publication do not represent any official position on the part of the Centre. The publications for the Centre are produced to make available the research findings of the individual authors, and to promote the development of ideas and discussions about major areas of concern in the field of Social Welfare.



## CONTENTS

|                               | Page |
|-------------------------------|------|
| PREFACE                       | i    |
| FOREWORD                      | iii  |
| ORGANISATION                  | v    |
| THE COLLECTION                | 1    |
| KEY-WORD DEFINITONS AND INDEX | 145  |
| AUTHOR INDEX                  | 150  |

## PREFACE

This report is the second to appear in the Social Welfare Research Centre's new **Research Resource Series**. It contains an annotated bibliography for 1980-85 of material on community care for the elderly. It covers material published both within Australia but also research published overseas notably, but not entirely, in the United States and Great Britain. The subject matter of this bibliography is currently of great interest, reflecting both demographic trends towards a greater proportion of the elderly in the population and policy developments regarding the appropriate balance between community and institutional care for the aged. For this reason, it should prove to be an extremely useful addition to the research resources currently available. In so doing, it will have served the purposes for which the new **SWRC Research Resource Series** was intended.

Peter Saunders  
Director  
Social Welfare Research Centre  
March 1987

## **ACKNOWLEDGEMENTS**

I would like to acknowledge Adam Graycar who, as previous Director of the Centre, suggested I work on this bibliography and Adam Jamrozik who, as Acting Director gave me the opportunity to complete it. My greatest debt of thanks goes to Chris Rossiter whose knowledge and experience in the area of aged care was an invaluable source of help both at the collection stage and later on in defining key-words. My thanks go to Jenny Young who typed this bibliography through all its stages and whose experience in typing previous bibliographies for the Centre proved very helpful.

**FOREWORD**

'Community Care' as an expression has been used increasingly over the past decade or so. In political and administrative parlance, we hear more about community care - and often less and less about what it really means. As the British commentator Alan Walker has stated: 'the term's durability and attractiveness probably owes much to its manipulation to encompass the widest possible range of institutions - it is all things to all politicians and policy makers'.

Academics, too, have embraced community care as a philosophical concept and an object of research. As this bibliography demonstrates, researchers have approached community care from many disciplines and have explored many aspects. As shown, the collection includes citations on works from such diverse areas as gerontology, health administration, women's studies, psychology, social administration, sociology, nursing studies, welfare economics and social work. People from all these disciplines have an obvious interest in obtaining a greater understanding of the issues related to the different ways of caring for frail elderly people. Policy makers are equally keen to learn the outcomes of their research into these issues.

The bibliography covers research published in the period 1980 to 1985, with a few entries for more recent works. It includes research conducted in Australia, Britain, North America and other countries undergoing similar social changes. To varying degrees these countries have experienced an ageing population, an increase in chronic health problems, changing family patterns and growing female participation in the paid labour force. All these developments have contributed to an increasing need for appropriate care to elderly people who are frail or disabled.

Yet, despite the growing numbers of frail elderly people and the concurrent issues of smaller family size (i.e. fewer potential carers), it is essential to recognise that families are not necessarily 'giving up' caring roles and responsibilities. Although numbers are difficult to ascertain, there may well be as many carers today as ever in the past. It is also important to point out that there never was a golden age when all old people were automatically and willingly cared for by their families. In Australia, as in other comparable societies, frail elderly people may find themselves at any point on the spectrum of circumstances. This ranges from isolation and neglect, through to skilled and dedicated care by relatives or government funded service providers.

The works included in this collection focus on many aspects of community care for elderly people. However, a couple of themes recur throughout them.

First of these is a focus on the effects of community care. There is particular emphasis on the problems experienced by care-givers, especially the women who provide informal care for frail parents or husbands or younger relatives and friends with disabilities. (Women are also most likely to be paid or volunteer carers.) Not only due to the tasks and responsibilities of caring but also because of limited resources and inadequate services, many carers experience hardship and frequent personal difficulties. Some of these factors were described in previous Reports and Proceedings arising from the SWRC's study of family care of elderly people. Along with many other

surveys, both in Australia and abroad, these have contributed to a comprehensive literature on the circumstances of carers. There is rather less information on the impact of community care in general and specifically care by family members on elderly or frail people themselves.

Another major theme in this bibliography is the comparison of institutional and community care. Most comparative studies conclude that community care is cheaper than residential care (which at least partly explains recent policy developments towards de-institutionalisation and greater provision of domiciliary services).

Yet, such studies generally overlook the true nature of the costs, by failing to account for the unpaid time of relatives and voluntary carers. Further, they rarely address the effect of accommodation and care services on the elderly people concerned.

Certainly the vast majority of elderly people want to remain at home. However, this benefit may be counteracted by the personal cost of services which are inflexible or inadequate and which may not meet the needs of consumers appropriately. The belief that community services are unreliable or that they cannot cater for people who are very frail often prompts older people to opt for residential care. This response is certainly not cost effective from an economic point of view; neither does it reflect what elderly consumers really want. Yet, it demonstrates the outcomes of a system which has historically placed much more emphasis on institutional than community care. It is not surprising that we are currently witnessing social change in this area. However, it is odd that community care is sometimes presented as a 'new' solution in response to consumer demand and the growing recognition that residential care is rarely appropriate for elderly people.

Government priorities are gradually changing. Increased funding is available under the Home and Community Care program, although public expenditure on residential provision is still far greater. If we are to develop professional, flexible and responsive services in the community, we need a greater financial commitment to community care. We will also need a greater understanding of the concerns and circumstances of frail and disabled people living in the community and wishing to remain there.

The research abstracted in this collection goes a long way to increasing our knowledge of the issues around community care. Some of the citations cover research into the problems involved in providing appropriate care. Others detail actual programs and other possible responses to established needs. All the abstracts cover works on elderly people, although some also refer to community care of younger people with disabilities.

Lynn Sitsky has worked for many months and scoured countless sources to compile such a comprehensive bibliography. In preparing 391 abstracts, she has covered a wide range of reference materials, books, journal articles and other works. I'm certain that this collection will prove fascinating for people working in the many fields of aged care. It will be especially invaluable for those who develop policies and services or who wish to pursue their own research

Chris Rossiter  
Office for the Aged

## ORGANISATION

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

All the items included have been sighted and any references to works which were not currently available in Australia or not easily obtained have been omitted.

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.

The scope of the bibliography is international with the greater number of entries coming from Australia, Great Britain and the United States. In the case of Australia, coverage has attempted to be as comprehensive as possible and any omissions are regretted.

**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.

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 above the citation.

Each annotation is followed by key-words which indicate the subjects covered in the item.

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 annotations which includes joint authors. The numbers following the names are the record numbers of the annotations (not page numbers).

1

ABRAMS, Philip (1980), 'Social change, social networks and neighbourhood care', **Social Work Service**, (22), February:12-23.

This paper proposes to look soberly at the realities of neighbourhood life in Britain and appraise the prospects for neighbourhood care. It starts by distinguishing between two types of neighbourhood care - that of more localised formal services or stronger informal systems. The relationships that exist between these two at the moment are not very encouraging for good neighbourhood care. It concludes that the so-called 'informal' system of social care (except as a system between kin) is irretrievably lost but that an adequate substitute for it can be found in the formal projects and schemes of the new neighbourhoodism. For a critique of this article see Bayley, Michael (1981), 'Neighbourhood care and community care: response to Philip Abrams', **Social Work Service**, (26), May:4-9.

VOLUNTEERS/NEIGHBOURS.

2

ABRAMS, Philip (1984), 'Realities of neighbourhood care : the interactions between statutory, voluntary and informal social care', ed. by Martin Bulmer, **Policy and Politics**, 12(4), October:413-429.

'The distinction between the formal and informal systems of care is explored to ask in what ways, within an overall system of care, the formal and informal sectors can be drawn together at the neighbourhood level in complementary, mutually-supportive relationships. A distinction is made between traditional neighbourhood care based predominantly upon kinship and neighbourliness, and the modern neighbourhood based on ties of friendship. Four models of the relationship between formal and informal care are examined: colonisation, integration, conflict and confusion. The discussion is related to the existence of natural helping networks and of "Good Neighbour" schemes.'

VOLUNTEERS/NEIGHBOURS.

3

ABRAMS, Philip and BULMER, Martin (1985), 'Policies to promote informal social care : some reflections on voluntary action, neighbourhood involvement, and neighbourhood care', **Ageing and Society**, 5(1), March:1-18.

This paper focuses on neighbourhood care as a source of community care for elderly people. Three types of neighbourhood care are examined: voluntary action for neighbourhood involvement, voluntary action for informal care, and voluntary action for neighbourhood care. Neighbourhood involvement is increasingly a political matter, with local organisation tied to specific local issues. Informal care has little to do with local involvement and nine tenths of such care is provided by the family, though there is scope for greater local action. Voluntary action for neighbourhood care is encouraged

particularly by pressure-group activism, self-help organisations and support for carers. Effective informal care requires a high degree of competence and the establishment of contexts for reciprocity. Policies in this area need to provide modest financial resources, greater information exchange and support for carers.

VOLUNTEERS/NEIGHBOURS.

4

ABU-LABAN, Sharon McIrvin (1981), 'Women and aging : a futurist perspective', **Psychology of Women Quarterly**, 6(1), Fall:85-98.'

'Many of the inequities characteristic of the female position tend to crystallize in older age. Under the assumed continuation of trends involving family life, reproductive freedom, sexuality and labor force participation, aging women of the future may find improvement with respect to personal status and socio-emotional rewards. However, incipient counter trends, made strong by religious conservatism, must be noted. Should such counter trends gain in strength, the lot of aging women of the future may be but a version of the **status quo ante**.'

WOMEN.

5

ALLAN, Graham (1983), 'Informal networks of care : issues raised by Barclay', **British Journal of Social Work**, 13(4), August:417-433.

'In calling for the creation of "community social work", the Barclay Report argues that social workers should aim to develop informal caring networks. This entails exploiting an individual's informal social contacts, such as kin, friends, and neighbours, to provide care. This paper firstly examines the assumptions and thinking behind the concept of informal caring networks. It then assesses the feasibility of using different informal relations in care provision by analysing the normative patterning and exchange content underlying them. It concludes that strategies like Barclay's are unlikely to be successful because they entail a transformation of these relationships that is incompatible with their normal organisation.'

VOLUNTEERS/NEIGHBOURS.

6

ALLEN Isobel (1983), **Short-stay Residential Care for the Elderly**, Policy Studies Institute Report No.616, London, Policy Studies Institute, 278 pp.

An enormous increase in short-stay residential care for the elderly over the last fifteen years led to this study funded by the British Department of Health and Social Security. It looks closely at the nature of the increase



in short-stay admissions to local authority homes, examines its impact and how a variety of homes cope with the organisational problems, how residents react, and the effect on the families and carers of short-stay residents.

FAMILY CARE/CARERS, SPECIFIC SERVICES.

## 7

ALMIND, Gert (1984), 'Extended home care for the elderly : a report from a community in Denmark', **Pride Institute Journal**, 3(3), Summer:19-24.

This article describes the Danish primary health system for old people that is based on the family physician, home nurse and home helper, by focusing on the community of Holbaek. It outlines a series of community research and development projects related to home care for the elderly, together with an analysis of the results of these projects. Special attention is paid to problems such as acute care nursing, continuing home care, reassessments, the family and health examinations.

ASSESSMENT, ETHNICITY, HOME CARE SERVICES, PROGRAMS/SPECIAL SCHEMES, SPECIFIC SERVICES.

## 8

AMANN, ANTON (1980), 'Open care for the elderly - Austria' in **Open Care for the Elderly in Seven European Countries**, Oxford, Pergamon Press:31-59.

This chapter discusses community care of the elderly in Austria, including its interrelationship with institutional care. It also includes the role of the family and home help services. The report looks at innovations, difficulties and shortcomings of the system and evaluates care activities, programmes and policies.

ETHNICITY, FAMILY CARE/CARERS, HOME HELP SERVICES, POLICY.

## 9

ANAND, K.B., THOMAS, J.H. and OSMOLSKI, R. (1982), 'Cost and effectiveness of a geriatric day hospital', **Royal College of Physicians of London, Journal**, 16(1):53-56.

'The service given by Geriatric Day Hospital has been of benefit to a large number of patients, the geriatric unit and the general hospital. Nevertheless, the cost of the service cannot be ignored and, if further development is to take place, more research will have to be undertaken into the various ways of linking day hospital and community care.'

ECONOMIC CONSIDERATIONS, PROGRAMS/SPECIAL SCHEMES, SPECIFIC SERVICES.

## 10

APPLEBAUM, Robert, SEIDL, Frederick W. and AUSTIN, Carol D. (1980), 'The Wisconsin Community Care Organization : preliminary findings from the Milwaukee experiment', **The Gerontologist**, 20(3):350-355.

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 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.

DISABILITY, ECONOMIC CONSIDERATIONS, HOME CARE SERVICES, PROGRAMS/SPECIAL SCHEMES.

## 11

APPLEBAUM, Robert A., BAXTER, Raymond J., CALLAHAN, James J. and DAY, Stephen L. (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 results of the initial case finding and screening approaches provide additional knowledge concerning the targeting experience.'

ASSESSMENT, DISABILITY, PROGRAMS/SPECIAL SCHEMES.

## 12

ARLING, Greg and McAULEY, William J. (1983), 'The feasibility of public payments for family caregiving', **The Gerontologist**, 23(3):300-306.

'The use of direct public payments to persons providing in-home care to impaired elderly is currently the object of increased interest. This paper draws upon data from two studies of impaired elderly to address the feasibility and potential impact of such policies. Findings suggest that family members are heavily involved in support to the impaired elderly and that institutionalization is most often the result of non-financial rather than financial factors. The study concludes with a discussion of the issues

which must be resolved in designing policies incorporating public payments for family caregiving.'

ECONOMIC CONSIDERATIONS, FAMILY CARE/CARERS.

13

AUSTRALIA - DEPARTMENT OF COMMUNITY SERVICES (1985), **Information Package : HACC Forums within New South Wales**, Sydney, Department of Community Services, 37 pp.

This paper serves as a source of information assisting Home and Community Care Forum members to develop awareness of the existence and nature of other HACC forums, and to serve as a point of contact. In this way it is hoped they will identify common aims and objectives and discuss strategies for achieving goals and solving problems. Thirteen forums have been established in New South Wales through local initiatives in response to Commonwealth/State program development. The structure, size and representation of each forum is given.

SOURCEBOOKS.

14

AUSTRALIA - DEPARTMENT OF COMMUNITY SERVICES - HOME AND COMMUNITY CARE UNIT (1985), **Information Package on the Home and Community Care Program - NSW**, Sydney, Department of Community Services, 10 pp.

This paper contains information on the Home and Community Care Program in New South Wales. It describes the history of the Program, its funding, groups involved, types of services it will offer and government bodies involved with it. There is some discussion about what is being done about community consultation in New South Wales and what activity there has been in relation to Home and Community Care.

SOURCEBOOKS.

15

AUSTRALIA - PARLIAMENT - HOUSE OF REPRESENTATIVES - STANDING COMMITTEE ON EXPENDITURE (1982), **In a Home or At Home : Accommodation and Home Care for the Aged**, Canberra, AGPS, xiv, 143 pp. (Known as the McLeay Report.)

The Committee sought to identify the reasons for the continued dominance of expenditure on institutional care and establish a framework which allows 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 programmes and identify the evidence that exists for changing the present 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 makes a number of recommendations to redress the balance between institutional and home care services, but considers that major progress will only come with changes in financial procedures and Commonwealth/State financial arrangements.

ECONOMIC CONSIDERATIONS, INSTITUTIONAL VS COMMUNITY CARE, POLICY.

16

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

This report publishes 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.

HOME CARE SERVICES, HOUSING, SPECIFIC SERVICES.

17

BALINSKY, Warren (1985), 'A comparative analysis of agencies providing home health services', **Home Health Care Services Quarterly**, 6(1), Spring:45-64.

'This study analyzed hospital-based and community-based home health care agencies by means of a small purposive comparative case analysis. The results revealed that hospital-based agencies were different from community-based agencies in terms of agency organization, management, personnel, revenues and expenditures. The voluntary community-based agencies examined were free-standing, single purpose agencies providing the lion's share of direct services to the home health care population. The hospital-based agencies (and public community-based agencies) examined were components of larger organizational structures. Hospital-based agencies concentrate their activities on case finding, case management, and the co-ordination of patient services, as well as the direct provision of medical therapy and social services. The type of home health agency, community-based or hospital-based, of those examined has been found to define this agency's primary function. This also determined its personnel/staffing pattern and consequently, to a large extent, its expenditure pattern. Additionally, most revenues for certified home health agencies are derived from cost-based reimbursement methodologies of public funding sources. Therefore, agency surpluses or shortages are primarily associated with personnel expenditures and therefore with agency mission and agency type. This study concludes with a discussion

of some trends and events that are likely to affect the home health care agencies of the future.'

HOME CARE SERVICES, INSTITUTIONAL VS COMMUNITY CARE.

18

BAMFORD, Terry (1981), 'When a sheltered life is a good life', **Social Work Today**, 12(20), January:14-15.

This article describes examples of sheltered housing for the frail elderly. Care must be taken in the selection of tenants and in provision for them, but it gives old people the chance of privacy and independence and is a good alternative to expensive residential homes.

HOUSING.

19

BANKS, G. (1984), **Options : A Handbook for the Elderly and Those Who Care for Them**, Blackburn, Victoria, Dove Communications, vi, 159 pp.

This is a book of advice and information for the elderly living in the community and the families who care for them. It gives information on services and supports available to the elderly, and practical advice on exercise, diet, aids and appliances. It also offers information to carers to make them more aware of the physical and mental consequences of ageing and the reactions to them of the elderly with advice on how to cope with various symptoms.

SOURCEBOOKS, SPECIFIC SERVICES.

20

BARKER, William H. (1984/85), '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 in 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 studied. Opportunities for each society to benefit from the other's experience are discussed.'

COMPARATIVE STUDIES, SPECIFIC SERVICES.

21

BASELEY, Peggine (1984), 'If you care ... then share', **Community care**, (535), 25 October:24-25.

This article looks at the past history and present operations of the National Council of Domiciliary Care Services, set up in the United Kingdom in 1963.

PROGRAMS/SPECIAL SCHEMES, SPECIFIC SERVICES.

22

BAYLEY, Michael (1981), 'Neighbourhood care and community care : response to Philip Abrams', **Social Work Services**, (26), May:4-9.

This article is a critique of Philip Abrams' 'Social change, social networks and neighbourhood care', **Social Work Service**, (22), February 1980:12.23. After summarising Philip Abrams' argument this article goes on to criticise it under four main headings - (1) The limitations of his conception of neighbourhood care, (2) Is informal care dying?, (3) The distinction between formal and informal care and (4) The limitations of 'new neighbourhoodism'. He concludes that no **one** pattern of interweaving formal and informal care will work, no **one** pattern of formal and informal networks exist and no **one** size of area is the right one for locally based care. It is not helpful to oppose formal and informal care in the way Abrams does.

VOLUNTEERS/NEIGHBOURS.

23

BELAND, Francois (1985), 'Who are those most likely to be institutionalized, the elderly who receive comprehensive home care services or those who do not?', **Social Science and Medicine**, 20(4):347-354.

'Three samples of clients aged 65 and over from different home care and homemaker programs are compared to three random samples of people aged 65 and over with a risk of institutionalisation. The most important difference is the availability of help. The populations at risk generally have access to a source of help living with the elderly person, while the clienteles of comprehensive home care programs depend on outside help. These services will be effective if they succeed in reproducing some of the essential characteristics of in-home care.'

HOME CARE SERVICES.

24

BENGTSON, Vern and DE TERRE, Edythe (1980), 'Aging and family relations', **Marriage and Family Review**, 3(1/2), Spring/Summer:51-76.

'Many negative images are evident in the mass media concerning deficiencies in family support for the aged. Most of these are not substantial by contemporary research, but dramatic social changes have occurred which have implications for the family context of older people. While increases in life expectancy result in greater numbers of grandparents and great-grandparents than ever before, lower fertility places a greater burden on fewer lineal descendants for their care. Most older people prefer to remain independent from children whenever possible; at the same time, patterns of visiting, exchange of assistance, support, and inter-generational agreement appear high. Practitioners working with families should point out that norms appropriate to earlier historical periods may have changed; in particular, idealized images of family life in the mythical past are dysfunctional - both to the parent-caring middle-aged and to the professional.'

FAMILY CARE/CARERS.

25

BERGER, R.M. and ANDERSON, S. (1984), 'The in-home worker : serving the frail elderly', **Social Work**, 29(5):456-61.

'Presented is a typology of difficult interpersonal situations encountered by home care workers who provide services to the frail elderly. The typology is based on a ninety-eight-item inventory that was developed from interviews with sixty-seven employees of the Community Care Program in Illinois, one of the largest and most comprehensive state-operated home care programs for the elderly. Five problem types are described, and the ways in which the typology can be applied to the training of workers and to the assessment and supervision of clients are discussed.'

HOME CARE SERVICES, PROGRAMS/SPECIAL SCHEMES.

26

BERK, Aviva Ancona and CHALMERS, Thomas C. (1981), 'Cost and efficacy of the substitution of ambulatory for inpatient care', **New England Journal of Medicine**, 304(7), February 12:393-397.

'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.'

ECONOMIC CONSIDERATIONS, SPECIFIC SERVICES.

27

BERNARD, Miriam (1983), 'Easing the burden', **Community Care**, October 27:23-25.

This article reports on the organisation and operation of the Potteries Elderly Support Group in England set up in 1982 with the aid of volunteers to provide support for the elderly mentally infirm and their relatives. It was set up as local, low-cost, voluntary initiative with the aim of relieving relatives for one day a week.

PROGRAMS/SPECIAL SCHEMES, PSYCHOLOGICAL ASPECTS, VOLUNTEERS/NEIGHBOURS.

28

BERNARD,, Miriam (1984), 'Voluntary care for the elderly mentally infirm and their relatives : a British example', **The Gerontologist**, 24(2):116-119.

'The Potteries Elderly Support Group is a small-scale, locally-based initiative in Stoke-on-Trent, England. It has been in existence since Spring 1981 and aims to relieve relatives, on one day a week, of some of the pressures associated with caring for an elderly mentally infirm person. This article, based on a much larger research report, details the rationale for the group and describes how it has been funded, staffed, and operated during its first two years.'

ECONOMIC CONSIDERATIONS, PROGRAMS/SPECIAL SCHEMES, PSYCHOLOGICAL ASPECTS.

29

BLOMMESTIJN, Pieter (1980), 'Open care for the elderly - The Netherlands' in **Open Care for the Elderly in Seven European Countries**, Oxford, Pergamon Press:117-142.

The community care services for the elderly in The Netherlands are described. Because of the rapid growth of financial welfare, the extension of social insurance, industrialisation, density of population (the highest in the western world), increase in educational level and individualism of the Dutch elderly, the three-generation family is rapidly fading away. The elderly have the financial means to remain independent, and in cases of need may go to a residential home where life is comfortable and pleasant.

ETHNICITY, FAMILY CARE/CARERS, HOME CARE SERVICES.



30

BLOOM, B.S. and KISSICK P.D. (1980), 'Home and hospital cost of terminal illness', **Medical Care**, 18(5):560-564.

'A study was undertaken of the billed charges of the last two weeks of life of patients terminally ill with malignant disease. A sample was drawn of those who died at home and matched to those who died in a hospital. The cost was 10.5 times greater for the last two weeks of life for terminal care in a hospital than at home, due to the greater range and larger quantity of diagnostic and therapeutic services provided to hospitalized patients than to those who died at home.'

ECONOMIC CONSIDERATIONS, INSTITUTIONAL VS COMMUNITY CARE.

31

BLUM, Stephen R. and MINKLER, Meredith (1980), 'Toward a continuum of caring alternatives : community based care for the elderly', **Journal of Social Issues**, 36(2):133-152.

'The present medically and institutionally based approach to care for the elderly in America is contrasted with approaches that seek to create environments that increase self-reliance for the elderly. Programmatic redesign strategies providing a full continuum of care are premised on such concepts as "normalization" and the "least restrictive alternative". Particular attention is focused on the area of community based home health and social services. The experiences of several states in providing more comprehensive community based services are explored. One such program - California's recently initiated Multi-Purpose Senior Services Project - is described. It potentially provides a wide range of services that previously were unavailable through more narrowly designed categorical programs. The importance of broader programs of community based care for the elderly, and important research directions are examined.'

INSTITUTIONAL VS COMMUNITY CARE, PROGRAMS/SPECIAL SCHEMES.

32

BOLDY, Duncan and KUH, Diana (1984), 'Short term care for the elderly in residential homes : a research note', **British Journal of Social Work**, 14:173-175.

'Short term care for the elderly has expanded rapidly in the last five years. The study evaluates short stay care in four residential homes using interviews with 42 clients, their main 'carers', officers-in-charge of the homes and social workers. Whilst the service worked reasonably smoothly and provided a break for family carers there remains further potential for improving the quality of service in the context of a full range of services for elderly people.'

SPECIFIC SERVICES.

33

BOLDY, Duncan and CANVIN, Reginald (1984/85), 'Community care of the elderly in Britain : value for money?', **Home Health Care Services Quarterly**, 5(3/4), Fall/Winter:109-121.

'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.'

ECONOMIC CONSIDERATIONS, INSTITUTIONAL VS COMMUNITY CARE.

34

BONSTELLE, Sandra Jean (1980), **Home Care of Aged Stroke Persons : Family Caregivers Views**, Cleveland, Ohio, Case Western Reserve University, Frances Payne Bolton School of Nursing, x, 151 pp. (Case Western Reserve University, Thesis, M.Sc., 1980.)

'This study investigated the concerns of primary family caregivers living with disabled elderly stroke persons. Data were collected in home interviews with ten family caregiver subjects. Most of the subjects were spouses of the disabled person ... Two instruments used for data collection were the Katz index of activities of daily living and an interview guide, devised by the investigator, which included items concerning physical and social-emotional care of the elderly disabled stroke persons, household management activities, and health status of family caregiver subjects. The findings include the following: 1) family caregivers believe that little can be done to improve the social-emotional care of their disabled family member; 2) half or more of the subjects mentioned concerns such as frustration with communication problems, lack of someone to provide physical care when the caregiver is ill, problems with feeding and mobility, inability of the disabled person and the caregiver to socialize, depression of the disabled relative, emotional and physical strain on the caregiver, and family tensions; and 3) formal and informal supports most frequently mentioned by caregivers were home and health aides, special equipment, paid household helpers, families, friends, and voluntary agencies or groups. The form of help most wanted by caregivers was assistance with the physical care of the disabled relative.'

DISABILITY, FAMILY CARE/CARERS.

35

BOWLING, Ann (1982), 'I feel so responsible', **Community Care**, October:13-15.

Samples from interviews with the carers of elderly widowed people in England show that their need of support is acute. There is discussion of the ways

their lives are affected and suggestions of ways in which they felt they could be given relief.

FAMILY CARE/CARERS.

36

BOWLING, Ann (1984), 'Caring for the elderly widowed : the burden on their supporters', **British Journal of Social Work**, 14(5), October:435-455.

'This paper examines how caring for elderly widowed people affects the lives of their "familiar". This study is part of a larger national study on widowhood in old age carried out by the Institute for Social Studies in Medical Care. The familiars tended to be the children of the widowed, particularly their daughters. Children of the widowed, again often daughters, were more likely than other familiars to suffer life restrictions before and after the death because of the care and support given to the deceased and the surviving spouse. In addition to their caring role familiars were often committed to full or part-time employment and most also had their own families to support. The care they provide for the elderly is not always without cost. The contribution towards community care given by such informal helpers deserves greater recognition and the social, psychological and financial costs thus incurred merit greater relief. As the help is needed by a minority only of such informal carers, adoption of a policy relieving them as far as possible of the costs they incur, would not involve intolerable financial outlays.'

FAMILY CARE/CARERS, WOMEN.

37

BOWMAN, Margaret (1985), **The Welfare Officer for the Aged : A Study of the Implementation of a Commonwealth Program**, Melbourne, National Research Institute of Gerontology and Geriatric Medicine, vi, 127 pp. (Occasional Papers in Gerontology, No.8)

This is the history of the Commonwealth's Welfare Officer for the Aged Program and its operation Australia-wide 1983-84. It is a study in inter-governmental relations, showing the great variations in the role of local government from state to state and municipality to municipality, in the field of home care for the aged. It outlines the services operating in each state. Welfare Officers were interviewed in all mainland states to learn about what they did, what supports they received and what problems they faced. It shows up the complexity and confusion of home care services planning and delivery.

HOME CARE SERVICES, POLICY.

38

BRANCH, Laurence G., JETTE, Alan M., EVASHWICK, Connie, POLANSKY, Marcia, ROW, Genevieve and DIEHR, Paula (1981), 'Toward understanding elders' health service utilization', **Journal of Community Health**, 7(2), Winter:80-92.

'Providing appropriate health services to the elderly is emerging as one of the major challenges of this decade. Using the theoretical framework developed by Anderson and Aday, this study attempts to improve our understanding of those factors which inhibit or facilitate elders' use of health services. The data come from a 1974 statewide random probability sample of 1,625 noninstitutionalized elders 65 years of age or older living in Massachusetts. Regression analysis is used to study the effects of predisposing, enabling, and need characteristics on the use of five health services: hospitals, physicians, dentists, home care, and ambulatory care. The model explains from 5% to 27% of the variance in health service utilization. Need characteristics, in general, account for most of the explained variance.'

SPECIFIC SERVICES.

39

BRANCH, Laurence G. and JETTE, Alan M. (1983), 'Elders' use of informal long-term assistance', **The Gerontologist**, 23(1):51-56.

'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.'

VOLUNTEERS/NEIGHBOURS.

40

BRANCH, Laurence G. (1985), 'Home care is the answer : what is the question?', **Home Health Care Services Quarterly**, 6(1), Spring: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.'

DEMOGRAPHY, HOME CARE SERVICES, POLICY.

41

BRANCH, Laurence G. and STUART, Neil (1985), 'Towards a dynamic understanding of the care needs of the noninstitutionalized 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 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 sizable 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.'

INSTITUTIONAL VS COMMUNITY CARE, POLICY.

42

BRENNAN, A. (1984), 'Home care : the origins and implementation of the national Home Care Program' in Australian Association of Gerontology, Annual Conference, 19th, Sydney, 1984, 'Care of the Elderly : current issues and future prospects', Proceedings, 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 to severe disabilities, have been at the level of policy and program design. The focus in this paper is on a complex of Commonwealth legislation - the Home Nursing Subsidy Act 1956, the States Grants (Home Care) Act 1969, the States Grants (Paramedical Services) Act 1969 and the Delivered Meals Subsidy Act 1970 - which remains as the Commonwealth's main instruments for national planning in the field of home care. It is shown that while this legislation has been referred to as the Commonwealth's Home Care Programme, in effect the legislation has provided for a number of discrete schemes. Moreover, that each scheme has organised administrative structures according to their own logic 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".'

HOME CARE SERVICES, POLICY.

43

BROCKLEHURST, J.C. and TUCKER, J.S. (1980), **Progress in Geriatric Day Care**, London, King Edward's Hospital Fund for London, ix, 204 pp.

This book describes three surveys carried out in 1977 and 1978 in an attempt to portray the present range of geriatric day hospitals in Great Britain, to determine what is generally accepted as necessary in practice and to identify problems which still need solutions. The first two surveys were by questionnaires to consultant geriatricians in all parts of the country and the third involved visits to 30 day hospitals. Aspects covered include operational policy and management, staff attitudes, transport, design, costs, social day centres and the patients and their relatives.

ECONOMIC CONSIDERATIONS, SPECIFIC SERVICES.

44

BRODY, E.M. (1981), 'The dependent elderly and women's changing roles', **Mount Sinai Journal of Medicine**, 48(6), November-December:511-519.

'This review of the literature considers the negative impact on the mental and physical health of the family caregivers, who are almost always women. Such care can restrict the family's social leisure activities, disrupt household and work routines, cause conflict and reduce income. It is particularly stressful for middle aged women who are likely to be widowed and have lowered incomes (often having had to give up paid employment) to care for elderly relatives.'

FAMILY CARE/CARERS, WOMEN.

45

BRODY, E.M. (1981), '"Women in the Middle" and family help to older people', **The Gerontologist**, 21(5), October:471-480.

'This examines myths about care of the elderly; particularly the myth that the provision of services by the formal system undermines family responsibility and encourages the family to shirk and that families repay the devotion of elderly parents by abandoning them. It also examines the roles of "women in the middle" who, in addition to their roles as paid workers and roles as wives, mothers, grandmothers, have the added roles as caregiving daughters and daughters-in-law to dependent older people. Brody argues that

attitudes about gender-appropriate roles must change and that a "revised contract" for care of the elderly must be negotiated.'

EFFECTS OF COMMUNITY CARE, FAMILY CARE/CARERS, WOMEN.

46

BRODY, E.M. (1983), 'Women's changing roles and help to elderly parents : attitudes of three generations of women', *Journal of Gerontology*, 38(5):597-607.

'Elderly women, middle-generation daughters, and young-adult grand-daughters (N=403) were compared on their responses to Likert-scaled items that evaluated their attitudes toward gender-appropriate roles and the care of elderly people (including filial responsibility and the acceptability of formal and informal supports). Although significant generational differences emerged in relation to subjects' attitudes toward the sharing by men and women of household tasks and the care of children and parents, majorities of all groups of subjects favored such sharing. The oldest generation was the most receptive and the youngest the least receptive to formal services for the elderly. However, all three generations agreed that elderly individuals should be able to depend on their children for help.'

FAMILY CARE/CARERS, WOMEN.

47

BRODY, E.M., JOHNSEN, Pauline T. and FULCOMER, Mark C. (1984), 'What should adult children do for elderly parents? Opinions and preferences of three generations of women', *Journal of Gerontology*, 39(6):736-746.

'Three generations of women (N=403) were surveyed to discover their opinions about appropriate filial behaviour toward elderly parents and their personal preferences among various providers of services that they might need in old age. Opinions were elicited by a vignette focused on what hypothetical adult children with differing situational characteristics should do to help meet the needs of their dependent widowed mother. Preferences were obtained from subjects' rankings of six potential providers (representing formal and informal support systems) for eight types of services. In the responses to the vignette, adjustment of family schedules and help with costs of professional health care were seen as appropriate for adult children, but adjustment of work schedules and sharing of households were not. For themselves, the women preferred adult children as providers of emotional support and financial management but not of income. The middle generation was least in favor of receiving financial support or instrumental help from children, preferring formal services for such assistance.'

ECONOMIC CONSIDERATIONS, FAMILY CARE/CARERS, WOMEN.

48

BRODY, S.J. and MASCIOCCHI, C.F. (1980), 'Data for long-term care planning by health systems agencies', **American Journal of Public Health**, 70(11):1194-1198.

'Planning for the long-term care and support of the elderly is uncoordinated. 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.'

SPECIFIC SERVICES.

49

BROWN, C., DAVEY, J. and HALLADAY, A. (1985), 'The planning environment of non-government organisations involved in the provision of social care to elderly Queenslanders', **Australian Journal on Ageing**, 4(1), February: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. Planners 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. Governments 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.'

POLICY.

50

BROWN, D.K. (1980), 'Community based health care : a model for the institutionalization of social change', **Journal of Health and Human Resources Administration**, 3(2):192-203.

'The Care Assurance System for the Aging (CASA) was begun as an in-home service effort by the Interfaith Mission Service in conjunction with the Top of Alabama Council of Governments (TARCOG) Area Agency on Aging, headquartered in the city of Huntsville. The program, begun in 1977, was based on referrals made from hospitals on all discharged patients aged sixty



and over. More specifically, the objectives of the program are to provide necessary services to home-bound, and to arouse and mobilize volunteer cadres primarily from among church congregations within the five-county area comprising the TARCOG region of North Alabama. From this analysis, CASA can be seen as an informal, community-based system of home care delivery. Its major focus is on enhancing the capability of the community to meet its health care needs by recruiting and training neighbourhood volunteers from churches, social, and civic groups within the community.'

PROGRAMS/SPECIAL SCHEMES, SPECIFIC SERVICES VOLUNTEERS/NEIGHBOURS.

## 51

BRYANT, Ellen S. (1984), 'Migration and redistribution of the elderly : a challenge to community services', **The Gerontologist**, 24(6), December:634-640.

'This article examines regional mobility and concentration of the elderly population and analyzes their impact on local services in the United States. Regional relocation of the elderly to the South and West has been occurring among the younger elderly since the 1960s and among the older elderly since the 1970s. Analysis indicates a lag in the process of locating services in areas of expected demand. The implications of this study for future research and planning strategies are discussed.'

DEMOGRAPHY, EFFECTS OF COMMUNITY CARE.

## 52

BURR, Michael (1981), 'Regional geriatric services : an Adelaide example' in Anna L. Howe (ed.) **Towards an Older Australia : Readings in Social Gerontology**, St.Lucia, University of Queensland Press: 168-178.

The 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 also discussed.

PROGRAMS/SPECIAL SCHEMES.

## 53

BYTHEWAY, Bill (1983), **Street Care**, Wivenhoe, Essex, Association of Researchers in Voluntary Action and Community Involvement, 32 pp. (ARVAC Occasional Paper, No.5)

This paper is based on case studies of five streets in Neath in Wales and describes contrasting patterns of community care with particular reference to the volunteer help extended to elderly people being discharged from hospital. It offers insights into some of the subtleties of informal everyday life

through unconstrained personal accounts which can be generalised to a rather wider population.

VOLUNTEERS/NEIGHBOURS.

54

CALDER, Rosemary (1986), 'Older people at home : a summary', **Australian Journal on Ageing**, 5(1), February:3-8.

This article is a summary of the report 'Older People at Home' published jointly by the Australian Council on the Ageing and the Australian Department of Community Services. More than 2,000 people in the 60-90 year old age group were interviewed in their own homes during May-July 1981 to ascertain their financial, social and health circumstances. The purpose was to provide basic statistical information on those elderly living at home and those caring for a handicapped older person at home. The report is summarised under the following headings: (1) Socio-demographic characteristics, (2) Household composition, (3) Housing, (4) Migrants, (5) Health, (6) Social interaction, (7) Work and retirement, (8) Assistance in the home, (9) Life satisfaction, (10) Carers, and (11) Personal views on community services and help for older people.

DEMOGRAPHY, DISABILITY, ETHNICITY, FAMILY CARE/CARERS, HOME CARE SERVICES, HOUSING.

55

CALLAHAN, J.J., DIAMOND, L.D., GIELE, J.Z. and MORRIS, R. (1980), 'Responsibility of families for their severely disabled elders', **Health Care Financial Review**, 1(3), Winter:29-48.

'In the past 13 years, total expenditures for nursing home care under the Medicaid program have increased drastically. They show no signs of abating. Government, therefore, has become aware of the need to control this rapid increase. Families, who currently provide a large amount of informal, long-term care for their disabled elderly, are seen as a potential resource to maintain people in the community. Although demographic elements appear to mitigate against increased family responsibility, governmental incentives may be able to reverse the trend. While demographic variables cannot be modified by public policies, programs can be developed to modify family situations, increasing family capacity - and willingness - to care for disabled elderly adults.'

DEMOGRAPHY, DISABILITY, FAMILY CARE/CARERS.

56

CANTOR, Marjorie H. (1980), 'The informal support system : its relevance in the lives of the elderly', in **Aging and Society : Current Research and Policy Perspectives**, Beverly Hills, Sage:131-144.

This chapter examines the notion of a social support system and its functions and discusses the role of the informal network of family, friends and neighbours in providing assistance to older people. The social support system is best seen as an amalgam of the informal network and formal organisations, each with different roles and differing relative importance at various phases of the ageing process. The underlying goal must be to strengthen an older person's sense of mastery over self and environment.

FAMILY CARE/CARERS, VOLUNTEERS/NEIGHBOURS.

57

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 of 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 complementary and optimally, are needed by the increasing number of elderly people.'

FAMILY CARE/CARERS, VOLUNTEERS/NEIGHBOURS, WOMEN.

58

CANTOR, Marjorie H. (1983), 'Strain among caregivers : a study of experience in the United States', **The Gerontologist**, 23(6), December:597-604.

This article attempts to shed light on the variety of informal caregivers of the frail elderly and how the caregiving experience affects their lives. The data are drawn from a study of a major homemaker service funded by the New York City Department for the Aging, which provides 12 hours of service over 12 weeks. Clients and their caregivers were interviewed shortly after the commencement of service and again after termination of service. The findings suggest the extent of stress and dislocation involved in the role of primary caregiver for the frail elderly. The amount of stress is different for different groups of caregivers - the closer the bond, the more stressful the caregiving role. The issue is what combination of financial aid, counselling, in-home and respite services are needed by which group of caregivers.'

FAMILY CARE/CARERS, PROGRAMS/SPECIAL SCHEMES.

59

CANTOR, Marjorie H. (1985), 'Families : a basic source of long-term care for the elderly', *Aging*, (349):8-13.

Given the growing number of older people, in particular the rapid expansion in the number and proportion of those eighty and over, the role of the family is crucial from both the individual and societal points of view. Although there has been a shift in the importance of familial and societal roles with regard to the elderly in such areas as income maintenance, health and housing, the family has by no means been supplanted by formal organisations. The social supports needed by the elderly are examined and in the United States the family remains the primary caretaker of the elderly, although for those who are childless, other relatives, friends and neighbours compensate as primary social supports. Changes in the family structure and the trend to more working women show no indication in the abandonment of filial responsibility, so carers (mainly women) are coping through considerable personal sacrifice. Something must be done to ease the burden on carers. More attention needs to be given to secondary informal support systems based on neighbours and friends. Proper interaction between informal and formal systems is also crucial, and in times of financial restraint the informal system must not be offered as the only viable one.

FAMILY CARE/CARERS, WOMEN.

60

**Caring : Experiences of Looking After Disabled Relatives.** Anna BRIGGS and Judith OLIVER (eds) (1985), London, Routledge and Kegan Paul, xviii, 121 pp.

Carers of disabled relatives of all ages and from a wide variety of backgrounds all over the United Kingdom talk about their experiences of caring. This includes caring for the elderly. The first-hand testimony is linked by the editors who provide a wider context into which these accounts fit. The concluding chapter presents the options for care and the stresses and problems faced by carers.

DISABILITY, FAMILY CARE/CARERS.

61

**Caring for Carers : a directory of initiatives**, compiled by Christopher Cloke, 3rd edition (1985), Mitcham, Surrey, Age Concern, 85 pp.

This directory describes over one hundred schemes designed to support and help family carers of dependent, mainly elderly, people in England. The needs of carers continue to be neglected and because of this they come under considerable stress. The directory attempts to meet the needs of carers and the schemes described include support groups, sitting services, day care, short-term residential care, fostering, home care and information services. Age Concern sees family support services as complementing mainstream

statutory services and not as a cheap alternative or substitute. The need for both kinds of service is strong.

FAMILY CARE/CARERS, HOME CARE SERVICES, SOURCEBOOKS.

62

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**, London, Heinemann Educational Books for Policy Studies Institute: 151-176.

'In the past decade the United States has experienced significant ferment concerning expansion of community-based long-term care for the elderly and the 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.'

HOME CARE SERVICES.

63

CARPENTER, Mike (1983), **"Help Me to Help Myself" : A Study of Community Care Services and Their Relevance to the Needs of the Elderly**, Cranfield, Cranfield Institute of Technology, 182 pp. (Cranfield Institute of Technology, Thesis, M.Sc., 1982/83)

This thesis is a study of eighty clients of a social service department receiving four community care services, home help, meals-on-wheels, day care or aids to daily living. The study contrasts the 'macro' environment of government policy legislation, finance and demography with the 'micro' environment of individual elderly persons, their values and needs, and the detailed structure of referral, assessment and service delivery at local level. It asks whether the systems and procedures are as efficient as they may need to be in future, and how efficiency can be improved. Also, does the way we assess the elderly and the way in which services are delivered tend to promote the relinquishing of personal independence?

ASSESSMENT, ECONOMIC CONSIDERATIONS, POLICY, SPECIFIC SERVICES.

64

CARPENTER, Mike and PALEY, John (1984), 'A culture of passivity', **Community Care**, March 8:24-25.

Evidence from a Bromley study suggests that the present system of community care for the elderly is not as effective as it should be. This article considers the consequences of this in terms of present distribution of service and argues that for many elderly people a dependent self-image is being subtly confirmed and overall there is a danger of reinforcing a culture of passivity among the elderly, as expensive as it is debilitating.

ECONOMIC CONSIDERATIONS, EFFECTS OF COMMUNITY CARE.

65

CARPENTER, Mike and PALEY, John (1984), 'Getting what they ask for'. **Community Care**, March 1:27-28.

This article questions the effectiveness of present community care services for the elderly in Britain. The procedures of referral, assessment and review may not be as efficient as they should be. This throws into doubt the whole strategy of projecting future needs on a basis of pro rata calculation. This is based on a study in Bromley of elderly people referred to the Social Service Department.

ASSESSMENT, EFFECTS OF COMMUNITY CARE.

66

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

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.

SPECIFIC SERVICES.

67

CARTER, Jan (1981), **States of Confusion : Australian Policies and the Elderly Confused**, SWRC Reports and Proceedings No.4, Kensington, Social Welfare Research Centre, University of New South Wales, 50 pp.

This report reviews federal and state policies relating to the care of the confused elderly. It asks who ought to bear the responsibility - the state, or the family? It finds that community services are very little used by the confused elderly in Australia, the vast proportion of them being institutionalised, and gives reasons for this.

INSTITUTIONAL VS COMMUNITY CARE, POLICY, PSYCHOLOGICAL ASPECTS.

68

CHALLIS, David, DAVIES, Bleddyn and HOLMAN, Jon (1980), 'Bringing better community care to fragile elderly people', **Social Work Today**, 11(22), February:14-16.

This article describes how the Community Care Project in Kent, which is a collaborative venture between Kent Social Services and the Personal Social Services Research Unit at the University of Kent, is developing an alternative method of coping with fragile elderly people. Two aims of the project are defined as - (1) to improve service by providing a range of individually tailored, community provided support services to continue living in the community and (2) to secure a more economic use of resources by postponing or avoiding the need for admission to residential care.

ECONOMIC CONSIDERATIONS, PROGRAMS/SPECIAL SCHEMES.

69

CHALLIS, David and DAVIES, Bleddyn (1980), 'A new approach to community care for the elderly', **British Journal of Social Work**, 10(1):1-18.

'Organisations can absorb successfully only a few fundamental innovations within a short period of time. It is therefore important for the designers of innovations to ensure that they directly and substantially contribute to solving important problems, and for agencies to concentrate their innovative activity on those that do so contribute. The first aim of this paper is to analyse the policy context so as to clarify the nature of the problems that make innovation in the care of the elderly imperative and show how features of the Community Care Project contribute to their solution. The second aim is to provide some preliminary evidence of the success of the scheme. The analysis of data for seventy persons in the experimental and control groups shows that the experimental group fared better in a number of important ways; and that the gains appear to have been made at no extra cost to the social services department. Therefore, it is concluded, the adoption of the scheme may contribute to the technical progress needed in the provision of social

service to the elderly with needs at or above the margin for residential care.'

ECONOMIC CONSIDERATIONS, EFFECTS OF COMMUNITY CARE, POLICY, PROGRAMS/SPECIAL SCHEMES.

70

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

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: (1) Personal care, (2) Integrated services, (3) The need for a strategic perspective, (4) Self-help, (5) Evaluation, and (6) Co-operation between the formal and informal sectors of care.

DEMOGRAPHY, ECONOMIC CONSIDERATIONS, FAMILY CARE/CARERS, POLICY, PROGRAMS/SPECIAL SCHEMES, SPECIFIC SERVICES.

71

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 provision 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.'

EFFECTS OF COMMUNITY CARE.



72

CHALLIS, David and FERLIE, Ewan (1981), **New Directions in Community Care of the Elderly**, Canterbury, Personal Social Service Research Unit, University of Kent, 33 pp. (University of Kent, Personal Social Services Research Unit, Discussion Paper No.222).

'In the light of demographic and economic pressures, services for the frail elderly have increasingly focussed upon the provision of improved community support. A variety of developments in services have taken place in Health Services, Domiciliary, Neighbourhood Support, Housing Services and Social Work which seek to provide improved community support. This paper attempts to identify some of these important developments, and examines common themes running through them involving innovation, evaluation and the emergence of case-management.'

DEMOGRAPHY, ECONOMIC CONSIDERATIONS, FAMILY CARE/CARERS, HOUSING, SPECIFIC SERVICES.

73

CHALLIS, David, LUCKETT, Rosemary and CHESSUM, Rosemary (1983), 'A new life at home', **Community Care**, March 24:21-23.

This article describes the Gateshead, England, community care scheme which aims to care for the frail elderly in their own homes. Underlying the scheme are the principles of cost effectiveness, flexibility of response to client need, and the strengthening of family and neighbourhood support through the mechanism of case-management. Two case studies are given to illustrate the scheme's work.

ECONOMIC CONSIDERATIONS, FAMILY CARE/CARERS, PROGRAMS/SPECIAL SCHEMES.

74

CHALLIS, David and DAVIES, Bledwyn (1984), 'Community care schemes : a development in the home care of the frail elderly' in F.I. CAIRD and J. Grimley EVANS (eds) **Advanced Geriatric Medicine**, Vol.4, London, Pitman: 35-44. Also published as University of Kent - Personal Social Services Research Unit, Discussion Paper No.296, 1983.

Four Community Care Schemes for the elderly in Britain attempt to provide improved case management through a social worker with designated responsibility for making care at home more effective and for achieving a more appropriate use of resources. Some aspects of the schemes which have influenced the delivery of care are examined including organisational location, assessment of need, the deployment of the budget upon community resources and responses to specific problems. Support for carers is another

significant factor in the schemes. Finally, some results from the original scheme in East Kent are evaluated.

ASSESSMENT, ECONOMIC CONSIDERATIONS, FAMILY CARE/CARERS, HOME CARE SERVICES, PROGRAMS/SPECIAL SCHEMES.

75

CHALLIS, David and DAVIES, Bleddyn (1984/85), 'Home care for the frail elderly in the United Kingdom : matching resources to needs', **Home Health Care Services Quarterly**, 5(3/4), Fall/Winter:89-108.

'The paper reports the essential features and evaluation of a scheme to improve the effectiveness of home care for the frail elderly. Decisions about resource allocation were devolved to front line social work staff, giving them greater autonomy within clear expenditure parameters. More imaginative responses were noted in the management of a number of difficult problems and the results of the evaluation were generally positive. It appeared that the scheme was most cost-effective for the extremely mentally and physically frail living with others and also for the less frail, socially isolated, depressed elderly person.'

ECONOMIC CONSIDERATIONS, PROGRAMS/SPECIAL SCHEMES.

76

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

'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 devolved 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.'

ECONOMIC CONSIDERATIONS, PROGRAMS/SPECIFIC SCHEMES.

77

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 Service 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'.

ECONOMIC CONSIDERATIONS, PROGRAMS/SPECIAL SCHEMES.

78

CHALLIS, David and DAVIES, Bledwyn (1985), 'Long term care for the elderly : the Community Care Scheme', **British Journal of Social Work**, 15, December:563-579.

'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.'

ECONOMIC CONSIDERATIONS, HOME CARE SERVICES, PROGRAMS/SPECIAL SCHEMES, PSYCHOLOGICAL ASPECTS.

79

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 comparison 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. Nevertheless, users interacted just as much as did non-users with the informal 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.'

COMPARATIVE STUDIES, HOME CARE SERVICES.

80

CHARLESWORTH, A., WILKIN, D. and DURIE, A. (1984), **Carers and Services : A Comparison of Men and Women Caring for Dependent Elderly People**, Manchester, Equal Opportunities Commission, 38 pp.

'This report consists of two main sections, each of which concentrates on comparisons between male and female carers. The report attempts to establish whether men and women were coping with different degrees of dependency, and whether they received different levels of support from the community and from the health and social services. The first section deals with elderly people, the carers, and the domestic routine. In the second section, data on selected health and social services is used to establish whether there is equality of provision for male and female carers. The implications for policy and further research are considered.'

COMPARATIVE STUDIES, FAMILY CARE/CARERS, POLICY, SPECIFIC SERVICES, WOMEN.

81

CHATTERS, Linda M., TAYLOR, Robert Joseph and JACKSON, James S. (1985), 'Size and composition of the informal helper networks of elderly blacks', **Journal of Gerontology**, 40(5), September:605-614.

'Research on the informal support networks of older persons recognizes that network size and composition (i.e., family vs. nonkin) may have important consequences for care. Factors that determine these aspects of networks among older blacks, however, have not been explored systematically. The present study examined the relationship of a group of sociodemographic, health, family, and availability factors to the size and composition of the informal support network. The data were taken from the National Survey of Black Americans and constitute a nationally representative sample (N=581) of older blacks (55 years and older). The results for several of the socio-demographic factors (i.e. sex and marital status) are consistent with previous work. Regional differences in network dimensions, however, suggest new areas of inquiry. The findings underscore the importance of availability and family factors in support relationships and the relative ineffectiveness of health factors as predictors of network size and composition.'

ETHNICITY, FAMILY CARE/CARERS, VOLUNTEERS/NEIGHBOURS.

82

CHATTERS, Linda M., TAYLOR, Robert Joseph and JACKSON, James S. (1986), 'Aged blacks' choices for an informal helper network', **Journal of Gerontology**, 41(1), January:94-100.

'Research on the support networks of impaired elderly adults suggests that membership in sociodemographic subgroups influences use of specific informal helpers. This study explored the relationships of sociodemographic, health, and family factors to informal helper choice among a nationally representative sample (N=581) of older (55 years and above) blacks (National Survey of Black Americans). Nine categories of helpers were examined: spouse, son, daughter, father, mother, brother, sister, friend, and neighbour. Logistic regression analyses revealed that marital status is important in selecting the categories of sister, friend, and neighbor. Presence of children decreased the likelihood that siblings and friends would be chosen. Perceived family closeness facilitated the selection of siblings but inhibited the choice of friends. Regional differences suggest a greater likelihood of selecting the categories of sister, friend, and neighbor among Southern residents.'

DEMOGRAPHY, ETHNICITY, FAMILY CARE/CARERS, VOLUNTEERS/NEIGHBOURS.

83

CHOW, Nelson Wing-Sun (1983), 'The Chinese family and support of the elderly in Hong Kong', **The Gerontologist**, 23(6):584-588.

The government has had a policy of 'care in the community' since the mid 1970s, but the part to be played by the family was not made clear, and services provided to make this a reality inadequate. The family remains the chief supplier of support both financial and practical, but there is evidence that this predominant role is diminishing however, due to immigration and the loss of status of the elderly in the family. There must be an approach that integrates care of the elderly by both the family and the community.

ETHNICITY, FAMILY CARE/CARERS, POLICY.

84

CHURCH, Mike (1982), 'Dealing with dementia in the community', **Community Care**, November 25:20-21.

This describes a support group set up in Coventry, England, to help those caring for relatives with dementia. The group provides a central resource of information, advice and help. A multi-disciplinary approach was regarded as important.

FAMILY CARE/CARERS, PSYCHOLOGICAL ASPECTS, SELF HELP.

85

CICIRELLI, Victor G. (1981), 'Kin relationships of childless and one-child elderly in relation to social services', **Journal of Gerontological Social Work**, 4(1):19-33.

'It was hypothesized that childless and one-child elderly would substitute closer relationship with other kin and would turn to other kin and to non-family providers for services. 121 childless and one-child elderly were compared to 179 elderly with two or more children. Results at the .05 level include: This groups had somewhat stronger relationships with cousins, nieces and nephews (but not siblings). They used and desired more services from these other kin and from non-family providers (friends and neighbors, volunteer agencies, and hired providers, but not government agencies) than did the two-child group. Subgroup analyses and implications for planning are presented.'

COMPARATIVE STUDIES, FAMILY CARE/CARERS, VOLUNTEERS/NEIGHBOURS.

86

CICIRELLI, Victor G. (1983), 'A comparison of helping behavior to elderly parents of adult children with intact and disrupted marriages', **The Gerontologist**, 23(6):619-625.

'The help of 141 children with disrupted marriages (divorced, widowed, remarried) was compared with that of 164 adult children with intact marriages. Little difference was found in the amount of help given by divorced, widowed, and remarried subgroups. Those with disrupted marriages gave significantly ( $p < .05$ ) less total help and less help with 7 of 16 specific services; they also perceived lower parental needs, felt less filial obligation, and felt more limited in helping, primarily due to job responsibilities. Better communication with parents, better planning, and more flexible job demands may lead to more effective help to parents.'

FAMILY CARE/CARERS.

87

CLARFIELD, A.M. (1984), 'After medicare : problems in home health care in Quebec, Canada', **Pride Institute Journal**, 3(3), Summer:12-18.

Some of the problems in the home health care service for the elderly in Quebec, Canada are seen as underfunding, some lack of medical participation in home care and the co-ordination of services.

ETHNICITY, SPECIFIC SERVICES.

88

CLARK, Noreen M. and RAKOWSKI, William (1983), 'Family caregivers of older adults : improving helping skills', **The Gerontologist**, 23(6):637-642.

'Caregiving tasks reported by family members are summarized based on empirical, review, and service program reports, and a categorization of these tasks is presented. Reports of education and support programs for family caregivers are also analyzed. Current evaluation data point only to benefits in short-term, affective domains of caregiving. Needed areas for demonstration and study to determine how programs can yield more long-term benefits include skills development, stages of caregiving, characteristics of persons likely to benefit, and empirically-based approaches to development and evaluation of education and support programs.'

FAMILY CARE/CARERS.

89

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

This book explores the major influences that have shaped the development of the domiciliary services in Britain. The role of the family in the care of the elderly since 1948 is also examined as is the inability of the voluntary organisations to provide domiciliary services. Many new innovations are discussed together with how they have affected the services in the 1980s, such as role confusion and overlap between the Home Help and Community Nursing Service. There is an analysis of domiciliary services in Ireland and Sweden and the lessons that could be learned by Britain. The lack of training facilities and qualified staff is examined. Finally, there is an argument for a new service delivery system - that all services for the elderly should be brought together under one roof, a neighbourhood centre. The elderly must have the right to representation on any management structure that makes decisions about their services or their future.

FAMILY CARE/CARERS, SPECIFIC SERVICES, VOLUNTEERS/NEIGHBOURS.

90

CLARKE, Michael (1982), 'Where is the community which cares?', **British Journal of Social Work**, 12(5), October:453-469.

'This paper attempts to answer three questions. Of what does a community consist in industrialised societies and why does it have such evaluative appeal? What are the evaluative assumptions behind current emphasis on community care, and are attempts at it inevitably authoritarian? Can communities be redeveloped where they have apparently disintegrated? The answer to the first question stresses the management of personal networks of supportive and socially integrative friendship relationships as the basis of a community in modern urban societies, and the independence of these from limited neighbourhood locations, because of modern communications systems.'

In answer to the second question, community care is argued to be impossible if the reconstruction of solitary neighbourhood communities is what is envisaged. On the other hand, the level of competence necessary to develop and manage an evolving supportive friendship network may be beyond the capacities of many of the dependent and inadequate who are presented as candidates for community care. Nonetheless, in answer to the third question, the mobilisation of a diverse range of organised social resources, voluntary and state financed, offers both the best hope of achieving social competence and autonomy and of avoiding authoritarian dependence upon limited sources of assistance.'

#### THEORETICAL CONCERNS, VOLUNTEERS/NEIGHBOURS

91

COHLER, Bertram J. (1983), 'Autonomy and interdependence in the family of adulthood : a psychological perspective', **The Gerontologist**, 23(1):33-39.

'This literature survey examines findings from studies of older persons and their relatives which show that participation in family life may be less satisfying for family members after middle age. Continued family responsibility among older persons may be associated with lower morale and increased psychological distress, particularly among older women, who have been socialised for life-long "kin-keeping". "Although it is assumed that older persons seek a degree of contact which may be denied them by their adult offspring, it is as likely that they seek to avoid demands by their offspring and grandchildren for continued interdependence as that they feel rejected in their search for continuing families ties" (p.36). The author concludes that it is false to assume that family relationships which were satisfying and appropriate within youth and middle adulthood will continue to be either satisfying or appropriate in later life.'

#### FAMILY CARE/CARERS, PSYCHOLOGICAL ASPECTS, WOMEN.

92

COOMBS, Elizabeth (1984/85), 'Home support services in Australia : a confusion of intergovernmental responsibilities and provision', **Home Health Care Services Quarterly**, 5(3/4), Fall/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 interpreted and 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.

ECONOMIC CONSIDERATIONS, POLICY, HOME CARE SERVICES.

93

COUNCIL OF SOCIAL SERVICE OF NEW SOUTH WALES (1981), **Rockbottom : a Report on the Developing Crisis for Home Support Services in New South Wales**, Sydney, Council of Social Service of New South Wales, 70 pp.

This report looks at the impending crisis for a number of home support services including meals on wheels, home-help, home nursing, health aids and equipment, house modification and maintenance and personal care. It gives changes in Commonwealth funding to institutional and non-institutional services and state bases for assistance. There is also a table giving the distribution of home support services and population by local government area and a list of recommendations for improvements to the system. This is accompanied by the report 'Sink or swim : a report on service deliverers' perceptions of the effects of initial 1980/81 Budget allocations to home support services in New South Wales'.

ECONOMIC CONSIDERATIONS, HOME CARE SERVICES, POLICY.

94

CROSBY, Ian (1983), 'There is an alternative', **Community Care**, March 10:12-13.

Large numbers of frail elderly are being denied the opportunity of being cared for in a family because of the failure by managers and policymakers to recognise the potential of substitute family placement. The Leeds (England) Family Placement Scheme offers such an alternative. Four aspects of family placement: recruitment; preparation and selection; placement; and support are described.

ASSESSMENT, FAMILY CARE/CARERS, PROGRAMS/SPECIAL SCHEMES.

95

CROSBY Ian (1985), 'Family placement for older people : a new approach to caring for older people', **Australian Social Work**, 38(2), June:26-30.

'Leeds City Council, Department of Social Service, Great Britain, was the first local authority to develop a fostering or family placement scheme for older people. This article describes the initial development of the scheme in 1977 and traces this successful scheme through its expansion to 1983

during which period over 1,500 people, average age 82 years, have been placed with substitute families.' The scheme provides respite for the carers of elderly relatives and has proved to be financially advantageous to the local authority.

FAMILY CARE/CARERS, PROGRAMS/SPECIAL SCHEMES.

96

CROSSMAN, Linda, LONDON, Cecilia and BARRY, Clemmie (1981), 'Older women caring for disabled spouses : a model for supportive services', **The Gerontologist**, 21(5):464-470.

'With the emphasis on long term care of the elderly shifting from institutional to community-based services, the critical role of caregivers in the support network is gaining more recognition. This paper identifies a particularly high-risk group of caregivers - older women caring for disabled spouses - and examines the issues and special problems they face. A multi-service project designed to provide support and respite is described. Implications for policy and practice are discussed and recommendations for further study made.'

DISABILITY, POLICY, PROGRAMS/SPECIAL SCHEMES, WOMEN.

97

CURRIE, C.T., MOORE, James T., FRIEDMAN, S. William and WARSHAW, Gregg A. (1981), 'Assessment of elderly patients at home : a report of fifty cases', **Journal of the American Geriatrics Society**, 29(9):398-401.

'Fifty elderly patients were assessed at home by physicians trained in geriatric medicine. The patients had been referred by physicians, relatives, or community services. Reasons for referral usually were nonspecific and involved either a request for overall assessment or recommendations about placement. Assessment included medical, psychiatric, social and functional components. Mental impairment and impairment in the activities of daily living were common. New medical or psychiatric diagnoses were contributed in 36 instances. The most frequent previously unnoticed pathologic disorders were mental impairment and depression. Assessment resulted in specialists' advice concerning such matters as the medication program, placement, increased support, further diagnostic work and, in two instances, prompt admission to a hospital.'

ASSESSMENT, PSYCHOLOGICAL ASPECTS.

98

DAATLAND, Svein Olav (1983), 'Use of public services for the aged and the role of the family', **The Gerontologist**, 23(6), December:650-656.

'More than one-third of the population above the age of 70 in a Norwegian small town municipality use public services for the aged (i.e., are institutionalized or receive home help or home nursing). The use of services is affected by both need and demand factors. The family's role in the use of services differs within the municipality, with the traditional role of care provision being prevalent in the rural areas and a mediating role emerging in the urban areas of the municipality.'

ETHNICITY, FAMILY CARE/CARERS, RURAL AREAS, SPECIFIC SERVICES.

99

D'ABBS, Peter (1984), 'Family support networks and public responsibility' in International CFS Seminar on Social Change and Family Policies, 20th, Melbourne, 1984, Key Papers, Part 2:509-535.

'This article aims first to untangle the notions of "family support" and "community care" and to clarify the relationship of each of these to the institutions of formal service provision. It then considers empirical and theoretical aspects of the relations between family support and formal services, and presents four propositions to summarise key aspects of both the capacities and limitations governing informal, family-based care: 1) many day-to-day needs are met through reciprocal exchanges among neighbours, friends and relatives; 2) the presence and nature of informal support networks has a bearing on people's ability to cope with crises; 3) under certain circumstances, informal support networks may not be available to meet either low-level, everyday needs or crises; 4) needs that involve sustained, intensive care are not likely to be met on an informal basis except by primary (usually female) kin. In conclusion, the author states that informal networks of support can only be expected to function effectively - to the benefit of the givers as well as the receivers of care - if these networks are in turn supported by adequate formal provision.'

FAMILY CARE/CARERS, POLICY, THEORETICAL CONCERNS, VOLUNTEERS/NEIGHBOURS.

100

D'ABBS, Peter (1984), 'Family support networks and use of formal services in Geelong' in **Australian Family Research Conference, 1st, Canberra, 1983**, Proceedings, Vol.5:85-105.

'Who cares, and at what cost? To what extent, and under what circumstances, do people seek support through informal networks and through formal agencies respectively? Questions and assumptions concerning the relationships between family support networks and state-provided personal social services lie at the heart of many social policy issues, including care for the aged, childcare and arguments for and against "localism". This paper examines

these questions and assumptions in two stages: first, by considering briefly some conceptual issues which have not been clarified adequately in research and debates on social support; second, by presenting some findings from the Institute of Family Studies' survey of family support networks in Geelong, Victoria.'

FAMILY CARE/CARERS, SPECIFIC SERVICES.

101

DALLEY, Gillian (1983), 'Ideologies of care : a feminist contribution to the debate', **Social Policy**, (8), Autumn:72-81.

'This paper examines the ideological grounds underlying the dominant call for care of the chronically ill and disabled to be located "in the community". It looks also at some of the competing concepts which are, nevertheless, rejected. The paper suggests that the ideologies of certain professions and the policies of certain agencies have chosen to incorporate some of the concepts current during the past two decades and to reject others; and that this has had demonstrable consequences for the development of policies relating to the provision of long-term care in the present period. Principally, it looks at a concept which has got lost - the concept of communality.'

THEORETICAL CONCERNS.

102

DARTINGTON, Tim (1980), **Family Care of Old People**, London, Souvenir Press (E & A), (Human Horizons Series), 157 pp.

This book looks at the issues involved in caring for old people in the community, with the greatest emphasis given to family care. The principles of community care are examined. Families are looked at in relation to how they react to the responsibilities they take on, and what kind of support they need to care for their frail elderly. It is no good trying to alleviate the social isolation of old people if those providing their basic care are isolated themselves. It is good public policy, as well as humane, to offer families proper support in the care of the old. A basic principle of this book is that old people have the right to self-direction in their lives. It puts forward the idea of negotiated care between families and other carers as the best means of helping the old.

FAMILY CARE/CARERS.

## 103

DAVIES, Bleddyn and CHALLIS, David (1980), 'Experimenting with new roles in domiciliary service : the Kent Community Care Project', **The Gerontologist**, 20(3), June:288-299.

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 of the Project suggest it has been a success.

DEMOGRAPHY, ECONOMIC CONSIDERATIONS, PROGRAMS/SPECIAL SCHEMES.

## 104

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

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.

ASSESSMENT, ECONOMIC CONSIDERATIONS, PROGRAMS/SPECIAL SCHEMES, THEORETICAL CONCERNS.

## 105

DAVIES, Bleddyn and CHALLIS, David (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**, London, Heinemann Educational Books for Policy Studies Institute:177-198.

This paper discusses the rationale of features of the evaluation of the Community Care Project - a collaborative venture between Kent County Council and the Personal Social Services Research Unit at the University of Kent. The project 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. The project features a decentralised budget and estimates of what it costs an agency to provide units of service. There is discussion of how each design feature of the project came to be chosen.

ECONOMIC CONSIDERATIONS, PROGRAMS/SPECIAL SCHEMES.

106

DAVIES, Bleddyn and COLES, Oliver (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 population structures, and (b) patterns of recruitment and management of helps and clients.

ECONOMIC CONSIDERATIONS, SPECIFIC SERVICES.

107

DAVIES, Bleddyn and FERLIE, Ewan (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?

ECONOMIC CONSIDERATIONS.

108

DAVIES, Bleddyn and FERLIE, Ewan (1984), 'Patterns of efficiency improving innovation : social care and the elderly', **Policy and Politics**, 12(3), July:281-295.

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 a wider context.

COMPARATIVE STUDIES, ECONOMIC CONSIDERATIONS.

109

DAY, Alice T. (1984), **Balancing Public and Private Support in Care of the Aged : The Australian Experience**. Paper prepared for the National Council on Aging, Annual Conference, 4-8 April, 1984, Washington, DC, 16, vi pp.

After looking at demographic characteristics and income security, this paper examines households, living arrangements and types of support available to the aged in Australia, briefly comparing them with the United States. It examines the concept of community care, those who bear the major responsibility for this care and the limits to the capacity of families to undertake a greater share of responsibility for aged care than they already carry. These limits are the lack of support provided by community services, the personal and social costs to the carers (largely women) and the preferences of the aged themselves. Ways to improve aged care policies are looked at in five main areas: (1) Health care, (2) Community services, (3) Organisation of aged care, (4) Identification and assessment of need, and (5) Support to relieve care-givers.

COMPARATIVE STUDIES, EFFECTS OF COMMUNITY CARE, DEMOGRAPHY, FAMILY CARE/CARERS, POLICY, WOMEN.

110

DAY, Alice T. (1984), 'I don't need more help - at the moment'. Orientations of the frail aged toward planning for future custodial care', in **Australian Family Research Conference**, 1st, Canberra, 1983, Proceedings, Vol.5:58-84.

'This paper is about older people's attitudes toward planning for the contingency of enforced future dependence. The study involves a small selection of men and women of advanced years - all of whom claim to need no more help - "at the moment", yet all of whom are anticipating a time when, increasingly, they will have to rely on substantial personal care from others. The research aims to explore the strategies older people use to confront the facts of growing frailty, and the part families play in shaping the kinds of support older people say they prefer when they can no longer manage on their own.'

FAMILY CARE/CARERS.

111

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

This monograph presents data from qualitative, in-depth interviews with 23 old persons living in Sydney, who had been interviewed five months earlier in a survey conducted by the Ageing and the Family Project, Australian National University. The task was undertaken to understand the family circumstances and feelings about growing old of people over 75 years of age and to explore

the significance of family support in old age. The qualitative interviews were closely connected to the earlier survey. Lessons are learned from these life stories about older people and their care.

FAMILY CARE/CARERS.

112

**DAY CARE FOR HANDICAPPED AND ELDERLY PEOPLE : POINTERS FOR THE FUTURE** (1982), Seminar report, held on 24 February 1982 at the King's Fund Centre, London, Centre on Environment for the Handicapped, 18 pp.

The seminar aimed to review day care services for handicapped and elderly people and examine current philosophy and practice with a view to identifying possible future directions. The place of day care centres within day care in general is discussed; also the issue of money versus services. The growth in the number of day care centres from 1970-1980 in England, and design aspects of centres were further topics of discussion.

ECONOMIC CONSIDERATIONS, SPECIFIC SERVICES.

113

**DAY CARE FOR THE AGED IN AN INTEGRATED HEALTH WELFARE SERVICE** (1982), Papers presented at the Seminar held at the Rozelle Hospital, 27 November 1981, Sydney, Division of Geriatrics, Rehabilitation and Extended Care Services, Health Commission of New South Wales, 69 pp.

Papers on different aspects of day care for the aged in New South Wales, including the roles of the various staff involved in rehabilitation, nursing and therapy are presented here. The social aspects of day care and the roles played by State and Federal Governments are discussed. There are also papers on architectural design and transport to and from day care centres.

SPECIFIC SERVICES.

114

DEVLIN, G. (1985), 'Community care of the aged : a preventive health perspective', **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 services points to the need for an "Office of the Aged" at Commonwealth government level to take



responsibility for need determination, goal setting, organisation and evaluation of services.'

POLICY, SPECIFIC SERVICES, THEORETICAL CONCERNS.

115

DEXTER, Margaret and HARBERT, Wally (1983), **The Home Help Service**, London, Tavistock, viii, 232 pp.

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.

COMPARATIVE STUDIES, SPECIFIC SERVICES.

116

DOBOV, Allan (1980), **Relative Costs of Home Care and Nursing Home and Hospital Care in Australia**, Canberra, AGPS, viii, 107 pp. (Australia - Department of Health, Monograph Series, No.10).

This monograph compares the costs of home care on the one hand and nursing home and hospital care on the other and demonstrates the cost of home care is less than the cost of hospital care and less than the cost of nursing homes for virtually all patients. It reviews the literature of the relative quality of care provided in the home and in the institution and discusses the extent to which home care could be substituted for hospital and nursing home care. It is concluded that 25 per cent of patients in nursing homes and 10-33 per cent of patients in hospitals could be treated satisfactorily at home if appropriate home care services were available.

ECONOMIC CONSIDERATIONS, HOME CARE SERVICES, INSTITUTIONAL VS COMMUNITY CARE.

117

DOYLE, Brian and HUNT, Paul (1985), 'Day care for the elderly', **Health and Social Service Journal**, April 11:448-449.

This article describes the setting-up of a day centre for elderly people suffering from dementia in Great Britain. The centre is designed to provide surveillance, support and care for the elderly and relief for their carers. Details are given of the costs of maintaining an elderly person in a day centre (1984 prices) and the practical problems to be overcome in its

establishment. Health education directed at the carers, who are often highly stressed, is an essential part of the service.

PSYCHOLOGICAL ASPECTS, SPECIFIC SERVICES.

118

DUNCAN, Stan (1982), **Ninety Steps : A Simple Guide to Government, Fringe and Other Community Benefits for the Aged**, 2nd ed., Sydney, New South Wales Council on the Ageing, 100 pp.

An indexed guide covering information and community services available to the elderly in New South Wales.

SOURCEBOOKS.

119

EARLE, Leon (1980), 'Housing relocation of the aged : effects on social interaction', **Australian Social Work**, 33(3), September:23-38.

'Housing relocation of retired people can increase the feeling of loneliness of the elderly as is evident in recent South Australian projects of cottage flats. Closeness of relocation to relatives and friends, free telephone service and special personnel strategically placed to break down communication barriers should be considered as remedies.'

HOUSING.

120

EDWARDS, Carol, SINCLAIRE, Ian and GORBACH, Peter (1980), 'Day centres for the elderly : variations in type, provision and user response', **British Journal of Social Work**, 10(4):419-430.

'Until recently comparatively little attention has been paid to the fast-growing field of day care provision for adults. The National Day Care Project set out to provide some of the basic information required about day units for all adult client groups. This paper draws on data from the project. It develops a simple classification of day centres for the elderly, and shows very great differences between local authorities in the type and quantity of day centres they provide for this client group. The evidence further suggests that the users perceive themselves as receiving more benefit from some types of day centre than they do from others.'

PROGRAMS/SPECIAL SCHEMES, SPECIFIC SERVICES.

121

ERREY, Ruth, BAKER, Carole and FOX, Sarah (1986), **Community Care of the Aged : A Working Model of a Needs-Based Assessment Unit**, SWRC Reports and Proceedings No.59, Kensington, Social Welfare Research Centre, University of New South Wales, vii, 139 pp.

This report deals with the experience of a needs-based assessment unit, the Age Referral and Assessment Unit, which operated as a pilot programme from July 1984 to September 1985 in five inner-western municipalities in Sydney. The Unit was co-ordinated by a social worker with a background in nursing and included an occupational therapist, a community nurse and a clerical assistant but no medical practitioner or geriatrician. It was seen as being able to offer a bridge between existing health and welfare systems, and as a model for an alternative community assessment team. Although some of the issues raised in the experience of this case study need to be seen in their local context, it is clear that many of the issues and problems identified would be those of concern in most settings.

ASSESSMENT, DEMOGRAPHY, PROGRAMS/SPECIAL SCHEMES, SPECIFIC SERVICES.

122

EUSTIS, Nancy, N., GREENBERG, Jay N. and PATTEN, Sharon, K. (1984), **Long-term Care for Older Persons : A Policy Perspective**, Monterey, Calif., Brooks/Cole Pub. Co.: 83-109.

Chapter 4 discusses the organisation and provision of non-institutional services for the elderly in the United States. It also addresses the issue of managing and co-ordinating non-institutional services so that they serve an individual's multiple needs. The chapter looks at home care, home care providers, home care provider agencies and adult day care, and at a range of informal care, including public programs to enhance informal care.

HOME CARE SERVICES, POLICY.

123

EVERS, Helen (1984), 'Old women's self perceptions of dependency and some implications for service provision', **Journal of Epidemiology and Community Health**, 38(4), December:306-309.

'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.'

WOMEN.

124

FADEL-GIRGIS, Mary (1983), 'Family support for the elderly in Egypt', **The Gerontologist**, 23(6), 589-592.

This article focuses on the results of two studies of the problems facing families caring for the elderly in Egypt. The policies and programmes available to them, future problems to the year 2000 and the measures which should be taken to reduce or prevent them are discussed. The family is still considered the most important institution for the care of the elderly but many strains are being put on it - e.g., urbanisation, female labour force participation, emigration, smaller houses, etc. It recommends some solutions to these problems.

ETHNICITY, FAMILY CARE/CARERS, POLICY.

125

FALLOON, L. (1984), 'Two day centres in the suburb of Kew, Victoria', in **Australian Association of Gerontology, Annual Conference, 19th**, Sydney, 1984, Care of the elderly : current issues and future prospects, Proceedings, 67-69.

'This paper sets out the different techniques used in the establishment of two day centres in the suburb of Kew, in the city of Melbourne: (I) a day centre whose participants are older people and in particular older men living in the suburbs of Kew, Hawthorn and Camberwell; (II) a day centre catering for the needs of the confused elderly wandering person living in the same area. The paper demonstrates the entirely different techniques used in establishing and funding the centres, and the methods by which the facilities of the community are being utilised for the continued successful maintenance of the centres.'

PSYCHOLOGICAL ASPECTS, SPECIFIC SERVICES.

126

**FAMILY HOME CARE : CRITICAL ISSUES FOR SERVICES AND POLICIES** (1983), Robert PERLMAN, ed., New York, Haworth Press, xxi, 294 pp. Also published as **Home Health Care Services Quarterly**, 3(3/4), Fall/Winter 1982.

This is a set of papers dealing with family home care of the elderly and also handicapped children and young people. The book has four parts. Part 1 is an overview; Part 2, Demands and resources; Part 3, Support for the family; and Part 4, Policy directions. The conclusion is that the demand for non-professional care in the United States, like elsewhere, shows every sign of expanding in the next quarter century and that home care should be nurtured and supported by sharing responsibility between the state and the family. Some essential criteria for policy are enumerated.

FAMILY CARE/CARERS, HOME CARE SERVICES, POLICY.

127

FAMILY POLICY STUDIES CENTRE (1984), **The Forgotten Army : Family Care and Elderly People**, London, Family Policy Studies Centre, 24 pp. (Family Policy Studies Centre, Briefing Paper)

This paper presents the demographic profile of the elderly population and analyses it for the past, present and future trends into the next century. The reality of community care is that it is largely family care, and this in practice tends to be female care. The wider costs associated with the caring role are presented, and the caring role is considered alongside other roles. Economic costs are discussed, and a hypothetical 'value' for informal care calculated. The support carers receive from the personal social services are described, and it is argued that a realistic policy of community care must include the development of a statutory service infrastructure. Families often receive very little support. In conclusion, a ten point community care policy agenda is presented.

DEMOGRAPHY, ECONOMIC CONSIDERATIONS, EFFECTS OF COMMUNITY CARE, FAMILY CARE/CARERS, POLICY, WOMEN.

128

FAMILY POLICY STUDIES CENTRE (1986), **Caring Costs : The Social Security Implications**, London, 14 pp. (Family Policy Studies Centre, Briefing Paper)

'It is estimated that there are in Britain today at least 1.3 million people acting as principal carers to adults and children with disabilities necessitating support with daily living. The Social Security Bill, however, makes no specific provisions for carers. Indeed, some will find themselves worse off. Informal care of this kind is not without costs. Quite apart from the emotional and physical costs are substantial financial ones. This briefing considers the evidence on lost earnings, foregone employment and additional expenditure. In order to consider the social security implications, we provide an estimate of the "value" of informal care. This is between 5.1 billion and 7.3 billion pounds per annum. We also show that if just ten per cent of those who are cared for at home had instead to be looked after in residential institutions of different kinds, the public cost would be over 1 billion pounds each year.'

ECONOMIC CONSIDERATIONS, FAMILY CARE/CARERS.

129

FARRIES, John (1985), 'Giving the carers a much needed break', **Health and Social Service Journal**, August 8:986-987.

This article describes a family support unit set-up in Middlesborough, UK, by the South Tees Health Authority, Cleveland Social Services Department and the Alzheimer's Disease Society to give special support to people who care for mentally infirm relatives. It provides day care, residential care or both

for up to forty families at any one time. Relative support groups where carers can share their experiences are also being developed.

PROGRAMS/SPECIAL SCHEMES, PSYCHOLOGICAL ASPECTS, SELF HELP.

### 130

FAULKNER, Maree (1984), 'The role of domiciliary care in the care of the aged', in **Uniting Church in Australia National Aged Care Conference, 4th**, Melbourne, 1984:12-14.

Despite ten years of rhetoric on the advantages of domiciliary care as an alternative to institutional care very little has actually happened. Domiciliary care must be broad-ranging and flexible to meet the varied needs of the aged and to be effective must be comprehensive and guaranteed, and most importantly it must provide respite care for the carers. The role of domiciliary care should not be to keep aged people at home, but to enable them to function as actively as possible in their own community.

FAMILY CARE/CARERS, SPECIFIC SERVICES.

### 131

FINCH, Janet and GROVES, Dulcie (1980), 'Community care and the family : a case for equal opportunities?', **Journal of Social Policy**, 9(4):486-511.

'Despite the existence of sex discrimination legislation certain social policies appear to militate against equal opportunities between the sexes. Community care policies are a case in point, especially with current interest shifting towards "care by the community", and the presumed existence of "informal caring networks", with a view to their effective mobilization at a time of cutbacks both in public expenditure and in domiciliary social service provision for groups such as the handicapped and the elderly. To the extent that community care policies rely on women's unpaid domestic labour and may necessitate their withdrawal from the labour market, such policies could be counter-productive to the promotion of "equal opportunities". The challenge is to devise community care policies which do not disadvantage women and which give men "equal opportunities" to take on caring roles usually assigned to women.'

POLICY, WOMEN.

### 132

FINCH, Janet and GROVES, Dulcie (1982), 'By women for women : caring for the frail elderly', **Women's Studies International Forum**, 5(5):427-438.

'The care of the frail elderly should be a subject of especial and growing importance to the women's movement. Two-thirds of the 75+ age group in England and Wales are women, who, when subject to the disabilities of

advancing age, are usually assisted or cared for by other women. Current government policies emphasize care at home and assume the availability of unpaid female labour. Care in residential institutions depends largely upon the low paid labour of women. How can the dilemmas posed by different policy options be resolved? Can modes of care be devised which do not rely on exploiting women's labour and which offer choice to elderly women?'

POLICY, WOMEN.

133

FINCH Janet and GROVES, Dulcie (eds) (1983), **A Labour of Love : Women, Work and Caring**, London, Routledge and Kegan Paul, ix, 182 pp.

This book focuses upon those women who provide unpaid care outside of residential institutions, often in their own homes, for children and adults who are handicapped or chronically sick, and for the frail elderly. The interest is especially with those female carers who have given up paid work to provide care, or who have never worked full-time because of their caring role. The central focus is upon the tension between women's economic independence and their traditional role as unpaid carers. There is a chapter on care of the elderly, by Alan Walker, which see also.

ECONOMIC CONSIDERATIONS, WOMEN.

134

FINCH, Janet (1984), 'Community care : developing non-sexist alternatives', **Critical Social Policy**, (9), Spring:6-18.

'This article seeks to further the debate prompted by feminist analyses of community care, by considering whether any form of community care for dependent adults can be non-sexist. It focuses on how alternative social policies acceptable to feminists and socialists could be developed, and argues that, in that process, considerations about the relational aspects of caring should occupy a prominent place.'

POLICY, WOMEN.

135

FINCH, Janet (1985), 'A response to Robert Harris, 'End points and starting points', **Critical Social Policy**, (12), Spring:123-126.

This is a reply to Robert Harris' criticism of her article 'Community care : developing non-sexist alternatives' in **Critical Social Policy** (9), Spring 1984, 6-18.

POLICY, WOMEN.

136

FLEISHMAN, R. and SHMUELI, A. (1984), 'Patterns of informal social support of the elderly : an international comparison', **The Gerontologist**, 24(3):303-312.

'The elderly of Baka, a Jerusalem neighborhood, receive strong, family-oriented informal support with minimal participation by non-kin, as has been found in similar Israeli studies. Comparable foreign studies report similar family-oriented patterns of support, but together with substantial assistance from non-kin. The neighborhood's emphatically family-based informal support system suggests fruitful possibilities for its use as a complement to formal services and as an alternative to institutionalization.'

COMPARATIVE STUDIES, FAMILY CARE/CARERS, VOLUNTEERS/NEIGHBOURS.

137

FLEW, Annis (1980), 'Looking after granny : the reality of community care', **New Society**, 54(934), October 9:56-58.

The author gives a personal account of one day's caring for her elderly mother-in-law.

FAMILY CARE/CARERS

138

FORD Bruce (1981), 'The rehabilitation of older people', in Anna L. HOWE (ed.), **Towards an Older Australia : Readings in Social Gerontology**, St. Lucia, University of Queensland Press: 157-167.

The network of services for the support and rehabilitation of the disabled elderly in Australia is irregular, patchy and full of holes. While administrators and planners talk of re-allocation of resources to better care for the aged there has as yet been no action. With the rise in the aged population we will face the turn of the century with the highest proportion of old people our society has ever experienced and a dearth of facilities and organisations to maximise their independence and keep them in the community.

DISABILITY, HOME CARE SERVICES, POLICY.

139

FRANK, Lisa (1984), 'Respite care for the elderly : some organisational and planning issues' in **Australian Association of Gerontology, Annual Conference, 19th**, Sydney, 1984, Care of the elderly : current issues and future prospects, Proceedings ...:55-58.

'This paper reports preliminary findings from a study of respite care at Mount Royal Hospital. The majority of service users were found to be men cared for by their wives and the second group identified were older women



cared for by daughters or others. Patterns of use of respite care varied between these groups. Problems associated with the operation of respite care were revealed and the major difficulties arose from increased workload for staff, financial arrangements and admissions of demented patients. Issues relating to the organisation of respite care also emerged from the study. It was concluded that respite care patients should have access to rehabilitation, maintenance therapy and to a mechanism enabling referral to community services.'

#### SPECIFIC SERVICES.

140

FRANKFATHER, Dwight, SMITH, Michael J. and CARO, Francis G. (1981), **Family Care of the Elderly : Public Initiatives and Private Obligations**, Lexington, Mass., Lexington Books, xvii, 123 pp.

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: (1) An analysis of issues involved in home care for the functionally disabled elderly, (2) An account of the experiences of the family support demonstration, and (3) Recommendations for public long-term care policy. The last chapters outline an alternative model for a public entitlement programme. Insufficient funds and no control group meant a lack of a strong base for testing hypotheses, but nevertheless the programme illuminates important, unresolved policy questions for community-based, long-term care.

#### FAMILY CARE/CARERS, HOME CARE SERVICES, PROGRAMS/SPECIAL SCHEMES.

141

FRIEDLANDER, Harriette (1982), 'Differential use of groups in mainstreaming the handicapped elderly', **Social Work with Groups**, 5(2), Summer:33-42.

'This article describes the experience of Selfhelp Community Services in establishing a day center for the physically frail handicapped aged. Through the use of groups and other support services, a program for the isolated homebound is developed and maintained. Goals of the program include prevention of premature institutionalization, restoration of socialization skills, enhancement of individual self esteem, and respite for families. The evolution of the program from its beginning as a self standing center to its present structure as an integrated service in a multipurpose senior center is described.'

#### DISABILITY, SELF HELP.

142

FROLAND, Charles, et al. (1981), **Helping Networks and Human Services**, Beverly Hills, Calif., Sage, 200 pp.

'As social work moves further from its voluntary origins it becomes less sensitive to the needs of clients. The study aimed to explore the relationship between formal services, and informal care-givers. Thirty agencies which were working with the informal sector were selected for the study, and ten of these for close study, in both urban and rural areas. The foci were mainly in elderly, children, family or disabled people being cared for in the community. Approaches in the study featured neighbourhood networks, personal networks, mutual support networks, and volunteer linking. The projects were selected for uniqueness, and the kinds of helping showing common norms, not for structural or organisational features. Conclusions confirmed that the services did extend the range of expensive services, but had much more potential, and featured a mutually supportive partnership. Various strategies are possible for shared responsibility.

RURAL AREAS, VOLUNTEERS/NEIGHBOURS.

143

GETZEL, George S. (1982), 'Group work with kin and friends caring for the elderly', **Social Work with Groups**, 5(2):91-102.

'The significant roles of kin and friends in caring for the frail elderly necessitates an extension of group services to this population. The rationale for caregiver groups is developed through an examination of gerontological research. A group program and a practice framework for services to kin and friends are presented. Practice issues in running groups entail profound stresses on families and friends and the worker's ability to face thematic and interactional problems of considerable intensity. Guidelines for intervention are specified to handle phase specific situations in these groups.'

FAMILY CARE/CARERS, SELF HELP.

144

GETZEL, George S. (1982), 'Helping elderly couples in crisis', **Journal of Contemporary Social Work**, November:515-521.

'A differential approach to effective service delivery to frail aging spouses is developed. Emphasis is placed on the caregiving function as it impacts on marital relations late in life. Case examples illustrate the varied needs of older couples who are experiencing illness as a source of significant stress.'

SPECIFIC SERVICES.

145

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

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 of the elderly 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.

DISABILITY, POLICY, INSTITUTIONAL VS COMMUNITY CARE.

146

GIBSON, Diane (1984), 'Knowledge of community services among the aged', **Australian Journal of Social Issues**, 19(1), February:3-12. (Also published in The Australian National University, Research School of Social Services, Ageing and the Family Project, Working Paper, No.31).

'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 studied. The data suggest that many of the elderly may be inadequately informed of services which could serve as alternatives to institutional care.'

HOME CARE SERVICES.

147

GIBSON, Mary Jo (1980), 'Family support for the elderly in international perspective', Part I, **Ageing International**, 7(3), Autumn:12-17.

This article presents an overview of family support and helping patterns in various countries around the world. The factors affecting family support are mentioned, they are cultural values, the strength of cultural norms regarding filial responsibility for the care of aged parents, level of modernisation and economic development and the extent of community services for the elderly. Family helping patterns are compared both for the old helping the young and the young helping the old. Finally there is a section on the research knowledge about the impact of the caregiving role on the caregivers themselves.

COMPARATIVE STUDIES, FAMILY CARE/CARERS.

148

GIBSON, Mary Jo (1980), 'Family support for the elderly in international perspective', Part II, Policies and programs, **Ageing International**, 7(4), Winter:13-19.

This article focuses on the demographic and social trends which may, in the future, affect family care of the elderly, the range of services needed by family caretakers and various programmes which enhance or detract from family care. Finally the policy debate about the appropriate division of responsibility between the family and the state for the care of the elderly is entered into. Throughout the article comparisons are made between various countries around the world.

COMPARATIVE STUDIES, DEMOGRAPHY, FAMILY CARE/CARERS, HOME CARE SERVICES, POLICY.

149

GIBSON, Mary Jo (1980), **Support for Families of the Elderly in Other Industrialized Nations**, Washington, DC, International Federation on Ageing, 13 pp.

As in the United States, evidence from other industrialised nations shows that the family continues to be the major source of care for the elderly. The caregivers, who are mainly women, experience considerable stress and are themselves in need of back-up support. This article looks at some of the programmes and services available in industrialised countries which encourage families to adopt a caregiving role, assist them in continuing it and improve the quality of care. These include housing assistance, constant attendance and invalid care allowances, home help and home health services, respite care and group programmes for families. It discusses the issue of filial responsibility in different countries and the question of what is the proper mix of public and family responsibility. Some disincentives to family care are discussed, as are services as a substitute for family care and services complementary to and supportive of family care.

COMPARATIVE STUDIES, FAMILY CARE/CARERS, HOME CARE SERVICES, POLICY, WOMEN.

150

GIBSON Mary Jo (1982), 'An international update on family care for the ill elderly', **Ageing International**, 9(1), Spring:11-14.

This article outlines recent international research findings on the burden which caregiving can place on the responsible family member and gives examples of several programmes which have been developed to alleviate some of the stress. An innovative social action partnership forged to increase support for family caregivers in New York is described.

COMPARATIVE STUDIES, FAMILY CARE/CARERS, PROGRAMS/SPECIAL SCHEMES.

151

GIBSON, Mary Jo (1984), 'Family support of the elderly mentally ill : an international overview', **Australian Journal on Ageing**, 3(3), August:10-14.

This article first provides an overview of family support patterns around the world in developing and developed nations and then focuses more specifically on the role of the family in supporting mentally ill older people. Research indicates the caretakers of physically and mentally impaired older persons suffer a number of stresses and are themselves in need of supportive services. Some of these services are outlined. Finally, a few of the difficult policy issues that nations face in trying to find ways to encourage family support are described.

COMPARATIVE STUDIES, FAMILY CARE/CARERS, POLICY, PSYCHOLOGICAL ASPECTS.

152

GILHOOLY, Mary L. (1984), 'The impact of caregiving on caregivers : factors associated with the psychological well-being of people supporting a dementing relative in the community', **British Journal of Medical Psychology**, 57:35-44.

'The aim of this paper is to present findings concerning a variety of factors expected to influence, either directly or indirectly as mediators, the psychological well-being of persons caring for a dementing relative in the community. The sample included both co-resident and non-resident supporters and the data were collected via a semi-structured interview. Only sex of dependant, sex of supporter, satisfaction with help from relatives, blood/role relationship, duration of care, frequency of visits from a home help and community nurse were significantly correlated with supporters' morale and mental health. The directions of these correlations were, however, not always as expected, e.g. the longer the duration of care-giving the higher the supporters' morale and the better the supporters' mental health. It was interesting to find that level of impairment and help from family and friends were not significantly associated with moral and mental health of supporters.'

FAMILY CARE/CARERS, PSYCHOLOGICAL ASPECTS.

153

GILLEARD, C.J., GILLEARD, E., GLEDHILL, K. and WHITTICK, J.E. (1984), 'Caring for the elderly mentally infirm at home : a survey of the supporters', **Journal of Epidemiology and Community Health**, 38(4), December:319-325.

'A sample of 129 supporters caring for an elderly mentally infirm relative consecutively referred to psychogeriatric daycare services was interviewed. Information was obtained on the problems encountered by their dependant, the extent of their involvement, the amount of formal and informal support received, the subjective strain and burden reported, and their expectations of their ability to continue in the caring role. An attempt has been made to

use this information to describe the extent of strain and some of the determinants of strain involved in caring. The results suggest that the sex of the dependant and the age of the supporter together with the number of problems faced all influence the reported level of strain. The amount of existing community support, whether formal or informal, does not seem to mitigate significantly the strain placed on the principal carers.'

FAMILY CARE/CARERS, PSYCHOLOGICAL ASPECTS.

154

GILLEARD, C.J., BELFORD, H., GILLEARD, E., WHITTICK, J.E. and GLEDHILL, K. (1984), 'Emotional distress amongst the supporters of the elderly mentally infirm', **British Journal of Psychiatry**, 145, August:172-177.

'Three samples of supporters of elderly infirm dependents who were either attending or about to attend day hospitals were given the 30-item General Health Questionnaire (GHQ) to complete. Prevalence levels of disturbance varied from 57% to 73%; female supporters (the majority) reported higher levels of distress. High scores were related to a diagnosable psychiatric condition, and were significantly associated with a combination of poor self-health ratings in the supporters, more frequent behaviour problems in the dependents, and a more negative view of the premorbid relationship between supporter and dependent. Reported amount of contact time and levels of formal and informal outside support were not related to GHQ scores.'

FAMILY CARE/CARERS, PSYCHOLOGICAL ASPECTS.

155

GILLEARD, C.J. (1985), 'The impact of psychogeriatric day care on the patient's supporting relatives', **Health Bulletin**, 43(4), July:199-205.

This article reports on a 1981 research project which examined psychogeriatric day care in the Lothians, Scotland, and which was funded by the Scottish Home and Health Department. The study lasted two years and addressed itself to three main questions: (1) Are the family supporters of patients referred for day care under significant strain?; (2) What seems to influence the level of strain relatives experience?; and (3) How much does the day hospital help reduce any strain and help the carers? It was found carers of mentally infirm relatives suffered severe strain, burden and emotional disturbance and that stress was reduced in cases where the aged relative attended day care. The best candidates for day care were found to be those with some degree of self care impairment, but continent, with a supporter receiving family help rather than community services, who feels in rather poor health, and who foresees few if any disadvantages in their relative attending day care.

FAMILY CARE/CARERS, PSYCHOLOGICAL ASPECTS, SPECIFIC SERVICES.

156

GILLEARD, C.J. (1985), 'Predicting the outcome of psychogeriatric day care', **The Gerontologist**, 25(3), June:280-285.

'The present study examined the contribution of the problems faced by caregivers, the strain they experienced, their relationship with their dependent, and their attitudes towards day care in determining the outcome placements of psychogeriatric day hospital patients, using discriminant function analysis. Features contributing to the continued attendance of the demented elderly at the day hospital are examined to ascertain their implications for such services.

FAMILY CARE/CARERS, PSYCHOLOGICAL ASPECTS, SPECIFIC SERVICES.

157

GLOSSER, Guila (1985), 'Participants' evaluation of educational/support groups for families of patients with Alzheimer's Disease and other dementias', **The Gerontologist**, 25(3), June:232-236.

'Fifty-four participants of seven eight-week educational/support groups for relatives of patients with Alzheimer's Disease and other dementias evaluated the "helpfulness" of various aspects of their group experience. Evaluations were generally very positive. The supportive aspects of the group and the information provided about medical and behavioral management of the patient were most highly rated. Resolution of intrafamilial conflict and information pertaining to specific legal/financial/social problems were evaluated as somewhat less helpful.'

FAMILY CARE/CARERS, PSYCHOLOGICAL ASPECTS, SELF HELP.

158

GOLDBERG, E. Matilda and CONNELLY, Naomi (1982), **The Effectiveness of Social Care for the Elderly : An Overview of Recent and Current Evaluative Research**, London, Heinemann, viii, 264 pp. (Policy Studies Institute Series)

This book draws together the main strands of recent and current research which seeks to evaluate some aspects of social care for the elderly in great Britain, including community care. The first part is concerned with theory and methods of evaluation with examples from field studies. Secondly, 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 and the role of day care and voluntary and informal social care. Thirdly, the book is concerned with evaluating special accommodation for the elderly, including sheltered housing, assisted lodging and residential care. Finally, there is a discussion of possible directions for future research and the development of practice and policy.

HOME CARE SERVICES, HOUSING, POLICY, THEORETICAL CONCERNS.

159

GOLDBERG, E. Matilda (1983), 'Social care for the elderly : some issues for policy and practice', **Policy Studies**, 4(1), July:65-80.

This article looks at some broad social perspectives in relation to social care for the elderly in Great Britain. These are the future economic circumstances of old people and their possible effects on social care; the changing family structure and its implications for the social care of older people; residential care in the future only as a last resort; and can we build frameworks for collaborative services in our welfare jungle?

DEMOGRAPHY, ECONOMIC CONSIDERATIONS, POLICY.

160

GOLDSTEIN, M.C., SCHULER, S. and ROSS, J.L. (1983), 'Social and economic forces affecting intergenerational relations in extended families in a third world country : a cautionary tale from South Asia', **Journal of Gerontology**, 38(6):716-724.

'Forty-six high-caste adults aged sixty and over living in an urban neighborhood of Nepal participated in open-ended interviews in which data were gathered on self-reported health and functional status, senility, economics, values, and attitudes. Findings revealed that although the elderly continue to live in extended families, social and economic changes have transformed the nature of intergenerational social relations within families. The retention of both property and income appeared to be more important to the respondents' successful adaptation to these changes than did being part of an extended family. These findings are discussed in relation to the modernization theory and to aging as it is traditionally perceived of in regard to the Third World.'

ECONOMIC CONSIDERATIONS, ETHNICITY, FAMILY CARE/CARERS, THEORETICAL CONCERNS.

161

GRAY, Muir and WILCOCK, Gordon (1981), **Our Elders**, Oxford, Oxford University Press:219-241.

Part III of this book briefly describes the various groups which support and service elderly people in the community in Britain.

HOME CARE SERVICES.



162

GRAYCAR, Adam and KINNEAR, David (1981), **The Aged and the State : A Working Paper**, SWRC Reports and Proceedings No.5, Kensington, Social Welfare Research Centre, University of New South Wales, 119 pp.

This is a working paper which attempts to gather together the available information on Australia's elderly population and to sort out what is known, which areas ought to be explored and the context within which issues might develop, and what general questions ought to be asked. It includes a section on community care, institutional care and family care and comments on the dominance of institutional care and the concern that more elderly people could remain in the community with the development of an integrated health and welfare community care programme. Family care usually means care by women and here the traditional value that care of the elderly is a family responsibility comes into conflict with the new value that women should be free to work outside the home if they wish. The whole area is fertile ground for research.

DEMOGRAPHY, FAMILY CARE/CARERS, INSTITUTIONAL VS COMMUNITY CARE, WOMEN.

163

GRAYCAR, Adam (1981), 'Ageing in Australia : a pointer to political dilemmas', **Australian Quarterly**, 53(3), Spring:280-300.

'The number and proportion of old people in Australia has risen significantly in the post-war period. The aged face problems such as exclusion from the work force, social and economic dependency and community and political indifference. Debates about public or private provision of benefits and services to the elderly are emerging as major policy issues.'

DEMOGRAPHY, POLICY.

164

GRAYCAR, Adam (ed.) (1982), **Age Care - Whose Responsibility?**, SWRC Reports and Proceedings No.20, Kensington, Social Welfare Research Centre, University of New South Wales, 49 pp.

This report consists of four papers presented at a symposium held on 10 March 1982. They are:

|                |   |
|----------------|---|
| GRAYCAR, Adam  | Ageing in Australia : overview<br>and social policy |
| JAMROZIK, Adam | Ageing and income support                           |
| SINNETT, Peter | Health and social services for<br>the elderly       |
| WEBSTER, Ian   | Old people who miss out                             |

The opening paper makes the point that if ageing is seen as a problems, it is a political problem. Jamrozik suggests the establishment of an Income Maintenance Commission which would operate outside party political boundaries to make the allocation of resources less subject to partisan political

debate. Sinnett argues for the depoliticisation of health and welfare provision so that the strongest and most articulate groups do not win at the expense of the most disadvantaged. Webster examines the creation of dependency and again highlights the political dimension of resource allocation.

DEMOGRAPHY, ECONOMIC CONSIDERATIONS, POLICY.

165

GRAYCAR, Adam and HARRISON, Jo (1983), 'Ageing populations and social care : policy issues', in SWRC Reports and Proceedings No.31, **53rd ANZAAS Congress : SWRC Papers**, Kensington, Social Welfare Research Centre, University of New South Wales, 60-79. (Also published in **Australian Journal on Ageing**, 3(2), May 1984:3-9 and as SWRC Reprint No.23)

'Official policy statements and parliamentary recommendations are re-emphasizing the importance of community care for elderly people. This paper examines questions of responsibility in the light both of demographic changes and the associated increases in dependency amongst the elderly in Australia. Definitional questions are raised in relation to the concept of community. The distinction between care **in** and **by** the community is probed in relation to evidence concerning the role of women in the provision of care. The responsibilities for provision which exist at the statutory, commercial, voluntary and informal levels are outlined. Actual allocation of fiscal resources to home support services is detailed and policy considerations which arise from this analysis are proposed.

DEMOGRAPHY, ECONOMIC CONSIDERATIONS, POLICY, THEORETICAL CONCERNS, WOMEN.

166

GRAYCAR, Adam and KINNEAR, David (1983), 'Caring for elderly relatives : effects on families', **Australian Family Physician**, 12(4), April:267-270.

This article summarises the authors' study, 'Family Care of Elderly People : Australian Perspectives', published as SWRC Reports and Proceedings No.23. The sometimes heavy emotional and social costs to the carers (almost always women) of looking after an elderly relative are discussed. Community support is often not used as much as it could be through lack of information. The family physician is in a good position to ensure their elderly patients receive the community services they might need.

FAMILY CARE/CARERS, WOMEN.

167

GRAYCAR, Adam (1983), 'Informal, voluntary and statutory services : the complex relationship', **British Journal of Social Work**, 13(4), August:379-393. (Also published as SWRC Reprint No.18)

'The argument of this paper is that equitable social care can eventuate only with the acceptance of a greater role for public sector services. In debates about the development of social care, politicians in industrial societies who stress the virtues of family care are either unaware of the costs to families of providing that care, or are cynically expecting a major shift in social provision and social resources, with the result that those least able to provide adequately will find greater burdens thrust upon them. Responses to the exclusions experienced by people in the 1980s will require greater state intervention because families may have the willingness, but not the capacity to provide the high level care required by dependent relatives and because the voluntary sector is too diffuse and diverse to plan, develop and deliver the bulk of the services.'

EFFECTS OF COMMUNITY CARE, FAMILY CARE/CARERS, POLICY, VOLUNTEERS/NEIGHBOURS.

168

GRAYCAR, Adam (1984), 'Non-institutional care of elderly people : needs and services', in SWRC Reports and Proceedings No.47, **54th ANZAAS Congress : SWRC Papers**, Kensington, Social Welfare Research Centre, University of New South Wales:57-72.

Many elderly people with chronic conditions live at home with little or no support and an argument is put forward for policy interventions to widen support options. After discussing formal and informal support systems, the paper concentrates on the formal aspects of community care. Three types of home care needs are identified. Funding and legislative problems are discussed and it is argued that home help services face a complex set of policy problems which are, on the whole, more structural than delivery related. The main problems are issues in Federal/State relations, contributing to uneven programmes, the distribution of which seem quite fortuitous.

ECONOMIC CONSIDERATIONS, HOME CARE SERVICES, POLICY.

169

GREAT BRITAIN, DEPARTMENT OF HEALTH AND SOCIAL SECURITY (1983), **Selected References on Domiciliary Services 1978-1982**, compiled by Jill Allbrooke, London, 8 pp. (Supplement to Bibliography Series, B105)

This is a select bibliography of seventy-six references on domiciliary care services in Great Britain. The references are grouped under the following

headings: General, Home Help Services, Meals Services, Sheltered Housing Wardens, Voluntary Services and Crossroads Care Attendant Schemes.

SOURCEBOOKS, SPECIFIC SERVICES.

170

GREAT BRITAIN, DEPARTMENT OF HEALTH AND SOCIAL SECURITY (1983), **Selected References on Day Care of the Elderly 1977-1982**, compiled by Jill Allbrooke, London, 4 pp. (Supplement to Bibliography Series, B.82)

This is a select bibliography of thirty-four references on day care services for the elderly.

SOURCEBOOKS, SPECIFIC SERVICES.

171

GREAT BRITAIN, EQUAL OPPORTUNITIES COMMISSION (1982), **Caring for the Elderly and Handicapped : Community Care Policies and Women's Lives**, London, Equal Opportunities Commission, viii, 46 pp. (Great Britain, Equal Opportunities Commission, Research Report)

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.

EFFECTS OF COMMUNITY CARE, POLICY, WOMEN.

172

GREAT BRITAIN, EQUAL OPPORTUNITIES COMMISSION (1982), **Who Cares for the Carers? Opportunities for Those Caring for the Elderly and Handicapped**, Manchester, Equal Opportunities Commission, 111, 31 pp.

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.

ECONOMIC CONSIDERATIONS, EFFECTS OF COMMUNITY CARE, HOUSING, POLICY, WOMEN

173

GREENE, Vernon L. (1983), 'Substitution between formally and informally provided care for the impaired elderly in the community', **Medical Care**, 21(6):609-619.

'This article assesses the extent to which formally provided comprehensive community care tends to substitute for informal care provided by family and friends to impaired elderly persons living in the community. Using simultaneous equations causal modeling techniques to control for selective targeting and other intervening factors, results indicate a substantial tendency for formally provided care to be substituted for informal care. Other results indicate that unmet need appears to be the major variable predicting both informal and formal support levels, with informal care providers appearing to be somewhat more precise in conditioning support levels on need than formal care providers. Policy implications of these findings are discussed.'

FAMILY CARE/CARERS, HOME CARE SERVICES, POLICY.

174

GRIFFITHS, R.A. and WILCOCK, Gordon (1981), 'Geriatric medicine in two community hospitals : the Oxford experience', **Journal of Clinical and Experimental Gerontology**, 3(4):399-409.

'Care of the elderly in the community can be augmented by community hospitals. We describe the modus operandi of the first two community hospitals developed for local needs. This system provides for continuing care of the elderly near their own homes; support for relatives; a reduced burden on acute beds in the district general hospital; more direct involvement of general practitioners in resolving medico-social problems; and a reduction in work-load on central consultant services.'

PROGRAMS/SPECIAL SCHEMES.

175

HAAVIO-MANNILA, Elina, 'Caregiving in the welfare state', **Acta Sociologica**, (26), 1:61-82.

'Changes in the care given by the family, social networks and the state to children, the elderly and the sick have been examined empirically on the basis of 744 personal interviews conducted among urban population aged 25-64 years in Finland in 1981. Sources of help in solving conjugal crisis,

problems with teenage children and financial problems were investigated according to sex and age of respondents. Also type of confidants in personal troubles was questioned. Caregiving to children during day-time, care of the elderly and the sick have increasingly been taken over by the state (shown by comparison between the situation in respondent's own childhood and the present). It is still mainly women who perform the caregiving functions in society, nowadays often as paid work instead of as unpaid work. Women give and receive outside help more than men, who tend to keep problems inside the family. For example, women have more confidants than men, who feel they can talk out troubles only with their wives.'

EFFECTS OF COMMUNITY CARE, ETHNICITY, WOMEN.

176

HÅKANSSON, Stefan (1985), 'Economic aspects of care of the elderly', **Effective Health Care**, 2(6):239-246.

'The health care costs in the industrialized countries have increased continuously parallel to the aging of the population. There is however only a minor part of the cost increase that can be attributed to the changing age structure. Sweden, which at least till the year 2000 will have the world's oldest population, spends 30 billion Swedish Crowns (approx. 4 billion US \$) on medical care and social services for the aged (65 years or older), which amounts to 5% of the GNP. Long-term estimates (year 2000) of the future age-standardized costs show that in Sweden health care and social services resources for the aged must increase at an average annual rate of 1.3% in order to maintain the same standard as in the beginning of the 1980s. The experience from studies in the municipalities of Sundsvall and Vetlanda in Sweden have demonstrated that many transfers to institutions have been "unnecessary" i.e. could have been avoided through increased medical care and support efforts in the homes of the elderly. Results from the above municipalities show the potential savings which might be realized in the long run if care of the elderly will be more concentrated on home care rather than on institutional care. If Sundsvall and Vetlanda were representative of Sweden as a whole, the annual costs of care for the elderly could be decreased by between 1 and 2 billion Skr, which corresponds to 5-10% of the total costs.'

ECONOMIC CONSIDERATIONS, ETHNICITY, SPECIFIC SERVICES.

177

HANSON, Sandra L., SAUER, William J. and SEELBACH, Wayne C. (1983), 'Racial and cohort variations in filial responsibility norms', **The Gerontologist**, 23(6), December:626-631.

'This study examined whether racial differences exist in the endorsement of five filial responsibility norms and the extent to which age and cohort effects influence these patterns. Tabular analysis of responses from 339 black and 1,611 white respondents demonstrated stronger support for filial norms among the white respondents than for the black, with the racial

difference being sharply attenuated among the oldest respondents. An inverse association was found between age and endorsement of the norms. Speculations as to why these age and race patterns exist are suggested.'

ETHNICITY, FAMILY CARE/CARERS.

## 178

HARRIS, Robert (1985), 'End points and starting points : some critical remarks on Janet Finch's "Community care : developing non-sexist alternatives"', **Critical Social Policy**, (12), Spring:115-122.

This article offers some critical comments on Janet Finch's article in **Critical Social Policy** (9), Spring 1984, 6-18. The author claims that Finch's recommendations are 'not only based on a biased analysis of 'care' and 'community' they also contradict her pragmatic criterion of achievability within society as it exists ... They take no account of mass unemployment or recent changes in the gender composition of the labour market which ... hold enormous implications for family life and, hence, for community care.'

DEMOGRAPHY, POLICY, WOMEN.

## 179

HARTFORD, Margaret E. and PARSONS, Rebecca (1982), 'Uses of groups with relatives of dependent older adults', **Social Work with Groups**, 5(2), Summer:77-89.

'This paper reviews and analyses work with several small groups of relatives of older adults who have increased dependency problems due to physical frailty, diagnosed brain diseases, disorganisation, memory loss, reduced mobility, depression and other physical and mental changes. Content includes: 1) Usefulness of group approaches with peers led by professionals (social workers, social gerontologists, psychologists) for stresses experienced by the care giving relatives; 2) group objectives including support giving, understanding the older relatives' problems and behaviors, anticipatory planning for inevitable changes, coping, improved interpersonal functioning, and gaining insight to feelings of both the older person and the care giving relative; 3) group processes deliberately used by workers in the creation, convening, maintenance and termination of these groups; 4) repetitive themes of concern expressed by the care givers and their dependent relatives.'

DISABILITY, FAMILY CARE/CARERS, SELF HELP.

180

HAYSLIP, Bert, RITTER, Mary Lou, OLTMAN, Ruth M. and McDONNELL, Connie (1980), 'Home care services and the rural elderly', **The Gerontologist**, 20(2):192-199.

'Two independent studies examined a needs versus an agency perspective on home health care service needs within a primarily rural county (in the United States). Interviews with two hundred and ninety-nine elderly, aged sixty to ninety-three, revealed that there were substantial needs for home health care services in twenty-two of thirty-five cases and that the desire for services varied with residence within the county. Agency data suggested that income, service accessibility, service visibility, inter-agency co-ordination and staff priorities were factors affecting the quality and quantity of service.'

HOME CARE SERVICES, RURAL AREAS.

181

HEARST, Sue (1981), 'The ethnic aged', **Migration Action**, 5(1):20-24.

'The traditional support system offered by the extended family to the ethnic aged may break down. Although the basic needs of the ethnic aged are similar to those of other elderly Australians, cultural differences mean that coping with these requirements e.g. appropriate accommodation, communication and information might necessitate a distinctive approach. The ethnic communities may have to provide particular services themselves.'

ETHNICITY, HOME CARE SERVICES.

182

HEMER, J.M. (1983), 'The McLeay Report : cutting the \$1000m cake', **Australian Journal on Ageing**, 2(1), February:3-13. (Also published as Ageing and the Family Project, Working Paper, No.34)

A review of 'In a home or at home : accommodation and home care for the aged, Report from the House of Representatives Standing Committee on Expenditure, October 1982, known as The McLeay Report. This article critically discusses the main thrusts and recommendations of the report, including the need to redress the balance of the present predominance of institutional care over domiciliary care, the accommodation issues, present and past policy and future recommendations. It concludes that the Report provides a model for rationalising and improving the present arrangements for Australia's elderly, and looks forward with interest to see if this is the government's objective for its aged care programmes or if it will merely provide the rationale for cost containment or even cost cutting.

ECONOMIC CONSIDERATIONS, INSTITUTIONAL VS COMMUNITY CARE, POLICY.



183

HENRI, Judy (1980), 'An alternative to institutionalization', **The Gerontologist**, 20(4):418-420.

This article gives a description of one family's experiences in bringing an elderly, confused relative home from an institution. Their concerns, difficulties, solutions and satisfactions are described with a plea for more support services for families who may want to do the same.

FAMILY CARE/CARERS, INSTITUTIONAL VS COMMUNITY CARE.

184

HEUMANN, L.F. (1980), 'The function of different sheltered housing categories for the semi-independent elderly', **Social Policy and Administration**, 15(2), Summer:164-180.

This paper examines the role and services actually provided by different sheltered housing categories in Great Britain. Four large voluntary associations and four public agencies which provide sheltered housing in the English Midlands were selected for study.

HOUSING

185

HICKS, Barbara, RAISZ, Helen, SEGAL, Joan and DOHERTY, Neville (1981), 'The Triage experiment in co-ordinated care for the elderly', **American Journal of Public Health**, 71(9), September:991-1003.

'Triage, which began as an experiment, is an American project designed to coordinate medical and social services to the elderly. In contrast to conventional care which relies on what services are available and what the individual can afford, Triage services are delivered according to the needs of the client and their cost is fully reimbursed.'

PROGRAMS/SPECIAL SCHEMES.

186

HILDICK-SMITH, Marion (1981), 'General practitioners' view of geriatric day-hospitals', **The Practitioner**, 225, February:127-131.

'Two hundred and five general practitioners responded to a British questionnaire about geriatric day-care hospitals. It was clear that a general practitioner refers about five patients per year. Fifty-five doctors did not refer patients, of these, twenty-four said distance was the main

reason. After discussing the circumstances, the author concludes that the day-care hospitals are used correctly.'

SPECIFIC SERVICES.

187

HIRSCHFELD, Miriam J. (1984/85), 'Toward a social policy on caring for the aged in Israel', **Home Health Care Services Quarterly**, 5(3/4), Fall/Winter:269-282.

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 (a) insufficient home care and community services; (b) high use of institutional services; (c) low quality of institutional care; (d) insufficient psychogeriatric services; (e) insufficient family counselling and relief; (f) unequal geographic distribution of services; (g) rapid rise in expenditures borne by government; and (h) 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.

DEMOGRAPHY, ECONOMIC CONSIDERATIONS, ETHNICITY, FAMILY CARE/CARERS, HOME CARE SERVICES, POLICY.

188

HOCHSCHILD, Arlie Russell (1981), 'Communal life styles for the old', in Cary S. KART and Barbara B. MANARD (eds), **Aging in America : Readings in Social Gerontology**, 2nd edition, Sherman Oaks, Calif., Alfred Publishing Co.:400-415.

This chapter looks at a community of forty-three elderly people living in an apartment building in San Francisco. It describes the social patterns between the residents and the support they gave one another and suggests that the elderly living in this type of community are less likely to experience disengagement from society than those living in isolation.

HOUSING, SELF HELP.

189

HOOYMAN, Nancy, GONYEA, Judith and MONTGOMERY, Rhonda (1985), 'The impact of in-home services termination on family caregivers', **The Gerontologist**, 25(2):141-145.

'This article examines the impact of a state policy change - the loss of in-home chore services - on families providing care for older relatives. The presence or absence of chore services was not associated with caregiving behavior, perceptions of burden, or stress among relatives of both terminated and continuing clients. A significant relationship was found, however, between the perception of burden and the performance of personal care tasks, which suggests that chore services do not coordinate with families regarding the most burdensome caregiving tasks.'

FAMILY CARE/CARERS, POLICY, SPECIFIC SERVICES.

190

HOWE, Anna L. (1980), 'Systems of aged care in Melbourne', **Social Science and Medicine**, 14D(2):237-239.

'To assess the proposals that community care for the aged can provide an alternative to institutional care, patterns of utilization of several community services have been analysed and a large-scale survey made of nursing homes in Melbourne. Findings of that survey are outlined in this paper with a discussion of the provision of nursing home beds, patterns of admission and patient characteristics. It is suggested that a more diversified approach in planning nursing home provision, and more flexible use of nursing home beds, are needed if institutional care is to function so as to complement community services.'

INSTITUTIONAL VS COMMUNITY CARE.

191

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**, St.Lucia, University of Queensland Press:179-195.

Programmes to delivery services in a community care programme must be integrated and comprehensive. This is not the case at present in Victoria. After a brief discussion of policy issues, the community services provided in metropolitan Melbourne are analysed and evaluated, both for state and local government services.

HOME CARE SERVICES, POLICY.

192

HOWE, Anna L., FRANK, Lisa and PAGE, Jennifer (1985), **An Evaluation of Respite Care Services for the Elderly**, Melbourne, National Research Institute of Gerontology and Geriatric Medicine, ii, 107 pp. (Occasional Papers in Gerontology, No.9)

The evaluation of respite care services for the elderly reported here draws on three studies: (1) The service offered by the Professorial Unit at Mt. Royal Hospital, Melbourne; (2) Services offered in nursing homes and hostels in Melbourne and Adelaide and (3) A home-based relief service for the carers of people with dementia in Perth. The context of this study is set by reference to three related areas in care of the aged - the role of the family and need for respite care, the caring and coping capacity of the carers and overseas accounts of respite care services. The needs of the aged and their carers and the costs and benefits are assessed. Concern for the organisation and management of services and the relationship between respite care and other community services is taken into account.

ECONOMIC CONSIDERATIONS, FAMILY CARE/CARERS, SPECIFIC SERVICES.

193

HUDSON, Bob (1984), 'Who cares for the carers?', **Health and Social Service Journal**, (4904), July 5:790-791.

It has been found that the majority of carers of the elderly in Britain are family members and women, and that the demands for community care will increase over the next quarter of a century. Present government policies rest upon the assumption that families can and must do more than in the past and implicit in this is a model of the family as a nuclear family with a woman at home supported by her husband, which only applies to about fifteen per cent of families. Also, changes in family life make it less likely that families will be able to take on more responsibility for care. Increasing demands on carers are not met with increasing support for them by government.

DEMOGRAPHY, FAMILY CARE/CARERS, POLICY, WOMEN.

194

INGMAN, Stanley R. and LAWSON, Ian R. (1982), 'Utilization of specialized ambulatory care by the elderly : a study of a clinic', **Medical Care**, 20(3):331-338.

'Specialized ambulatory geriatric care remains an understudied topic. This article analyzes the organization of one special clinic that was established in an apartment block of elderly housing. The findings indicate that as the number of nurse practitioners and case workers' visits rose steadily during the first four years of the clinic's existence, visits to the clinic physicians declined by approximately one visit per client per year. The clinic population utilized less inpatient hospital care than other nonusing residents, and less than other residents of similar age in Connecticut.

There was reduced usage of intermediate nursing home care (as opposed to skilled nursing care). Hence, how geriatric ambulatory care is delivered affects institutionalization. In the interests of general well-being and economy, more attention should be paid to this extramural phase of medical care of the elderly.'

INSTITUTIONAL VS COMMUNITY CARE, PROGRAMS/SPECIAL SCHEMES, SPECIFIC SERVICES.

195

ISAACS, Bernard (1980), 'Burden of care', **New Age**, Winter:23-25.

The task of looking after dependent and ill old people can place a terrible strain on the supporting family. This article argues that domiciliary care is not simply a cheap, easy alternative to institutional provision and identifies the disabilities which cause dependency in the elderly, examines the burden they impose on the carers and argues for a whole range of new services to help those people providing care.

DISABILITY, FAMILY CARE/CARERS, HOME CARE SERVICES.

196

JACOBS, P.E. and LURIE, A.A. (1984), 'A new look at home care and the hospital social worker', **Journal of Gerontological Social Work**, 7(4):87-99.

'A discussion focuses on (1) the clinical nature of social work services provided in home health care programs, (2) the marketing and administrative issues related to social work services in hospital-based home care programs, and (3) the social policy implications relevant to the growth of home care programs. Hospital-based departments of social work should consider carefully how they may expand services in home care and coordinate and integrate such activities with social work and processes related to discharge planning. In addition, it is necessary for social workers to be part of professional advisory, quality assurance, and similar committees and to use these committees as arenas for expanding the role of social work in home care.'

HOME CARE SERVICES, POLICY.

197

JARRETT, William H. (1985), 'Caregiving within kinship systems : is affection really necessary?', **The Gerontologist**, 25(1):5-10.

'Contemporary thinking on family supports and intergenerational relations is seen as idealistic. Research suggests that filial affection for aged dependents is not always sufficient to enable caregivers to cope with the strains of caregiving. A relabeling strategy (cognitive therapy) is suggested to help caregivers redefine their situations so that caregiving is

done from motives of kinship obligations which, historically, have formed the basis for family aid.'

#### FAMILY CARE/CARERS, PSYCHOLOGICAL ASPECTS.

198

JETTE, Alan M., BRANCH, Laurence G., WENTZEL, Richard A., CARNEY, William F., DENNIS, Deborah and HEIST, Maria Madden (1981), 'Home care service diversification : a pilot investigation', *The Gerontologist*, 21(6):572-579.

'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. This 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.'

#### HOME CARE SERVICES, PROGRAMS/SPECIAL SCHEMES.

199

JOHNSON, Colleen Leahy (1983), 'Dyadic family relations and social support', *The Gerontologist*, 23(4), August:377-383.

'This paper examines the family supports of 167 post-hospitalized individuals aged 65 years and older as they varied by the relationship of the primary caregiver - spouse, offspring, or another relative. The findings indicate that the most comprehensive and unstressful support was provided by a spouse. Additionally, the principle of substitution usually operated, meaning that family members were available in serial order rather than acting as a shared-functioning unit. The impediments to family supports and the outcomes of care are also reported.'

#### FAMILY CARE/CARERS.

200

JOHNSON, Malcolm L., DI GREGORIO, Silvana and HARRISON, Beverley (1982), **Ageing, Needs and Nutrition : A Study of Voluntary and Statutory Collaboration in Community Care for Elderly People**, London, Policy Studies Institute, vi, 170 pp. (Policy Studies Institute, Research Paper, No.82-1)

'This study is designed to contribute to the development and monitoring of innovative nutritional programmes for older people to be mounted in the metropolitan district of Leeds and to provide an assessment of the wider implications of these programmes. Results of the technological research carried out by the Catering Research Unit, University of Leeds, was tested on selected populations of retired people who are being served by or on behalf

of the Social Services Department. A variety of research strategies were employed to illuminate the policy processes involved in the experiment, assess the costs of provision, and provide an evaluation of the present and the new services from the perspectives of both consumers and providers. Attention was given to consumer responses and their evaluation of the extent to which nutritional support in general and the new programmes in particular are capable of resolving problems as they define them.'

ECONOMIC CONSIDERATIONS, PROGRAMS/SPECIAL SCHEMES, SPECIFIC SERVICES.

## 201

JONES, Dee A. and VETTER, Norman J. (1984), 'A survey of those who care for the elderly at home : their problems and their needs', **Social Science and Medicine**, 19(5):511-514.

'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 woman in the family. Very little assistance, either informal or formal, was received by the carers. Consequently there was a great deal of distress and psychological morbidity among the carers.'

FAMILY CARE/CARERS, PSYCHOLOGICAL ASPECTS, WOMEN.

## 202

JONES, Dee A. and VETTER, Norman J. (1985), 'Formal and informal support received by carers of elderly dependents', **British Medical Journal**, 291, September 7:643-645.

'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.'

FAMILY CARE/CARERS.

203

JONES, Robin Huws (1982), 'The retirement community', **Policy Studies**, 3(1), July:36-44.

'It is projected that numbers of elderly people will increase considerably in the next few years, implying more health and social services and more voluntary services including good neighbours. In the USA and some other countries Retirement Communities have been set up, with a variety of apartments for independent living, full support services, and social advantages of cooperation and shared living. They offer the chance of reliable care for the future. Finance is usually to buy a life interest which after a trial period is as a non-returnable annuity, and there is usually a service charge. Government is by a board with participation of the members. Criticisms have been levied that these communities are either ghettos or havens for the well-off. They could be tried in this country (Britain).'

DEMOGRAPHY, HOUSING.

204

KANE, Robert L. and KANE, Rosalie A. (1980), 'Alternatives to institutional care of the elderly : beyond the dichotomy', **The Gerontologist**, 20(3):249-259.

'The seemingly inevitable growth in the demand for long-term care services and accompanying cost implications have spurred strong interest in seeking alternatives to nursing homes. The rationale for such alternatives is a mixture of prevention, displacement, and deinstitutionalization; none may result. The alternative services may prove to be additive rather than substitutive. Much research is needed to provide the basis for examining the variety of proposed alternatives to allow us to compare costs and benefits in some reasonable fashion.'

INSTITUTIONAL VS COMMUNITY CARE.

205

KAUFMAN, Allan (1980), 'Social policy and long-term care of the aged', **Social Work**, 25(2), March:133-137.

Current United States government approach to long-term care of the aged relies heavily on a medical-model approach that stresses institutionalisation. Because of the negative effects of institutionalisation, the author feels that policy must be redirected to encourage and support the traditional roles of families in caring for their dependent aged members.

FAMILY CARE/CARERS, INSTITUTIONAL VS COMMUNITY CARE, POLICY.



206

KAVAR-VIDMAR, Andreja (1980), 'Open care for the elderly - Yugoslavia', in **Open Care for the Elderly in Seven European Countries**, Oxford, Pergamon Press:155-180.

This chapter describes the services and forms of care offered to elderly people living in the community in Yugoslavia. The changing role of the family and the major influences affecting intergenerational relations are discussed. Differences between urban and rural environments are described and a lack of uniformity demonstrated. The author sees the need for the development of multiple forms of care according to the real needs of the elderly and with their participation in decision-making.

ETHNICITY, FAMILY CARE/CARERS, POLICY, RURAL AREA.

207

KAYE, Lenard W. (1985), 'Home care for the aged : a fragile partnership', **Social Work**, 30(4), July/August:312-316.

'To what extent do the efforts of relatives, friends, and professional caregivers coalesce or clash in serving the homebound elderly? This article presents data that suggests that the influence of natural support networks on formal service provision may be negative at times. Results indicate that one set of home care services may be provided more frequently and more effectively by relatives and friends and another set more appropriately by professional home care workers.'

HOME CARE SERVICES, POLICY.

208

KAYE, Lenard W. (1985), 'Setting educational standards for gerontological home care personnel', **Home Health Care Service Quarterly**, 6(1), Spring:85-99.

'While home care programs for older people have gradually established themselves as one of the more popular interventive strategies of the day, surprisingly little discussion has centered on establishing educational guidelines for program personnel in this field of service. A survey study of the work experience and opinions of administrative and direct service program staff (N=91) in three Older Americans Act-funded home care programs in New York City sheds light on issues of training and education in home health care. Findings reveal considerable agreement among both agency-based and home-based staff as to a desirable set of educational attainment levels necessary for the performance of distinct home care jobs. High school education was generally seen as satisfying the requirements of performing such service functions as intake/application, housekeeping, personal care and household management. College level preparation was seen as desirable in satisfying the demands of supervision, case management, and medically-related service tasks. Some degree of formal education beyond college was prescribed for the task of social counseling. Significant difference of opinion was

voiced by administrative and direct service staff as to the relative level of formal education that should be required of both home care trainers and directors, with administrators registering more strict standards of achievement. Study results are seen to have implications for designing specialized educational and training models in the field of gerontological home care which are sensitive to workers with varying levels of formal education and divergent service responsibilities.'

HOME CARE SERVICES.

209

KEENS, Carol, HARRISON, Jo and GRAYCAR, A. (1983), 'Ageing and community care', in **Social Alternatives, Australian Social Welfare : Impact and New Doctor**, Joint Issue, September/October:23-28. Also published as SWRC Reprint No.21.

This article examines some of the barriers to independent living for the elderly. It states that to ensure that remaining in one's home is a viable option for all aged people it is necessary to develop a broad range of health and social services, both formal and informal. The formal system to provide income support, housing assistance and high quality professional services such as home care services; the informal system of family and friends to provide personal care and the emotional support of the caring relationship. State response to domiciliary care has been slow to develop and the home help services of New South Wales and South Australia are compared. The recession has faced services with a developmental crisis and there has been a tendency to focus on issues in terms of trade-offs where funding is short. However, not to provide a continuum of care could also prove costly to governments by the increase in dependency of the elderly.

COMPARATIVE STUDIES, ECONOMIC CONSIDERATIONS, FAMILY CARE/CARERS, HOME CARE SERVICES, HOUSING, POLICY, SPECIFIC SERVICES.

210

KEENS, Carol, STADEN, Frances and GRAYCAR, Adam (1983), **Options for Independence : Australian Home Help Policies for Elderly People**, SWRC Reports and Proceedings No.35, Kensington, Social Welfare Research Centre, University of New South Wales, vii, 119 pp.

This report examines the Home Help Service in relation to elderly people in Australia, with particular reference to New South Wales. (Data were collected in 1981/82 during a time of financial constraint and the New South Wales service was being hampered by lack of funds.) It looks at the way in which political, economic and social factors have influenced the development of home care services, then reports on the Home Help Service.

POLICY, SPECIFIC SERVICES.

211

KELMAN, Howard R. (1980), 'Health care of old people in Scotland : lessons for the United States?', **Journal of Public Health Policy**, 1(2), June:177-186.

'The author of this article describes geriatric health services and policies developed in Scotland, where the number of persons over age 65 comprise 13 percent of the population. Scotland has evolved a system of care for the elderly that is based upon the British National Health Service and Local Authority Social Work and Housing Services. It includes a well-developed speciality of geriatrics, a wide range of supportive social services, and provides a number of institutional or residential options. Scottish health policy emphasizes care of the elderly in the community, adjustment of the mix of acute and chronic hospital resources in favor of the latter, and creation of a balanced set of institutional and community care services in an overall coordinated program of care.'

HOME CARE SERVICES, POLICY.

212

KENDIG, Hal L. (1983), **Blood Ties and Gender Roles : Adult Children Who Care for Aged Parents**, Canberra Research School of Social Sciences, The Australian National University, 32 pp. (Ageing and the Family Project, Working Paper, No.47) Also published in Australian Family Research Conference, Canberra, 1983, Proceedings, Melbourne, Institute of Family Studies, 1984, Vol.5:1-32.

'This paper draws on survey data to show the influence of traditional gender roles and blood relationships on the amounts of support provided by adult children to aged parents living in the community. The availability of adult children is shown to be high in terms of spatial accessibility, but the potential for support is limited by competing obligations to spouses, children living at home, and employment. The largest amounts of support are forthcoming from unmarried daughters and sons, and married daughters. Sons in the higher social classes provide more support than their working class counterparts, and help from daughters is not reduced among those who work full time. Support from adult children is likely to continue in the future but the stresses on carers will increase as more adult daughters will be in the labour force. There is a strong case for the development of comprehensive community services which either complement family care or substitute for its absence.'

FAMILY CARE/CARERS.

213

KENDIG, Hal L. (1983), **Community Responses to Disability in Old Age**, Canberra, Research School of Social Sciences, The Australian National University, 13 pp. (Ageing and the Family Project, Working Paper No.46) Also published in *Education and the Ageing : Proceedings of the 18th Annual Conference*, Australian Association of Gerontology, Hobart, 1983:5-9.

'This paper shows the amounts and sources of assistance received by disabled older people in the community. Particular emphasis is placed on the relative importance and interrelationship between family, friends and neighbours, paid help, and community services. Family emerges as the primary provider of support, while other sources serve more as supplements. Community services are too inadequately funded to be able to meet their potential to relieve burdens on carers and to serve as substitutes for unavailable family. The findings are from a 1981 survey of the non-institutionalised aged in Sydney.'

DISABILITY, ECONOMIC CONSIDERATIONS, FAMILY CARE/CARERS, HOME CARE SERVICES.

214

KENDIG, Hal L. and ROWLAND, D.T. (1983), **Family Support of the Australian Aged : A Comparison with the United States**, Canberra, Research School of Social Sciences, The Australian National University, 22 pp. (Ageing and the Family Project, Working Paper No.41) Also published in *The Gerontologist*, 23(6), 1983:643-649.

'Findings on the involvement of older Australians with members of their modified-extended families, especially their adult children, are presented. The relationships between the aged and their children are shown to entail close emotional bonds, regular interaction, and a two-way flow of instrumental support. Although most of the results are similar to those from American studies, older Australians more frequently live in joint households and make greater use of community and institutional services. The major data source is a 1981 survey of 1,050 persons aged 60 or over living in private households in Sydney.'

COMPARATIVE STUDIES, FAMILY CARE/CARERS.

215

KENDIG, Hal L., GIBSON, D.M., ROWLAND, D.T. and HEMER, J.M. (1983), **Health, Welfare and Family in Later Life**, Millers Point, NSW, New South Wales Council on the Ageing, 185 pp.

This is the report of a survey of 1,050 older people in the Sydney metropolitan area organised around three topic areas: (1) Personal family resources; (2) Frailty and disability; and (3) Use of services and informal assistance. The amounts and types of services used by older people are discussed, and a comparison made between informal services, paid services and community services. It examines beliefs as to who should be responsible for community care as well as who does take responsibility for it. The providers

of community care are dealt with specifically and the mixes of support available to older people having different levels of disability and different kinds and amounts of potential family support. Particular attention is given to the survey implications regarding policy recommendations made by the McLeay Report and other reviews of desirable directions for community-based systems of care.

DISABILITY, FAMILY CARE/CARERS, HOME CARE SERVICES, POLICY, THEORETICAL CONCERNS.

216

KENDIG, Hal L., GIBSON, D.M., ROWLAND, D.T. and HEMER, J.M. (1984), **Health, Welfare and Family in Later Life**, Revised edition, Canberra, Research School of Social Sciences, The Australian National University, distributed by New South Wales Council on the Ageing, xi, 191 pp. (Ageing and the Family Project)

Chapters Four and Five examine community care of the elderly. Chapter Four describes how people aged 60-64 manage the everyday tasks of living in the community, the actual amounts and sources of assistance they receive with a wide range of tasks. It also considers community alternatives for those who face considerable risk of institutionalisation. Chapter Five examines in detail how close relatives usually provide assistance which is received with the more demanding tasks. The discussion pays particular attention as to whether the informal or formal sectors make specialised and complementary contributions, substitute with one another or perhaps even compete with one another.

DISABILITY, FAMILY CARE/CARERS, HOME CARE SERVICES, POLICY, THEORETICAL CONCERNS.

217

KENDIG, Hal L. (1984), **Social Change and Support of the Australian Aged : Individual, Family and Government Responsibilities**, Canberra, Research School of Social Sciences, The Australian National University, 34 pp. (Ageing and the Family Project, Working paper No.53) Also published in International Sociological Association, Committee on Family Research, International Seminar, 20th, Melbourne, 1984, **Social Change and Family Policies**, Part 2:537-570.

This paper provides a review of social change and social support of the Australian aged over the second half of the twentieth century. The discussion considers different backgrounds in midlife and different experiences in old age. The findings provide some insight into the social processes which bind the generations together, and reveal some of the distributional consequences for different groups among the young as well as the old. An age and generational dimension to social inequality is shown to parallel and interact with other inequalities apparent between genders and

social classes. The primary information source is a 1981 survey of 1,050 older residents in Sydney.

#### DEMOGRAPHY, THEORETICAL CONCERNS.

218

KENDIG, Hal L. (1986), 'Informal support networks', in Australian Institute of Multicultural Affairs, **Community and Institutional Care for Aged Migrants in Australia : Research Findings**, Melbourne, Australian Institute of Multicultural Affairs, 16-52.

This chapter identifies the diverse ways in which older immigrants manage their households and the tasks of everyday living in the community. The information comes from the Survey of aged Migrants and the Australian National University Survey of the Aged. Comparisons are made between aged immigrants from non-English speaking backgrounds, English-speaking backgrounds and the Australian born. The chapter is presented in three parts: (1) The wider context of older people's lives, reviewing personal resources and expectations of care; (2) Focuses on the needs of older people as regards household and practical tasks and whether these needs are being met; and (3) Examines support in the community, whether family, friends, paid help or community services. It concludes with a broad discussion as to the adequacy of community care for the immigrant aged, and the distribution of responsibility for providing it.

#### COMPARATIVE STUDIES, ETHNICITY, POLICY.

219

KENDIG, Hal L. (1986), 'Towards integrated community care for 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.'

#### FAMILY CARE/CARERS, POLICY.

220

KINNEAR, David and GRAYCAR, Adam (1982), **Family Care of Elderly People : Australian Perspectives**, SWRC Reports and Proceedings No.23, Kensington, Social Welfare Research Centre, University of New South Wales, 63 pp.

'The issue of family care as an area for investigation has assumed importance as social policies concerned with the care of dependent populations move towards a greater reliance on community and informal care systems, predominantly the family. Roughly 3 per cent of households in Australia contain an elderly person who is a relative of the household head. This family form occurs for a variety of reasons but most importantly because of the chronic ill-health and attendant activity limitations of the elderly person. This study investigated the costs (physical, social, and economic) of family care of dependent elderly relatives, and assesses the needs of the caring family in relation to the provision of State services. Its findings, drawn from interviews with a sample of 75 carers in Sydney and Hobart, illustrate the pressures placed on families' coping abilities and resources, and suggest that the capacity of families to provide care adequate for the needs of the elderly may be over-estimated in the rhetoric of community care.'

EFFECTS OF COMMUNITY CARE, FAMILY CARE/CARERS, POLICY.

221

KINNEAR, David and GRAYCAR, Adam (1983), 'Non-institutional Care of Elderly People', in Adam Graycar (ed.), **Retreat from the Welfare State**, Sydney, Allen and Unwin:74-88.

The ageing of Australia's population has implications for its care in the future, for both families and for public policy. Community care is increasingly viewed as preferable to institutional care, but there has not been a corresponding increase in support services and the burden falls on families, in particular on women. Commonwealth funding has been increasing to institutional care at a rate of \$10 to every \$1 spent on home support services. Community care has come to mean not care by the community but care in the community. Personal costs to care-givers (usually women) are high, many giving up paid employment to look after an elderly relative and thereby becoming locked into a state of dependency themselves. There are also direct costs borne by the family reducing its disposable income. Public policy must be reoriented to bolstering and enhancing family care support for an equitable system.

ECONOMIC CONSIDERATIONS, EFFECTS OF COMMUNITY CARE, FAMILY CARE/CARERS, POLICY, WOMEN.

222

KINNEAR, David and GRAYCAR, Adam (1984), 'Ageing and family dependency', **Australian Journal of Social Issues**, 19(1), February:13-26. (SWRC Reprint No.22)

'The "graying" of Australia's population has generated much debate within government, demographic, health and social service circles in recent times. Current and projected shifts in population structure towards greater numbers of "dependent" populations raise a number of complex issues in regard to resource allocation in both income support and service provision. Service issues revolve around questions of whether public or private provision will resolve the care issues for dependent elderly people. It is argued that contrary to popular opinion, family care is well entrenched within the framework of social care, and that the solution of community care, posited in relation to the rising levels of chronic illness and dependency within the elderly population, is actually an attempt to place more responsibility of care on to the family. It is further suggested that family care is, in fact, care by women who themselves are in a state of dependency. Citing evidence from a study conducted by the authors, the paper argues that family care imposes heavy burdens upon women and families and suggests that social policy should, firstly, actively bolster family care through the provision of supportive and supplementary services; and secondly, broaden its intent by exploring other options of care for elderly people. The latter response is important because without it, family care will only help to reinforce and sustain the dependent status of women.'

EFFECTS OF COMMUNITY CARE, FAMILY CARE/CARERS, POLICY, WOMEN.

223

KINNEAR, David and ROSSITER, Chris (1984), **Family Care Policies : Findings From a Survey of Carers**, in Australian Family Research Conference, Canberra, 1983, Proceedings, Melbourne, Institute of Family Studies, Vol.5:33-57.

The Social Welfare Research Centre's study of families caring for elderly relatives in the same household found that in the majority of cases families, or particular individuals within families, were providing substantial support and assistance to their older relatives often at considerable cost to themselves. They gave up employment, social life, harmony within their immediate families and time to themselves in addition to their incurring more tangible financial costs. The implications for family policy are discussed and it was found that there is a grave shortage of alternatives open to elderly people and their families. The current emphasis on care in the community as an explicit policy seems to have occurred, at best, in ignorance of the widespread existence of family care and the implications for the people involved.

ECONOMIC CONSIDERATIONS, EFFECTS OF COMMUNITY CARE, FAMILY CARE/CARERS, POLICY.



224

KLEIN, Reva (1984), 'The cracks in community care', **Voluntary Action**, July:7-8.

This article raises serious doubts about the effectiveness of the British 'joint finance' programme which funds joint District Health Authority/Local Authority community care projects. While more funds have been granted by central government there is a double bind for Local Authorities who are eventually expected to take over the financing of these projects as they then become penalised for increased spending via cuts in Rate Support Grants. This means there is a disincentive for local authorities to participate in these schemes at a time when residential institutions are already being closed at a faster rate than alternative community care places are being made available.

ECONOMIC CONSIDERATIONS, POLICY, PROGRAMS/SPECIAL SCHEMES.

225

KNAPP, Martin and MISSIAKOULIS, Spyros (1982), 'Inter-sectoral cost comparisons : day care for the elderly', **Journal of Social Policy**, 11(3), July:335-354.

'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, areas health authorities and voluntary organizations, although the framework has 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.'

COMPARATIVE STUDIES, ECONOMIC CONSIDERATIONS, SPECIFIC SERVICES.

226

KNAPP, Martin (1984), **The Economics of Social Care**, London, Macmillan, 141-166. (Studies in social policy)

Chapter 8 in this book applies 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 : (a) Care provided informally; (b) Domiciliary care; and (3) 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.

ECONOMIC CONSIDERATIONS, PROGRAMS/SPECIAL SCHEMES.

227

KNIGHT, Bob and WALKER, Deborah Lower (1985), 'Toward a definition of alternatives to institutionalization for the frail elderly', **The Gerontologist**, 25(4):358-363.

'The literature on alternatives to institutionalization for the frail elderly has suffered from a lack of clear definition of key terms. An analysis of selected literature on the question leads to proposed definitions of "frail elderly" and "range of institutional care". Based on these definitions, it is argued that an active problem-solving, treatment-oriented approach can reduce unnecessary institutionalization and that the movement to deinstitutionalize the elderly can learn from the history of the deinstitutionalization of other groups.'

INSTITUTIONAL VS COMMUNITY CARE, THEORETICAL CONCERNS.

228

KOFF, Theodore H. (1982), **Long Term Care, An Approach to Serving the Frail Elderly**, Boston, Little, Brown, xii, 144 pp. (Little, Brown series on gerontology)

This book describes the emergence and development of long-term care for the frail elderly in the United States, at both an institutional and non-institutional level. It includes family support systems and the effects of demographic changes. The book looks to what makes up an integrated long-term care system, with discussion of funding, policy issues and the role of the government.

DEMOGRAPHY, ECONOMIC CONSIDERATIONS, POLICY.

229

KOHEN, Janet A. (1983), 'Old but not alone : informal social supports among the elderly by marital status and sex', **The Gerontologist**, 23(1):57-63.

'Despite hypotheses of greater social integration among the married and greater social skills of women, previous research has not demonstrated such differences among the elderly. Analyses of indicators of informal social

supports for respondents aged 55 and older included in a United States Survey Research Center study indicated that the widowed elderly generally had an advantage over the married and that sex differences were similar between married and widowed elderly.'

SELF HELP.

230

KOOPMAN-BOYDEN, Peggy G. (1981), 'Community care of the elderly', **New Zealand Medical Journal**, 94(687), July:11-15.

'Survey evidence indicates that the family is the main provider of community care for the elderly. In any re-orientation towards greater community care of the aged, resources will have to be redistributed from institutional care to community organisations as well as providing economic support for families caring for the aged.'

ECONOMIC CONSIDERATIONS, FAMILY CARE/CARERS, INSTITUTIONAL VS COMMUNITY CARE, POLICY.

231

KRULIK, Tamar and HIRSCHFELD, Miriam J. (1984 /85), '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 these 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 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 toward 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.

DISABILITY, FAMILY CARE/CARERS, HOME CARE SERVICES, INSTITUTIONAL VS COMMUNITY CARE.

232

KULYS, Regina and TOBIN, Sheldon S. (1980), 'Older people and their "responsible others"', **Social Work**, 25(2), March:138-145.

'The study reported in this article found that the image of the elderly as being "... isolated and forgotten by family and friends ..." was not necessarily correct. Various aspects of the support systems upon which most elderly people rely were also discussed.'

FAMILY CARE/CARERS, SELF HELP

233

LANG, Abigail M. and BRODY, Elaine M. (1983), 'Characteristics of middle-aged daughters and help to their elderly mothers', **Journal of Marriage and the Family**, 45(1), February:193-202.

'This paper examines the relationships between selected characteristics of a sample of middle-aged daughters (N=161) and the nature and amount of help that they provided to their elderly mothers. Univariate analysis of variance and regression analyses indicated that the daughters' characteristic - their ages, marital status, work/non-work status, and living arrangements (whether daughters and mothers share households or live separately) - were related significantly to the amount of help they provided. Shared households and older ages of the daughter were associated with more care giving, while both being married and being employed "pulled" slightly from the amount of help given. The findings illuminate the situations of "women in the middle" - that is, middle-aged women involved in parent care - and suggest social-policy directions and further research needs.'

FAMILY CARE/CARERS, WOMEN.

234

LATTO, Shena (1980), 'Help begins at home', **Community Care**, April 24:15-16 and June 12:20-21.

In these two articles the author describes some of the results of the three year expansion of the home help service in the city of Coventry, England. Research was undertaken to discover the effects on the clients and the

related costs and benefits of the doubling of the home help service in one district of the city.

ECONOMIC CONSIDERATIONS, EFFECTS OF COMMUNITY CARE, SPECIFIC SERVICES.

235

LAWTON, M. Powell (1981), 'Community supports for the aged', *Journal of Social Issues*, 37(3):102-115.

'This paper examines the concept of community alternatives to institutions for older people from the theoretical vantage point of the need to optimize the mix of challenge and support in matching the residential environment to individual need. Research is reviewed on the characteristics of people inhabiting different types of residential environments and on the impacts such environments have on older people. A variety of residential types (planned independent housing, congregate housing, mobile homes, hotels, small-scale congregate residences, and more institutional varieties) are discussed as means for increasing the degree of choice among residences afforded the older person.'

HOUSING, INSTITUTIONAL VS COMMUNITY CARE.

236

LEE, Gary R. (1985), 'Kinship and social support of the elderly : the case of the United States', *Ageing and Society*, 5(1), March:19-38.

'This paper deals with two related issues: (1) the extent to which older persons who require some assistance in the tasks of or resources needed for daily living actually receive such assistance from informal networks; and (2) the consequences of the receipt of this assistance for the older person. Research in the United States over the past several decades has shown clearly that kinship networks are major sources of support for the "vulnerable" elderly. The older person who is isolated from his or her kinship network is certainly the exception, not the rule. Kin networks provide important resources and services to the great majority of older people who require such resources or services. The fact that older persons receive a high proportion of their support from these networks has caused many analysts to suggest that public policy recognise and support the provision of aid by informal networks consisting primarily of kin. The second part of the paper, however, suggests that there may be many latent, adverse consequences for elderly persons who are in a dependent status with respect to their children and other family members. American culture promotes the value of independence for older persons and other adults, and dependence, particularly on children, is negatively valued. In this cultural context, those interested in the well-being of the elderly should scrutinise policies promoting dependence on kinship networks very carefully.'

EFFECTS OF COMMUNITY CARE, FAMILY CARE/CARERS, POLICY.

237

LEGGE, Varoe (1984), 'Attitude to living in a retirement village', **Australian Journal on Ageing**, 3(1), February:3-7.

'Professional and public opinion about the appropriate housing of the aged varies over time. At the present the emphasis is upon keeping the aged in their own homes. This study examines the experiences of a group of Retirement Village residents and how that experience has affected their well being. The findings suggest that the more options that can be kept open, by the provision of alternate lifestyles, the more likely are the aged to retain the capacity for decision making in their own lives thus facilitating their physical and mental health.'

EFFECTS OF COMMUNITY CARE, HOUSING.

238

LEVIN, E., SINCLAIR, I. and GORBACH, P. (1984), **The Supporters of Confused Elderly Persons at Home : Extracts from the Main Report**, London, National Institute for Social Work, Research Unit, 31 pp.

'The incidence of dementia in elderly people is high, and eighty per cent of these are cared for at home. The study of supporters excluded paid helpers, and non relatives, and aimed to find out what were their problems and implications for service delivery. Study areas in two London boroughs and a county district were selected, each with a community psychiatric service. Chapters 2-7 of the report, cover detailed analysis of the data will be disseminated after discussions with DHSS. The conclusions confirm the need to support the carers who suffer considerable strain. The relevant support services are highly valued by the carers, but there should be more back-up, especially information, practical help and regular breaks. Problems and variation in resources training for health and welfare workers, and co-ordination between the statutory services.'

FAMILY CARE/CARERS, PSYCHOLOGICAL ASPECTS.

239

LIDOFF, Lorraine and BEAVER, Linda (1983), **Caregiver Support Groups : Guidelines for Practice Based on Federally Funded Demonstrations**, Washington, DC, National Council on the Aging, Inc., 22 pp.

This report is based on two demonstration projects, both funded by the United States Administration on Aging. The aim is to disseminate an effective approach to addressing caregivers' needs. It suggests ways of establishing and maintaining caregiver support groups using the successful elements of the two demonstration projects (a) The Natural Supports Program, and (b) As Parents Grow Older. There is also an additional list of references and resources at the end of the report.

PROGRAMS/SPECIAL SCHEMES, SELF HELP, SOURCEBOOKS.

240

LIDOFF, Lorraine, BEAVER, Linda and WEST, Doris (1983), **Informal Supports : A Summary of Federally Funded Research and Demonstrations**, Washington, DC, National Council on the Aging, Inc., iii, 150 pp. (Program innovations in aging, Vol.1)

This report synthesises current research funded by the United States Government in the area of informal supports for the elderly. Part I discusses the terminology of informal support, Part II how the materials for discussion were collected, Part III presents the issues and outlines project findings relevant to each question, discusses implications and identifies gaps in available information and Part IV contains profiles of thirty-nine projects categorised as: (1) General Research, (2) Support for Older People's Informal Caregivers, (3) Peer Supports/Mutual Aid Among Older People, and (4) Volunteers.

PROGRAMS/SPECIAL SCHEMES, SOURCEBOOKS, THEORETICAL CONCERNS, VOLUNTEERS/NEIGHBOURS.

241

LITWAK, Eugene (1980), 'Research patterns in the health of the elderly : the community mental health center', in **Aging and Society : Current Research and Policy Perspectives**, Beverly Hills, Sage, 79-130.

'The following areas of research are the principal burden of this chapter: first, the "natural" systems that support elderly in the community and that in turn make the concept of a community mental health center a real one; second, the organization of community mental health centers that permit them to reach selected groups of people in need of help as well as coordinate their services with other agencies in the community. An assessment of the general mental health problems of the aged and those which are currently serviced by community mental health centers will be discussed. The chapter will conclude with some comments on the need for better methods for implementing the laws of evaluation in centers so that meaningful evaluation information can be produced and utilized, and the need for developing standardized instruments to measure mental health problems at various levels.'

ASSESSMENT, SPECIFIC SERVICES.

242

LONGINO, Charles F. (1981), 'The retirement community' in Cary S. KART and Barbara B. MAYNARD, **Aging in America : Readings in Social Gerontology**, 2nd ed., Sherman Oaks, Calif., Alfred Publishing Co., 368-399.

Retirement communities, both subsidised and non-subsidised, and the supportive services built into these, are described. It is difficult to give a definitive answer as to whether people who move into these communities are

better off, but recent studies suggest that residents of service-enriched living environments benefit measurably from them.

#### HOUSING.

243

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.

#### COMPARATIVE STUDIES, POLICY, PROGRAMS/SPECIAL SCHEMES.

244

MACDONALD, A.J.D. (1982), 'An attempt to determine the impact of four types of care upon the elderly in London by the study of matched groups', **Psychological Medicine**, 12(1), February:193-200.

'Groups of elderly people, matched by level of dependency and probability of dementia, were identified in day centres, day hospitals, wards, and local authority homes, and followed up over 9 months to determine the impact of type of care upon outcome. No difference in mortality or changes in dementia scores were found, but the survivors' levels of dependency improved most in day centres and local authority homes. This finding, and the problems of matching, are discussed.'

#### INSTITUTIONAL VS COMMUNITY CARE.

245

MACE, Nancy L. (1984), 'Report of a survey of day care centres', **Pride Institute Journal of Long Term Home Health Care**, 3(4), Fall:38-43.

This article reports on a survey of 346 day care centres in the United States whose clients included some who were demented to determine the availability of day care for elderly people suffering from Alzheimer's Disease. A questionnaire of 400 items was sent out and returned by 78 per cent of centres and seven centres were visited. The survey reveals that while



successful day care for dementing elderly is possible, it is not at present adequate, despite the dedication and commitment of staff of these centres.

PSYCHOLOGICAL ASPECTS, SPECIFIC SERVICES.

246

MACLENNAN, W.J., ISLES, F.E., MCDUGALL, S. and KEDDIE, E. (1984), 'Differences between elderly women at home and in residential care', *Journal of Clinical and Experimental Gerontology*, 6(4):309-322.

'A comparison was made between groups of elderly women living at home and in residential care, matched for social support, mobility and mental function. The analysis re-emphasised the importance of dementia and lack of support as causes for admission to residential care. Factors of importance in individual cases included physical incapacity other than immobility, depression, housing crisis, depression and frailty amongst relatives. Rejection by relatives was rarely important.'

DISABILITY, PSYCHOLOGICAL ASPECTS, WOMEN.

247

MAEDA, Daisaku (1983), 'Family care in Japan', *The Gerontologist*, 23(6):579-583.

The family is, and will continue to be the most important source of support for the elderly in Japan. In the future, however, the relative importance of family support will inevitably decrease because of the increasing number of frail and impaired older people who are no longer independent and the decreasing capability of families to cope due to industrialisation and urbanisation. Therefore, social services for the elderly and support services for their families will need to be increased.

ETHNICITY, FAMILY CARE/CARERS.

248

MAIER, Louis (1982), 'Crisis in the family : institutional placement of the sick elderly and alternative solutions - a social worker's perspective' in Aliza KOLKER and Paul I. AHMED (eds), *Aging*, New York, Elsevier Biomedical, 187-206.

Material is presented here to assist professionals in gaining a better understanding of the problems faced by the elderly and their families as caregivers. It goes into the psychodynamics of dependency, the response of the family to illness and the reasons for its reaction to crisis. Few families have the resources to care for the aged relative without some

outside help. Advice on procedures for crisis intervention and alternatives to institutionalisation are given.

FAMILY CARE/CARERS, INSTITUTIONAL VS COMMUNITY CARE.

249

MCKENZIE, Heather (1982), 'Those in favour of a granny-sitting service : say so', **New Age**, Spring:32-34.

'It is government policy for elderly people to remain in the community for as long as possible, but demographic changes have brought problems to families in caring for their elderly relatives. There are some support services for carers both statutory and voluntary. There is a need for sitting-in services to give carers regular relief. The National Council for the Single Woman and her Dependants conducted a survey on this question and received many replies. Some single women have two parents to care for, or over longer periods of caring have lost their social life, or have other problems. A need for such a service was expressed, and a preference for a voluntary service. This however is not the complete answer to all problems, and other services such as day care and short-stay homes are also needed. These comprehensive services will take some time to build up.'

FAMILY CARE/CARERS, SPECIFIC SERVICES.

250

MEANS, Robin and SMITH, Randall (1985), **The Development of Welfare Services for Elderly People**, London, Croom Helm, 240-305.

Chapter 6 describes how by the 1950s and 1960s in Britain there was a general agreement that elderly people should remain in their own homes for as long as possible, both for their own happiness and to relieve the financial pressures on the State. There was not, however, a corresponding shift of resources from hospitals and residential institutions to domiciliary services, housing and income maintenance schemes. The focus here is on the arguments in favour of those domiciliary services which eventually were to be located in social service departments and how perceptions varied about their function. Also discussed is the role of voluntary organisations in service provision and the arguments relating to perceptions about the responsibilities of families in caring for their elderly.

ECONOMIC CONSIDERATIONS, FAMILY CARE/CARERS, HOME CARE SERVICES, POLICY.

251

MELVILLE, Joy (1983), 'What on earth shall we do with mother?' **New Society**, 7 July:7-9.

If cared for in their own home or their children's home, the needs of the elderly parent can take over the lives of the children. On the other hand, if the elderly relative is admitted to a nursing home the children feel extremely guilty. This article looks at the problems which are felt particularly by women when placed in this difficult situation and highlights the lack of external support given to families placed in this dilemma.

FAMILY CARE/CARERS, WOMEN.

252

MIDWINTER, Eric (1986), **Caring for Cash : The Issue of Private Domiciliary Care**, London, Centre for Policy on Ageing, vii, 51 pp. (CPA Report No.8)

This report was done by the Centre for Policy on Ageing for the British Department of Health and Social Services. It assesses the nature, extent, character and future of private domiciliary care, which it defines as the commercial provision of what local authorities currently provide by way of personal social services such as home helps, day care and meal services. It does not include cases where clinical or medical requirements are provided by private nursing agencies. It compares private domiciliary care with statutory and voluntary provision, and considers the arguments for and against private provision. Finally, it briefly considers the need for some sort of public oversight or control.

HOME CARE SERVICES, POLICY.

253

MILLER, Dorothy A. (1981), 'The "sandwich" generation : adult children of the aging', **Social Work**, 26, September:419-423.

Adult children caring for aged parents are 'sandwiched' between these parents and their own children and are often subjected to a great deal of stress. This group is in great need of support and services that is only beginning to be met by the helping professions. This article presents demographic data illustrating the role of adult children as the major resource and support group of the aged and secondly, describes the limited services available.

DEMOGRAPHY, FAMILY CARE/CARERS, HOME CARE SERVICES.

254

MILLER, Nick (1985), 'Informal care : dilemmas for research, policy and planning at the local level', **Research, Policy and Planning**, 3(1):25-30.

'The importance of informal care as a key component of community care is increasingly being appreciated in the fields of research, policy making and planning in the social services. This article reviews some of the characteristics of informal care, with particular reference to recent research on informal care and the elderly. The author draws on his experience of a service review of care for elderly people in a large Shire County (Norfolk) to identify some of the issues which confront local authorities in trying to integrate their services with informal networks.'

HOME CARE SERVICES, VOLUNTEERS/NEIGHBOURS.

255

MINDEL, Charles H. and WRIGHT, R. (1982), 'The use of social services by Black and White elderly : the role of social support systems', **Journal of Gerontological Social Work**, 4(3/4):107-125.

'Little is known about the role of the family, kin, and non-kin support networks in determining the use of social services by the elderly. The purpose of this study was to examine the role of the formal and informal support systems in explaining social service utilization by Black and White elderly. Path analytic procedures are used to test an explanatory model of utilization by a national area probability sample of 3,996 non-institutionalized elderly. The findings indicate that informal family support was more important for Black elderly than White elderly. In addition, family aid was found to be supplementary rather than an alternative support system. In the planning, designing, and delivery of school services to the elderly, it is imperative that racial and cultural differences become explicit input factors. Additionally, future researchers have a responsibility to employ research procedures capable of simultaneously dealing with a comprehensive range of variables in investigating this rather complex phenomenon.'

ETHNICITY, FAMILY CARE/CARERS, HOME CARE SERVICES.

256

MONTEFIORE HOMES FOR THE AGED (1984), **A Practical Guide to the Family Care of the Aged**, Melbourne, 38 pp.

A collection of papers written in laymen's terms on the family care of the aged. The papers offer practical advice on all aspects of caring for an elderly relative.

SOURCEBOOKS.

257

MOON, Marilyn (1983), 'The role of the family in the economic well-being of the elderly', **The Gerontologist**, 23(1):45-50.

This paper provides an overview of the size and importance of private intergenerational transfers of wealth and income based on information from the National Longitudinal Survey of Mature Men and the Michigan Panel Survey of Income Dynamics. It also focuses on estimating the likely tradeoffs between public and private transfers. Although it was difficult to compare the two models directly, overall, however, 'the results are consistent with expectations. Non-white families and those residing in rural areas tend to rely on intra-household forms of aid. Female-headed families are likely to be part of an extended family or to be recipients of outside aid. Families with large dwelling units are likely to include extra adult members'.

ECONOMIC CONSIDERATIONS, FAMILY CARE/CARERS.

258

MORRIS, John N. and SHERWOOD, Sylvia (1983-84), 'Informal support resources for vulnerable elderly persons : can they be counted on, why do they work?', **International Journal on Aging and Human Development**, 18(2):81-98.

'The issue of informal support system resiliency is analyzed for approximately 700 vulnerable elderly persons in a variety of communities (e.g., urban age-segregated housing, ethnic urban age-integrated community, rural age-integrated, etc.). These samples, while geographically specific, are diverse, and a case can be made for generalizing the conclusions originating in this study to the larger population of vulnerable elderly persons in this country (i.e. United States). There is a re-examination of the following questions: 1) Do informal support systems generally exist for vulnerable elderly persons; 2) Are significant levels of help being given by these helpers? An examination is also made of the following questions: 1) Can we depend upon these informal systems to continue to provide care now being given, and to respond to new needs that may arise in the future; 2) How is this helping behavior initiated? Within this study, the vulnerable elderly persons were generally found to have informal support systems characterized by active communication. The central role of the informal system is the transmittal of knowledge. Network members pick up information about the individual in regular ongoing communication of a non-instrumental character, interpret this information, act in ways that are responsive to the individual's needs, and are generally prepared to continue to act as new needs arise.'

ETHNICITY, FAMILY CARE/CARERS, RURAL AREAS, VOLUNTEERS/NEIGHBOURS.

259

MORYCZ, Richard K. (1985), 'Caregiving strain and the desire to institutionalize family members with Alzheimer's Disease : possible predictors and model development', **Research on Aging**, 7(3), September:329-361.

'This research explores whether the strain experienced by caregivers of relatives with Alzheimer's disease will be strongly related to the desire of families to institutionalize their older members. The desire of a caregiver to institutionalize a patient with Alzheimer's disease was found to be greater when the caregiver experiences increased strain or burden, when a patient is widowed, when there is more physical labour involved in caregiving tasks, and when the patient lives alone. Intensity of family strain (or felt stress) can best be predicted by the availability to the caregiver of social support: Less support implies more strain. However, for male caregiving groups and for all black caregivers, strain does not play a significant role in predicting the desire to institutionalize.'

ETHNICITY, FAMILY CARE/CARERS, PSYCHOLOGICAL ASPECTS.

260

MULLENDER, Audrey (1983), 'Someone to look after grandma', **Community Care**, September 15:22-23.

This article describes Nottinghamshire's (England) Family Support Scheme for relief of relatives looking after confused elderly people at home. It discusses the great stresses faced by carers (mostly women) of the frail elderly and why relief is essential.

FAMILY CARE/CARERS, PROGRAMS/SPECIAL SCHEMES, WOMEN.

261

MURPHY, Elaine (1985), 'Day care : who and what is it for?', **New Age**, (31), Autumn:6-9.

'The author questions whether day care can be a cheap and effective alternative to in-patient care, though it can enable elderly people to remain in the community, and in their own homes as long as possible. Day hospitals provide daily medical treatment and rehabilitation for both physically and mentally impaired elderly people, and are cheaper than residential care, but not a substitute for it. They provide specialist services, but assessment should be backed by home visits. They should be properly staffed and provide social support. Day centres often provide social club aims and activities, but many statutory and voluntary services need more support and advice to aid collaborative working. They now take on frailer members and should be more therapeutic. They should be small and local to ease transport problems.'

SPECIFIC SERVICES.

262

MURRAY, Nicholas (1985), 'I really want an aspidistra very badly at the moment', **Community Care**, October 10:20-21.

This article describes the opening of what is probably Britain's first private day centre in Cardiff, Wales. The centre is set up at present to provide day care for six elderly people at a cost of 18 pounds per day. It is a self-financing and not a profit-making scheme and the organiser only takes out as salary what she would earn from the local authority. The director urges the authorities to establish proper criteria now for such private centres to stop unscrupulous entrepreneurs only interested in profits. The programme for the centre is described.

ECONOMIC CONSIDERATIONS, SPECIFIC SERVICES.

263

MURRAY, Nicholas (1985), 'Voluntary organisations', **Community Care**, January 17:14-16.

This article asks - is it the role of voluntary organisations to take over responsibility for community care from the State? It is their distinctive role to innovate, advocate and campaign rather than become direct service providers which would put their independence at risk. Even if it is agreed that community care is best, it is not enough to dump people in the community and call it community care, a whole network of support services is necessary. Also, there needs to be recognition of the social changes which reduce families' abilities to care. There is a need for a comprehensive community care policy to make it a reality. The National Council of Voluntary Organisations is presently researching community care, and it points out that even the process of change to community care is itself expensive and bridging finance is essential to making it work. Voluntary organisations must improve the quality of community care and to do this must reach a clear understanding of its relationship with social services departments.

ECONOMIC CONSIDERATIONS, VOLUNTEERS/NEIGHBOURS.

264

MUTRAN, Elizabeth (1985), 'Intergenerational family support among blacks and whites : response to culture or to socio-economic differences', **Journal of Gerontology**, 40(3), May:382-389.

'Factors that influence family helping behavior are examined and comparisons are made between black and white families. The question of whether family differences are due to culture or socio-economic reasons is asked. In the analysis, tests are made for the main and interactive effects of race. Black elderly parents give and receive more help than white elderly parents after controlling for age and sex; however the greater amount of help that is received by older blacks is, to a large extent, the result of socio-economic factors. The increased amount of help that they give to the middle and

younger generations appears to be a combination of cultural and socio-economic factors. Among black families, attitudes of respect for each generation play a part in determining family support behavior.'

ETHNICITY, FAMILY CARE/CARERS.

265

MYLES, Helen (1983), 'Older people helping themselves and others in the community', **Australian Journal on Ageing**, 2(1), February:18-20.

This article describes SPAN, a co-operative of older retired people initiated by the Brotherhood of St. Laurence in Melbourne, with the intention of demonstrating what could be done in the way of changing the community's attitude towards the aged. The programmes at SPAN are designed to help old people help themselves, contribute their skills to the community and bring about change. The programmes are grouped under the following headings: craft, reading, home handy-person service, community education and social action.

PROGRAMS/SPECIFIC SCHEMES, SELF HELP.

266

NARDONE, Maryann (1980), 'Characteristics predicting community care for mentally impaired older persons', **The Gerontologist**, 20(6):661-668.

'For all 67 counties in Pennsylvania community care and institutional care for mentally impaired elderly are inversely and significantly related. Availability of nursing home beds was a strong predictor of higher rates of institutional care. Higher rates of community care occurred in counties where there were greater expenditures for protective, legal, chore, day care and social recreation services by Area Agencies on Aging; and, in which there were less nursing home beds available, more persons 65 and older in poverty, and fewer women in the workforce.'

INSTITUTIONAL VS COMMUNITY CARE, PSYCHOLOGICAL ASPECTS.

267

NEILL, Stella M. (1981), 'Hospital-affiliated adult day program individualizes care', **Hospital Progress**, 62(3), March:45-47.

This article describes the adult day care programme at the McAuley Bergan Center attached to the Archbishop Bergan Mercy Hospital, Omaha, United States. It offers social services, nursing, meals, physical and speech therapy, socialisation activities, leisure activities and limited personal care. For meaningful community care ways must be found to co-ordinate a



system of care based on the needs of individuals and removing the barriers between medical and social services.

PROGRAMS/SPECIAL SCHEMES, SPECIFIC SERVICES.

268

NEW SOUTH WALES COUNCIL ON THE AGEING (1981), **Home Care Services for the Aged : A Report on a Survey of Home Care Services for Aged Persons In NSW**, Sydney, NSW Council on the Ageing, 1v (various pagings).

This report provides details of a survey of organisations providing home care services to aged persons in NSW. The survey covered 41 Metropolitan Local Government Areas and 41 non-Metropolitan Local Government Areas in NSW. It states the main objectives of the study, outlines the development of various domiciliary services and defines the types of organisation that provide those services. The quality of the services and their regional distribution are also discussed.

HOME CARE SERVICES, RURAL AREAS.

269

NEWMAN, Evelyn S. and SHERMAN, Susan R. (1979-80), 'Foster-family care for the elderly : surrogate family or mini-institution?', **International Journal on Aging and Human Development**, 10(2):165-176.

'The rationale behind adult foster care (AFC) has been that "participation in the life of the family" is superior to institutionalization. The extent to which AFC is familial has been widely debated, ranging from claims that this environment provides a surrogate family, to claims that it is no more than a mini-institution. This paper discusses the extent to which elderly clients are integrated into the family and the method by which such integration was measured in a sample of one hundred adult foster homes in New York State. The four dimensions used to measure familism were Affection, Social Interaction, the performance of Ritual, and the minimization of Social Distance.'

FAMILY CARE/CARERS, SPECIFIC SERVICES.

270

NEWTON, Sue (1983), 'Offering their hearts and their homes', **Community Care**, September 22:26-27.

This article discusses the organisation of a short-term boarding out scheme for the elderly by the Liverpool Personal Service Society in England. It

describes how clients and carers are matched in such a scheme, the first criterion being the physical needs of the elderly person.

ASSESSMENT, PROGRAMS/SPECIAL SCHEMES, SPECIFIC SERVICES.

271

NISSEL, Muriel and BONNERJEA, Lucy (1982), **Family Care of the Handicapped Elderly : Who Pays?**, London, Policy Studies Institute (Publication No.602).

This exploratory study aimed to examine the extent to which the caring functions of the family operate as a constraint on women's participation in the community on an equal footing with men. It consisted of interviews (7) with married couples in two main categories - those with an elderly, resident, handicapped relative and those with a youngest child aged three and under eleven. The project involved a small sample of between 20 and 30 families in each category, and included women in full or part-time work as well as those without paid jobs. They studied the time use and help with care in the households, the family experience, the carer's experience, quantitative costs and policy implications from the study.

DISABILITY, FAMILY CARE/CARERS, POLICY, WOMEN.

272

NISSEL, Muriel (1982), 'Measuring the cost : family care of the handicapped elderly', **New Age**, Spring:29-31. Also published in **Policy Studies**, 3(1), July:45-53.

'There is a general assumption that the shortfall in health and personal social services expenditure should be made up by family and community care. What this means is family care, and support for the family. To try to find out whether indirect non-market costs to the family could be evaluated a survey was undertaken with a sample of married couples caring for a disabled elderly relative. A questionnaire, interviews and time diary were completed, and data collected on the families and the extent of disability. There were a variety of different circumstances in relation to family composition, employment patterns and caring activities. Financial costs are only partially quantifiable, and there are indirect costs both economic and social. In addition there are the unquantifiable qualitative costs for families.'

DISABILITY, EFFECTS OF COMMUNITY CARE, FAMILY CARE/CARERS.

273

NISSEL, Muriel (1984), 'The family costs of looking after handicapped elderly relatives', **Ageing and Society**, 4(2), June:185-204.

'This article is principally concerned with the measurement and evaluation of the cost of the time which families devote to the care of handicapped elderly relatives living with them. One way of measuring the contribution is by means of time diaries which document the amount of time given to caring activities throughout the 24 hours of the day. How this was done in a small pilot study, carried out in Oxfordshire, England, is described. It is preceded by a brief general discussion of some of the factors which determine time use and by a description of the empirical findings from a few of the existing surveys. Some broad estimates of the indirect financial costs involved are offered, including an estimate using a different approach based on the loss of opportunity suffered by women who are prevented from undertaking paid work.'

FAMILY CARE/CARERS, WOMEN.

274

NOWLAND-FOREMAN, G. and DE BRETT, N. (1982), **Estimates of Unmet Need for Home Support Services in New South Wales**, Sydney, Department of Youth and Community Services in conjunction with Home Support Services Committee, Council of Social Service of NSW, 21 pp.

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.

COMPARATIVE STUDIES, ECONOMIC CONSIDERATIONS, HOME CARE SERVICES.

275

NYDEGGER, Corinne N. (1983), 'Family ties of the aged in cross-cultural perspective', **The Gerontologist**, 23(1):26-32.

This is an anthropological examination of three current myths which idealize family life, juxtaposed with some of the unpleasant aspects of family relationships. The author concludes (p.31) 'We must accept these negative aspects as natural outcomes and attempt to pinpoint those structural features that encourage conflict before we can fully understand the aged and their family ties. Especially in light of the current movement to push our aged

into the bosom of the family, we should be able to assess realistically the cost to parents and to children of trying to live out a myth'.

EFFECTS OF COMMUNITY CARE, FAMILY CARE/CARERS.

276

O'BRIEN, Carole Lium (1982), **Adult Day Care : A Practical Guide**, Monterey, California, Wadsworth Health Sciences Division, xvii, 429 pp.

'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.' Day centres are seen as part of the community's health-care and social service system and not merely an additional programme in an already fragmented system of community care. The book is addressed primarily to graduate students, professionals and multidisciplinary groups concerned with the health and welfare of the elderly.

ASSESSMENT, SPECIFIC SERVICES.

277

O'BRYANT, Shirley L. (1985), 'Neighbours' support of older widows who live alone in their own homes', **The Gerontologist**, 25(3), June:305-310.

'Recent older widows who live alone are a vulnerable group that needs both social and instrumental support. This study compared the neighbor support given to 226 widows who were categorized into three groups - those who had one or more children in the same city, those who had children who resided elsewhere, and those who were childless. Multivariate analyses revealed differences among these groups on various measures of neighbor support. Results are discussed in terms of the hierarchical-compensatory and task-specific models of informal support along with widows' social activity patterns, work histories, and neighbor attitudes.'

VOLUNTEERS/NEIGHBOURS, WOMEN.

## 278

**Older People at Home**, a report of a 1981 joint survey conducted in Melbourne and Adelaide by Australian Council on the Ageing and Australian Department of Community Services (1985), Canberra, Australian Government Publishing Service, xxvii, 586 pp.

This is the report of a survey of elderly people living at home conducted in Melbourne and Adelaide during May-June 1981. The underlying purpose of the survey was 'to provide basic statistical information on the circumstances of older people living at home, and of those persons caring for a handicapped older person at home'. It provides information on the use of, and need for, domiciliary and community services for older people at home, the extent to which demand for those services was dependent on a person's health, income, living arrangements, and support from relatives, neighbours and friends, the factors which assist or inhibit a family providing support for an elderly relative, particularly for carers of a handicapped older person and the concerns, attitudes and aspirations of older people living in the community. Particular emphasis was given to older migrants at home. No specific policy recommendations are made.

DEMOGRAPHY, DISABILITY, ETHNICITY, FAMILY CARE/CARERS, HOUSING.

## 279

OLIVER, Judith (1985), 'Eight days a week', *Nursing Times*, 81(3), January 16:23.

Policies of community care have had a major impact on family carers. If one per cent of the carers of the elderly gave up, the health and social services of Great Britain would have to increase their spending by twenty per cent overnight. However, community-based services provision has not kept up with these policies leaving a tremendous burden on the carers.

EFFECTS OF COMMUNITY CARE, FAMILY CARE/CARERS, POLICY.

## 280

**Open Care for the Elderly in Seven European Countries**, a pilot study of the possibilities and limits of care, edited by Anton AMMAN (1980), Oxford, Pergamon Press, xii, 225 pp. (European Centre for Social Welfare Training and Research. Publications)

This volume brings together the research in seven European countries (Austria, Denmark, Greece, Hungary, The Netherlands, Poland and Yugoslavia) centred around the question of age and care. Each report considers ageing, old age and the care system in relation to a particular socio-economic, political and cultural environment. The term 'open care' incorporates community and family care. The investigations sought to discover common themes in the situation of the elderly, threats to care organisations and the

particular types of solutions to problems. For abstracts of individual chapters see under the following:

AMMAN, Anton, BLOMMESTIJN, Pieter, KAVAR-VIDMAR,  
Andreja, PIOTROWSKI, Jerzy, SZE BEN, Eva, TEREROGLOU,  
Aphrodite, UDALL-HANSEN, Birgitte.

COMPARATIVE STUDIES, POLICY.

281

OPIT, Lou (1982), 'Indifference and the old age industry', **Australian Society**, 1(3), November:21-22.

In examining the 'policy' for the aged, the author suggests that publicly financed care for the aged in Australia means providing pensions and accommodation to permanently isolate the infirm in a way which seems to be concerned solely with supporting the private, for-profit hospital and nursing home system and sees the aged as powerless, ineffective consumers ... 'This policy seems to reflect the belief of many Australians that old age is a sort of illness and that the best thing to do is to confine and isolate old people from the rest of society when they look like becoming a nuisance' (p.22).

INSTITUTIONAL VS COMMUNITY CARE, POLICY.

282

PACKWOOD, T. (1980), 'Supporting the family : a study of the organisation and implications of hospital provision of holiday relief for families caring for dependants at home', **Social Science and Medicine**, 14A:613-620.

'The shift away from institutional care coupled with the increase in those who are chronically ill has placed increased burdens of caring for dependants on the family. If the family is to cope it, as a unit, requires support from the welfare services. One way of doing this is to provide relief from continual responsibility by taking care of the dependant for a fixed period of time. However, the change from family care at home to professional care in an institution is likely to significantly effect the dependant. This paper reports how one English health district used the district general hospital for family relief. The study took place over two years and concerned the arguments for providing relief, the formulation of a scheme and the evaluation, involving dependants and their families, of its first year of operation. Attention is drawn to the difficulty of providing a simple and economic preventive scheme for family relief which is also capable of responding to the variety of different conditions and needs cared for at home. Very different needs are found concealed within "patient status" and dependants, themselves, possess a variety of perceptions regarding their own condition. This points up the case for choice and for a wide range of facilities to be made available for family support.'

FAMILY CARE/CARERS, PROGRAMS/SPECIAL SCHEMES, SPECIFIC SERVICES.

283

PADULA, Helen (1981), 'Toward a useful definition of adult day care', **Hospital Progress**, 62(3), March:42-45.

'Adult day care is one alternative to unnecessary institutionalization of the impaired aged. The service needs to be defined, however, in order to become accepted, effective and better funded.' This article examines some of the principles upon which adult day care is constructed and some of the concept's aims.

SPECIFIC SERVICES, THEORETICAL CONCERNS.

284

PALLEY, Howard A. and OKTAY, Julianne S. (1983), **The Chronically Limited Elderly : The Case for a National Policy for In-Home and Supportive Community-Based Services**, New York, Haworth Press, ix, 142 pp.

'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 to the chronically limited elderly and their families within a comprehensive system of community-based health and social services' (Authors). 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 inequable, 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.

COMPARATIVE STUDIES, HOME CARE SERVICES, POLICY, PROGRAMS/SPECIAL SCHEMES.

285

PARKER, Gillian (1985), **With Due Care and Attention : A Review of Research on Informal Care**, London, Family Policy Studies Centre, 104 pp.

Encouraging and sustaining 'care by the community' is currently the main thrust of official policies towards those dependent on others for care, but these policies are being developed with very little information about the impact on those who actually do the caring. The aim of this paper is to set out what is currently known about the implications and consequences focusing on the non-statutory care provided for people in their own homes or the homes of their carers. This includes elderly people. It examines evidence on who provides care, the costs to them, current patterns of service provision for the carers and some recent innovative developments against a background of demographic and employment changes.

DEMOGRAPHY, EFFECTS OF COMMUNITY CARE, FAMILY CARE/CARERS, POLICY.

286

PARKER, Roy (1981), 'Tending and social policy', in E. Matilda GOLDBERG and Stephen HATCH (eds), **A New Look at the Personal Social Services**, London, Policy Studies Institute:17-34.

The increasing need for care in the community is due to four main reasons: (1) the rising cost of residential provision; (2) the growing numbers of aged people; (3) more women participating in the labour force; and (4) changing patterns in family formation. Society is unprepared for this increasing need and has not paid sufficient attention to the trends affecting the resources available for care. This article suggests the kinds of analyses which are needed to better appreciate the nature of the policy choices.

DEMOGRAPHY, EFFECTS OF COMMUNITY CARE, POLICY.

287

PEGELS, C. Carl (1980), 'Institutional vs non-institutional care for the elderly', **Journal of Health Politics, Policy and Law**, 5(2), Summer:205-212.

'The question of institutionalization vs. home care of the aged in need of medical care has been debated extensively. The arguments for deinstitutionalization have stressed the issue of cost. Home care is felt to be more cost efficient than institutional care. In this paper, both sides of the issue are investigated in detail by drawing on published conference proceedings and empirical studies reported in the literature.'

ECONOMIC CONSIDERATIONS, INSTITUTIONAL VS COMMUNITY CARE.

288

PERDUE, Joanne (1984), 'Respite care for the frail or disabled elderly', **Pride Institute Journal of Long Term Home Health Care**, 3(4), Fall:31-37.

This article describes the Respite Demonstration Project set up by legislation passed in New York State in 1982. Funds have been allocated to the Project through seven agencies throughout New York State for a period of three years. The background to the Project is briefly outlined and there is a description of the five options for respite care which are: Companion-Homemaker, Homemaker-Home Health Aide, Adult Home Facility, Health-Related Family Facility and Skilled Nursing Facility. The procedures for assessing the appropriate facility are described and two case studies given.

ASSESSMENT, PROGRAMS/SPECIAL SCHEMES, SPECIFIC SERVICES.



289

PIOTROWSKI, Jerzy (1980), 'Open care for the elderly - Poland', in **Open Care for the Elderly in Severn European Countries**, Oxford, Pergamon Press:143-153.

Community care in Poland plays the major role in the care of the elderly and the main services are home nursing and home help. The family still plays an important role in caring for the elderly. The fundamental difficulty in providing services for the aged is the shortage of people to work in those services. Other difficulties are the disproportion between the development of services in the city and the country, especially in view of the markedly progressive ageing of the countryside, and the need for an accelerated solution to the housing problem.

ETHNICITY, FAMILY CARE/CARERS, HOUSING, RURAL AREAS, SPECIFIC SERVICES.

290

POPAY, Jennie and ROSSITER, Chris (1982), 'Who cares about the carers?', **The Health Services**, September 3:17.

Home care for the elderly and handicapped saves millions each year. The many costs of informal care, both direct and indirect are met, largely by female carers. Personal emotional costs which are difficult to quantify are no less real. There is need of financial help for the carers, more flexible employment policies and a wide range of relief services.

ECONOMIC CONSIDERATIONS, FAMILY CARE/CARERS, POLICY, WOMEN.

291

POULSHOCK, S. Walter and DEIMLING, Gary T. (1984), 'Families caring for elders in residence : issues in the measurement of burden', **Journal of Gerontology**, 39(2), March:230-239.

'This paper examines the concept of caregiving burden and urges a multidimensional perspective in which burden is viewed as a mediating force between the elders' impairments and the impact that caregiving has on the lives of caregivers and their families. The analysis underscores the need to apply the concept of burden to subjective interpretations by caregivers of the elders' different kinds of impairments including impairment of activities of daily living, cognitive incapacity, disruptive behavior, and lack of sociability. The analysis also demonstrates that a variety of less subjective effects of caregiving are important and measurable. These issues are elaborated and illustrated using data and findings from the Benjamin Rose Institute's survey of 614 families in which impaired elders resided with and were provided care by family members.'

DISABILITY, FAMILY CARE/CARERS.

292

POWER, Michael and KELLY, Stephen (1981), 'Evaluating domiciliary volunteer care of the very old : possibilities and problems', in E. Matilda GOLDBERG and Naomi CONNELLY (eds), **Evaluative Research in Social Care**, London, Heinemann Educational Books for Policy Studies Institute:214-234.

This chapter describes an experiment in Weston-Super-Mare, England, to establish volunteer support to elderly people, aged 75 and over, living in their own homes, ranging from those with slight disabilities to those on the margin of requiring total care. The study was funded by the Department of Health and Social Security. It describes the elderly, the volunteers and the amount and type of help given. After eighteen months there was a follow-up and the outcomes are discussed.

PROGRAMS/SPECIAL SCHEMES, VOLUNTEERS/NEIGHBOURS.

293

QURESHI, Hazel (1985), 'Exchange theory and helpers on the Kent Community Care Scheme', **Research, Policy and Planning**, 3(1):1-9.

'This article explores some of the issues involved in using nominally paid, locally-recruited helpers in the provision of services to dependent elderly people. Using data drawn from a study of the perceptions of one group of such helpers on an experimental community care project, it is argued that some of the actions and attitudes of helpers, social workers and elderly clients could be better understood and interpreted in the light of insights derived from the literature on social exchange.'

PROGRAMS/SPECIAL SCHEMES, THEORETICAL CONCERNS.

294

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**, St.Lucia, University of Queensland Press: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 of 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 is given to nursing home placements and least of all to independent living units.

HOUSING, INSTITUTIONAL VS COMMUNITY CARE, POLICY, RURAL AREAS.

295

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?'

SPECIFIC SERVICES.

296

RICE, Anne (1984), 'Desperate in Seaford', **Community Care**, September 13:15-16.

This article reports on the setting-up of a support group for relatives caring for their elderly dependents at home in Seaford, East Sussex, UK.

FAMILY CARE/CARERS, SELF HELP.

297

ROBIN, Jean (1984), 'Family care of the elderly in a nineteenth century Devonshire Parish', **Ageing and Society**, 4(4):505-516.

'The focus of this paper is on the part played by children and relatives in the care of the elderly in a Devonshire parish in the mid-nineteenth century. The cohort of men and women aged 50-59 years recorded in the 1851 census was divided into two groups, according to whether or not the parish registers or censuses showed members to have had offspring who survived childhood. Cohort members and their families were then traced through the 1861 and 1871 censuses in order to establish their residence patterns at different stages in the life cycle. It was found that children, whether married or single, played a considerable part in providing care for their elderly parents. By contrast, relatives living in the same household as the elderly were more likely to be receiving than providing care. The possibility that a proportion of the cohort members who left the parish during the period did so to join children elsewhere was investigated through an examination of those of comparable age coming into the parish.'

FAMILY CARE/CARERS.

298

ROGERSON, Barbara (1985), 'Time to ease the burden', **Community Care**, (576), August 22:22-23.

Recent research into the role of carers of the elderly in the community in Derby, England, involved interviewing 127 people. All of those interviewed were referred to the research project because of some stress they were experiencing as carers. Most carers were women and the majority were daughters. This article gives the results of the survey. The single most important service that carers wished to receive was respite care, and policies should make services more readily available to them to enable them to continue. Further training of all staff who work with the elderly should be given priority, coupled with greater flexibility of resources to respond to crisis situations.

FAMILY CARE/CARERS, WOMEN.

299

ROSSITER, Chris and WICKS, Malcolm (1982), **Crisis or Challenge? Family Care, Elderly People and Social Policy**, London, Study Commission on the Family, 102 pp. (Study Commission on the Family, Occasional Papers No.8)

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 what 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.

DEMOGRAPHY, FAMILY CARE/CARERS, POLICY.

300

ROSSITER, Chris and WICKS Malcolm (1982), 'The future of family care', **Community Care**, September 23:19-20.

Looking at community care policies for the elderly, the authors discuss the broad implications of changes in the family and society and what they mean for the family's capacity to continue to care for elderly relatives into the 21st century.

EFFECTS OF COMMUNITY CARE, FAMILY CARE/CARERS, POLICY.

301

ROSSITER, Chris, KINNEAR, David and GRAYCAR, Adam (1984), **Family Care of Elderly People : 1983 Survey Results**, SWRC Reports and Proceedings No.38, Kensington, Social Welfare Research Centre, University of New South Wales, 100 pp.

This report is a successor to SWRC Reports and Proceedings No.23. The new report presents detailed data for a wider survey of carers and their relatives. In all, 158 carers were interviewed and a picture of what family care involves built up. Nearly all the carers surveyed were women, and many suffered both financial and personal costs as well as the stress caused by being torn between the needs of the elderly person, and their own and their families' interests. The report discusses the reasons why these women undertook to look after their elderly relatives at home and notes the lack of alternatives for many elderly who can no longer live independently, but who do not want or need institutional care. A small subsample of carers whose relatives entered a nursing home is also examined.

FAMILY CARE/CARERS, WOMEN.

302

ROSSITER, Chris (1984), **Family Care of Elderly People : Policy Issues**, SWRC Reports and Proceedings No.50, Kensington, Social Welfare Research Centre, University of New South Wales, 83 pp.

This monograph represents the final stage of the Social Welfare Research Centre's project of family care of dependent elderly people. Using some of the data obtained from interviews with 158 carers (presented in SWRC Reports and Proceedings No.38), this report discusses the consequent implications for public policy - both in terms of general aged care policy and in recommendations concerning income costs of caring, employment, health services, housing and carers' need for information and advice. The conclusion points to the particular need for more flexible and better co-ordinated services, especially in the provision of accommodation for elderly people.

FAMILY CARE/CARERS, HOUSING, POLICY.

303

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.

EFFECTS OF COMMUNITY CARE, FAMILY CARE/CARERS, POLICY.

304

ROSSMAN, Isadore (1981), 'Newer options for the elderly patient other than institutionalization' in William REICHEL (ed.), **Topics in Aging and Long-Term Care**, Baltimore, Williams and Wilkins:169-176.

This article considers the need to re-examine patterns of geriatric care. Solutions looked at are home care programmes, community long-term programming of congregate eating sites, specialised apartments and day care units. A variety of adaptive services should be furnished in accordance with need as alternatives to institutionalisation.

INSTITUTIONAL VS COMMUNITY CARE, SPECIFIC SERVICES.

305

ROTH, M. and MOUNTJOY, C.Q. (1979/80), 'Mental health services for the elderly living in the community : a United Kingdom perspective', **International Journal of Mental Health**, 8(3/4):6-35.

'The main components of a psychogeriatric service with a preventive orientation were outlined as follows: A number of medical and social arrangements in the community, comprising a network of domiciliary services, outpatient clinics designed to provide for the special problems of aged people, day hospitals, clubs and catering facilities for people with differing needs, and need to foster the growth of voluntary organizations or, in the words of the WHO Report, "the spontaneous association of citizens for the purpose of bringing relief to those of their fellows in need". The domiciliary services for the aged were conceived as providing meals-on-wheels, home visiting and nursing, transport to hospitals and clinics, laundry facilities, and mobile physiotherapy services. An administrative structure that would eliminate wasteful overlap, inefficiency, and flexibility by facilitating the integration of the services of local health authorities, family doctors, and hospitals, "Guidance centers" that would provide amenities for multidisciplinary investigation of the early phases of mental disorder and counseling. There is no single psychogeriatric program that combines all the components recommended in the WHO Report. The development of such community-based psychogeriatric services, with an emphasis on early assessment and prevention, remains largely a challenge for the future.'

PSYCHOLOGICAL ASPECTS, SPECIFIC SERVICES.

306

ROWLAND, D.T. (1982), 'Living arrangements and the later family life cycle in Australia', **Australian Journal on Ageing**, 1(2), May:3-6.

This paper outlines the significance of living arrangements of the elderly as indicators of need and discusses the application of the concept of the later family life cycle in the analysis of the census figures. The later life cycle draws attention to periods of heightened change in living arrangements as well as stages which influence the future course of changes. Studies have suggested the elderly wish to remain in their own homes as long as possible, and future research on the living arrangements of the elderly will help clarify the circumstances under which private households persist in old age in Australia, and the social situations from which the elderly enter institutions.

DEMOGRAPHY.

307

ROWLAND, D.T. (1982), 'The vulnerability of the aged in Sydney', **Australian and New Zealand Journal of Sociology**, 18(2), July:229-247.

'Social isolation, public dependency and poverty are significant problems in old age, even though the majority of elderly remain unaffected. This paper examines the vulnerability of the elderly in Sydney to social problems, through a discussion of precipitating conditions, and an analysis of census statistics on living arrangements, life cycle events and socio-economic characteristics. The aim is to estimate the numbers and proportions of the elderly potentially at risk through a study of predisposing factors.'

DEMOGRAPHY.

308

ROWLAND, D.T. (1983), **Family Structure in Later Life**, Canberra, Research School of Social Sciences, The Australian National University, 11 pp. (Ageing and the Family Project, Working Paper No.49)

This paper aims to show the potential availability of family support by describing the extent to which the aged have surviving relatives within and beyond the household. Much of the information is drawn from a survey of 1,050 aged persons in Sydney in 1981. The specific concern of the paper is the adequacy of family resources, and the limitations on access to support represented by membership of different types of families. If proximity is a prerequisite for the functioning of the modified extended family as a significant source of assistance, there are clearly major gaps in the support networks of the aged.

FAMILY CARE/CARERS.

309

ROWLINGS, Chloe and PEACOCK, Barbara (1986), 'It's nice that someone takes an interest in me', **Community Care**, January 9:20-21.

The authors describe how they set up a group for carers of the elderly in Kensington, London. The aims were to provide a forum of mutual support, decrease feelings of isolation, allow time and space away from the caring situation, create a network of support outside the group and introduce the carers to the National Association of Carers and the Alzheimer's Disease Society. It was to become a self-help group with the authors' involvement only for ten weeks. The article describes the effects of setting up the group on themselves and the carers.

FAMILY CARE/CARERS, PSYCHOLOGICAL ASPECTS, SELF HELP.

310

RUSSELL, B. (1984), 'The carer in a country centre', in Australian Association of Gerontology, Annual Conference, 19th, Sydney, **Care of the Elderly : Current Issues and Future Prospects**:52-55.

'Attention has been given over the past few years to the plight of the handicapped elderly living in their own homes instead of in institutional care, and of the "carers" of these handicapped elderly who literally save the Australian Government millions of dollars per year, at the expense of their own health and private lives. Most studies, however, have concentrated on metropolitan or major urban areas. This paper examines results from a survey carried out in the South East Region of NSW in 1981. The paper looks at a summary of some of the results of the survey, highlights some major problems faced by rural dwellers living in this situation and concludes by making a series of recommendations which, if acted upon, would improve the quality of life for both the "cared for" and carer.'

DISABILITY, FAMILY CARE/CARERS, RURAL AREAS.

311

SAFFORD, Florence (1980), 'A program for families of the mentally impaired elderly', **The Gerontologist**, 20(6):656-660.

'An educational and support program for families of the mentally impaired aged in both the community and institutions was offered over a three year period under the auspices of a geriatric center (in the United States). The long term nature of the problem, and wide range of persons affected indicates a need for similar interventions sponsored by a variety of agencies. Benefits for participants and institutional management was demonstrated.'

FAMILY CARE/CARERS, PSYCHOLOGICAL ASPECTS.



312

SAGER, Alan Peter (1983), **Planning Home Care with the Elderly : Patient, Family, and Professional Views of an Alternative to Institutionalization**, Cambridge, Mass., Ballinger Publishing Co., xxi, 294 pp.

This book reports on the results of a study of fifty cases being discharged from acute care hospitals to nursing homes with the aim of comparing the costs of institutionalisation and a home care alternative. To do this the author uses a hypothetical home care situation. The views of patients, family members and various professionals were sought. The author concludes that it may be cheaper to refer to home care, those destined to go to chronic hospitals, rehabilitation centres or other institutional settings. He puts a case for increased decision-making by families, at the same time recognising the importance of money in the freedom to make choices.

ECONOMIC CONSIDERATIONS, INSTITUTIONAL VS COMMUNITY CARE.

313

SAGER, Alan Peter (1983), 'A proposal for promoting more adequate long-term care for the elderly', **The Gerontologist**, 23(1):13-17.

'The number of individuals needing non-institutional (home) long-term care is not horrifyingly large. We have learned a great deal about how to assess the need and allot services equitably. Costs of expanded publicly funded home care benefits can be controlled and the money well spent. Efforts to mobilize additional volunteer time are politically and humanly desirable to complement ongoing family care and to help secure expanded public benefits.'

ECONOMIC CONSIDERATIONS, POLICY, VOLUNTEERS/NEIGHBOURS.

314

SANDS, Don (1984), 'The Harbour Area Adult Day Care Center : a model program', **Pride Institute Journal of Long Term Home Health Care**, 3(4), Fall:44-50.

Harbour Area Adult Day Care Center in Costa Mesa, California, was opened in March 1980 to provide a therapeutic program for persons suffering from Alzheimer's Disease and related disorders. This article gives the history of the centre, its income, programme growth and hopes for the future.

PROGRAMS/SPECIAL SCHEMES, PSYCHOLOGICAL ASPECTS, SPECIFIC SERVICES.

315

SANDY, Geoffrey A. (1981), 'Inequality in local government provision of domiciliary care services for the aged : the example of Victorian Region 14', **Regional Journal of Social Issues**, (7), January:39-50.

Domiciliary care services should be provided for aged persons in need and local government is the best level of government to deliver these services. The article looks at the 'right' quantity and quality of domiciliary care services, and equity in providing these services, by looking at meals-on-wheels in Victorian Region 14 (i.e. Northcote, Preston, Heidelberg, Eltham, Diamond Valley and Whittlesea). There are differences in quality and quantity of service provision between the municipalities. If an equitable level of performance is unattainable by municipalities there is a case for amalgamation or at least regionalisation of the provision of domiciliary care services.

COMPARATIVE STUDIES, SPECIFIC SERVICES.

316

SARANTAKOS, S. (1980), 'The aged and their families : towards integration', **Australian Social Work**, 33(3), September:13-21.

'A study of attitudes of Australians of British, Greek and German origin shows that: 1) integration of the aged within their kin and the community is favoured; 2) institutionalization of the aged in close proximity to relatives and the community should be available.'

ETHNICITY, FAMILY CARE/CARERS.

317

SCHMIDT, Gregory L. and KEYES, Barbara (1985), 'Group psychotherapy with family caregivers of demented patients', **The Gerontologist**, 25(4), August:347-349.

'Experience with a support group for caregivers of demented relatives led to the identification of a group defense against individual expression of painful emotions. An active psychotherapeutic approach was employed to confront this defense with no overall detriment to the group and apparent benefit to some individual members. This paper describes the dynamics of the transition from support group to therapy group.'

PSYCHOLOGICAL ASPECTS, SELF HELP.

318

SCHMIDT, Mary Gwynne (1981), 'Personal networks : assessment, care and repair', **Journal of Gerontological Social Work**, 3(4), Summer:65-76.

'When fraying networks threaten the very old with isolation, interventions should take into account thinning ties and changing patterns of linkage. Network analysis with attention to linkages for and expressive social exchange provides a guide to repairing support systems weakened by death, time and distance.'

THEORETICAL CONCERNS.

319

SCHORR, Alvin (1980), '**Thy Father and Thy Mother ...**', **A Second Look at Filial Responsibility and Family Policy**, Washington, DC, United States Department of Health and Human Services, v, 62 pp. (SSA publication No.13-11953)

This is an extensive revision of the edition published in 1960 as 'Filial Responsibility in the Modern American Family'. It sets out to evaluate the effect of public programmes, in particular social security, upon the relationships of adult children and their ageing parents. The term filial responsibility emphasises duty rather than satisfaction and is usually connected with protection, care of financial support. It is used here to cover duties required by law, custom, or personal attitude. The report is organised in sections. There is a brief historical note, the nature and practice of filial relationships in the United States today, and an evaluation of particular social security programmes and issues. These include the family effects of retired-worker benefits, an appraisal of a small programme dealing with dependent parents, an appraisal of the family effects of supplemental security income payments, a discussion of institutional care and home care and some observations about underlying policy choices. Community services are insufficient and those that are available may often be devoted to advocacy and recreation rather than practical support. Beyond this lack are problems of professional objectives and practice and conflict between professions and interest groups in the areas of ageing, mental health and social services. There are also the issues of increased women's labour force participation and the average aged person living longer and becoming more frail. Feasible solutions to these problems are briefly outlined.

EFFECTS OF COMMUNITY CARE, FAMILY CARE/CARERS, HOME CARE SERVICES, POLICY, WOMEN.

320

SHANAS, Ethel (1980), 'Older people and their families : the new pioneers', **Journal of Marriage and the Family**, 42(1), February:9-15.

This article considers the relationships of older persons and their families in the United States. It discusses the number of older persons and their age distribution, their proximity to their children, siblings and other relatives, and patterns of family help. It looks at the four-generation family and some of the role ambiguities it raises for its members.

DEMOGRAPHY, FAMILY CARE/CARERS.

321

SHERMAN, Susan R., FRENKEL, Eleanor R. and NEWMAN, Evelyn S. (1984), 'Foster family care for older persons who are mentally retarded', **Mental Retardation**, 22(6), December:302-308.

'Foster family care is a residential option with potential for servicing the growing number of elderly persons who are mentally retarded persons. A unique strength of the program is its integration of residents into the life of the family. Middle aged and elderly residents of the New York State Family Care Program, who are mentally retarded were studied. Program participants and communities are described. Special emphasis is placed on examination of the extent to which the program provides for residents' integration into the family and their acceptance by, and participation in the community.'

FAMILY CARE/CARERS, PROGRAMS/SPECIAL SCHEMES, PSYCHOLOGICAL ASPECTS.

322

SHERWOOD, David Allen (1980), **The Effects of Homemakers and Day Care Services on the Association of Elderly Recipients with their Family Networks**, Austin, University of Texas, x, 141 pp. (University of Texas at Austin, Thesis, Ph.D., 1980)

This study looks at the effects of receiving home care and day care on elderly recipients and their family and primary group networks. Exchange theory and intergenerational solidarity theory formed the theoretical base. The receipt of home care and day care services does not have a negative effect on the association of the elderly with their family or support networks, where there is any significant effect it is positive. Public policy, therefore, should seek ways to facilitate family support in a manner which maintains the elderly person's capacity to have sufficient independence and power to reciprocate relationships

EFFECTS OF COMMUNITY CARE, FAMILY CARE/CARERS, SPECIFIC SERVICES, THEORETICAL CONCERNS.

323

SHIMIZU, Y., MAEDA, Daisaku, ASANO, H., OKAMOTO, T. and NOGUCHI, N. (1983), 'Factors influencing the expression of need for home help service among families caring for the impaired elderly', **Australian Journal on Ageing**, 2(3), August:21-24.

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 grouping were used: (1) Demographic and socio-economic; (2) Family care situation; (3) Respondent's characteristics; (4) Elderly person's social roles and contacts; and (5) Elderly person's impairments and capability of family to provide needed care. It was found that there is a strong possibility of increase in need expression for a home help service with social and familial changes in the future. This is not applicable to Japan only but in other countries also.

DEMOGRAPHY, ETHNICITY, FAMILY CARE/CARERS, SPECIFIC SERVICES.

324

SIMMONS, Kathryn H., IVRY, Joann and SELTZER, Marsha Mailick (1985), 'Agency-family collaboration', **The Gerontologist**, 25(4):343-346.

This paper describes the establishment of a research and demonstration programme, Family-Centred Community Care for the Elderly, set up by the Jewish Family and Children's Service of Greater Boston and The Boston University School of Social Work. This programme is designed to strengthen and structure the relationship between the informal and formal support systems for the elderly. Family members of elderly clients are trained in case management techniques by a social worker and then assume responsibility for case management in partnership with the social worker. Case management includes the arrangement and monitoring of services such as meals, social visiting, home help, etc., obtaining financial entitlements and resolving problems with services. It was found that such co-operation between families and social workers was able to provide more services to an elderly client in a shorter time than is normally the case.

FAMILY CARE/CARERS, PROGRAMS/SPECIAL SCHEMES.

325

SINNETT, Peter (1984/85), 'Australia : special needs in health care - the aged', **Home Health Care Services Quarterly**, 5(3/4), Fall/Winter:159-173.

'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, SPECIFIC SERVICES.

326

SIVLEY, J.P. and FIEGENER, J.J. (1984), 'Family caregivers of the elderly : assistance provided after termination of chore services', **Journal of Gerontological Social Work**, 8(1-2):23-34.

'Two groups of primary family caregivers were interviewed: one whose older relatives received assistance from an in-home chore services program and the other whose relatives had been terminated from service owing to budget reductions. Both groups of caregivers were found to be actively involved in providing care to their older relatives. The assistance that caregivers provided was similar whether or not their relative received chore services. No significant differences were found in the type of tasks they provided nor in the amount of length of time they have provided care. The data suggested that there may be limits to the assistance that these caregivers can provide and that care of the elderly beyond such limitations needs to be supplied by other sources.'

FAMILY CARE/CARERS, SPECIFIC SERVICES.

327

SKELLIE, F. Albert, MOBLEY, G. Melton and COAN, Ruth E. (1982), 'Cost-effectiveness of community-based, long-term care : current findings of Georgia's Alternative Health Services Project', **American Journal of Public Health**, 72(4):353-358.

'A study of the cost-effectiveness of community-based, long-term care was conducted with voluntary enrollees eligible for Medicaid reimbursed nursing home care. One year after enrollment, average longevity was greater for the 575 clients in the experimental group, but average Medicaid plus Medicare costs for this group were higher than for the 172 clients in the control group. Among those more at risk of entering a nursing home, costs for persons in the experimental group were somewhat lower than for those in the control group. The results suggest that community-based services targeted to those most at risk of institutionalization may be cost-effective.'

ECONOMIC CONSIDERATIONS, INSTITUTIONAL VS COMMUNITY CARE.

328

SNYDER, Barbara and KEEFE, Kathy (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.'

DISABILITY, FAMILY CARE/CAREGIVERS, POLICY.

329

SOLDO, Beth J. and MYLLYLUOMA Jaana (1983), 'Caregivers who live with dependent elderly', **The Gerontologist**, 23(6):605-611.

'Although research on caregivers to impaired elderly is accumulating rapidly, most prior studies are small area analyses of non-probability samples. This study adapts a secondary but nationally representative data base to construct statistical profiles of intrahousehold caregivers in three types of households. The potential for disruption of each type of caregiving arrangement is examined in terms of the care needs of the older person and the competing demands on the caregivers. Situations where care is provided to a dependent, unmarried relative appear to be most vulnerable to dissolution.'

FAMILY CARE/CARERS.

330

SOLDO, Beth J., SHARMA, Mahesh and CAMPBELL, Richard T. (1984), 'Determinants of the community living arrangements of older unmarried women', **Journal of Gerontology**, 39(4):492-498.

'Data from the nationally representative 1976 Survey of Income and Education provide the opportunity to examine the joint effects of age, marital status, personal income, and the need for functional assistance on living arrangements of older unmarried white women. A particular interest in this research is testing the hypothesis that the effects of income and functional health are interactive. This hypothesis implies that the effect of functional disability on living arrangements is contingent on level of personal income. Log-linear model analyses indicate that, although the main

effects of all independent variables except marital status are significant, none of the interaction effects are significant. Odds calculated under the best-fitting model show that an unimpaired older woman has seven times the chance of living alone as one who requires frequent assistance, whereas those in the lowest income group have only a quarter of the likelihood of living alone as someone in the highest income group.'

DISABILITY, ECONOMIC CONSIDERATIONS, WOMEN.

331

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.'

DISABILITY, HOME CARE SERVICES.

332

SOMERS, Anne R. (1982), 'Long-term care for the elderly and disabled', **New England Journal of Medicine**, 307(4), July:221-226.

'There is growing need for long-term care for the elderly and the chronically ill in the United States as a result of : 1) increasing life expectancy; 2) chronic disease being the major cause of death; and 3) the "shrinking" family. However, public and private health insurances prohibit payment for most long term or custodial care. To rectify this a basic schedule of long term care benefits could be incorporated into Medicare as well as the provision of community long-term care coordinating services.'

ECONOMIC CONSIDERATIONS, POLICY.

333

SPRINGER, Dianne and BRUBAKER, Timothy H. (1984), **Family Caregivers and Dependent Elderly : Minimizing Stress and Maximizing Independence**, Beverly Hills, Sage, 159 pp. (Sage Human Services Guide, 38)

This book provides carers of elderly people with information about the ageing process and the caregiving relationship. Its primary focus is practical and aims at minimising stress to the carers whilst at the same time maximising



independence in the elderly. It shows the caregiver ways in which to cope with the difficulties related to the caregiving role, such as communication skills, informal support systems and the formal supports which may be available. At the end of each chapter there are suggestions for practice.

FAMILY CARE/CARERS, SOURCEBOOKS.

334

STABLER, Nora (1981), 'The use of groups in day centers for older adults', **Social Work With Groups**, 4(3/4), Fall/Winter:49-58.

'The paper describes groups currently used as the treatment of choice in a day center for older adults. It utilizes a framework of four group categories that have been developed and adapted to serve the needs of the impaired elderly population in a rehabilitation orientated day center. The author supports the use of groups as "social treatment" and supplies examples of a number of group interactions as evidence of the effectiveness of group treatment for older isolated people.'

SELF HELP.

335

STEEL, Knight, MARKSON, Elizabeth, CRESCENZI, Caroline, HOFFMAN, Sumner and BISSONNETTE, Anna (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.'

ECONOMIC CONSIDERATIONS, POLICY, SPECIFIC SERVICES.

336

STEIN, Shayna R., LINN, Margaret W. and WEINER, Audrey S. (1981), 'Effectiveness of a Service Workers' Action Team (SWAT) for the elderly', **Journal of the American Geriatrics Society**, 29(9):411-417.

'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 demography data as covariates, 243 experimental SWAT recipients were compared (MANOVA) 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 responses 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.'

PROGRAMS/SPECIAL SCHEMES.

337

STEINHAUER, M.B. (1982), 'Geriatric foster care : a prototype design and implementation issues', **The Gerontologist**, 22(3):293-300.

'Geriatric foster care, the use of private family residences for the care of nonrelated elderly persons, is among the least restrictive alternatives to institutional placement. The basic prototype principles include broadly defined client populations, maximum accessibility in referral sources, flexible use of existing local services, and uniform statewide quality guidelines. Indicators of success are outlined and implementation issues are raised.'

FAMILY CARE/CARERS.

338

STEVENSON, Olive (1981), 'The frail elderly : a social worker's perspective', in **Health care for the Elderly**, edited by Tom ARIE, London, Croom Helm:158-175.

This article analyses some aspects of what social work can and should contribute within the overall context of health and social care. Social workers can act as mobilisers and co-ordinators of a wide variety of services so that the frail elderly might remain in the community. They can also co-operate and collaborate with the medical profession to their mutual benefit. It is regretted that so little social work support can be given to those who

care for the frail elderly in their own homes, and discusses the changing structure of the family and how this can put stress on the carers. Finally, social work with the elderly 'at risk' is discussed.

#### SPECIFIC SERVICES.

339

STOLLER, Eleanor Palo and EARL, Lorna L. (1983), 'Help with activities of everyday life : sources of support for the non-institutionalized elderly', *The Gerontologist*, 23(1):64-70.

'This paper explores sources of instrumental support for older persons of varying levels of functional capacity. Data were gathered through interviews with a probability sample of 753 noninstitutionalized elderly residing in northeastern New York. The analysis suggests that spouses are the primary source of help for married elderly with impaired capacity, and adult daughters are the major helpers when a spouse is not present or when the level of support provided by the spouse is not sufficient. Helping networks increase in both size and scope as functional capacity declines.'

#### DISABILITY, FAMILY CARE/CARERS.

340

STRONG, Catherine (1984), 'Stress and caring for elderly relatives : interpretations and coping strategies in an American Indian and white sample', *The Gerontologist*, 24(3), June:251-256.

'This study explores how families who care for their elderly relatives view their caretaking situations. The stressful event literature suggests that a variety of dimensions may influence a person's subsequent coping behavior. In semi-structured interviews with 10 Indian and 10 white caretakers of ill elderly relatives in the rural northwest, 11 dimensions were used to define caretaking, with a focus on control. The results imply that cultural background influences the meaning of caretaking and that both variables affect the coping strategies selected.'

#### COMPARATIVE STUDIES, ETHNICITY, FAMILY CARE/CARERS, RURAL AREAS.

341

STUART, Marian R. and SNOPE, Frank C. (1981), 'Family structure, family dynamics, and the elderly', in *The Geriatric Imperative : An Introduction to Gerontology and Clinical Geriatrics*, edited by Anne R. SOMERS and Dorothy R. FABIAN, New York, Appleton-Century-Crofts:137-152.

This section examines the elderly in the light of changes involving social structure, life expectancy and health status. It looks at the implications of these changes for the elderly, their families and the education of health

care providers. As most care for the elderly is provided by the family, the helping professions must see the ageing individual as part of a family system. Some of the difficulties faced by the family with the onset of severe disability are discussed.

DEMOGRAPHY, DISABILITY, FAMILY CARE/CARERS.

342

SUNDSTROM, Gerdt (1982), 'The elderly, women's work and social security costs', *Acta Sociologica*, 25(1):21-38.

'This article intends to demonstrate the continuing importance of informal care, especially of the elderly, and for social security costs. The author argues that social security costs depend on the availability of informal care, not solely on economic level and the proportion of elderly in a country's population (as maintained by Wilensky). Eight countries were studied (Sweden, United Kingdom, Denmark, Finland, Norway, Poland, United States and Japan). The indicator of availability of informal care is the number of women 45-59 years per 1,000 elderly. Rates of co-residence between generations were assumed to measure actual care exchanged. Changes from 1955-1975 were analysed. The author concluded that a consideration of alternative informal care is a fruitful addition to "harder" variables in research on the welfare state.'

COMPARATIVE STUDIES, DEMOGRAPHY, ECONOMIC CONSIDERATIONS, WOMEN.

343

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 of 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 establish contact with the public sector's social services system. Elderly people without children run the risk of not receiving such help.'

ETHNICITY, FAMILY CARE/CARERS, POLICY.

344

SWAIN, Cherry (1981), 'Family roles and support', in Anna L. HOWE (ed.), **Towards an Older Australia : Readings in Social Gerontology**, St.Lucia, University of Queensland Press:205-220.

The family plays a pivotal role as a source of support in later life, but little research has been done in this area. From an analysis of biographical material of a group of elderly persons the author distinguishes a number of personal and environmental factors that interact to determine the strength and meaning of family support. The norm on intergenerational autonomy, the belief in public responsibility and the importance of reciprocity can limit the nature and level of support that families are willing to give and the elderly willing to accept. The supportive role of same-age friendships can often be overlooked in focusing too narrowly on the family. A broader view of ageing in the family and a better understanding of the meaning of the supportive functions of the family should foster more diversity in assistance programs.

FAMILY CARE/CARERS.

345

SZEBEN, Eva (1980), 'Open care for the elderly - Hungary' in **Open Care for the Elderly in Seven European Countries**, Oxford, Pergamon Press:95-116.

This chapter describes the community care services available to the elderly in Hungary, including day care centres and home help. The changing role of the family in the care of the elderly is discussed.

ETHNICITY, FAMILY CARE/CARERS, SPECIFIC SERVICES.

346

TAYLOR, Robert Joseph (1985), 'The extended family as a source of support to elderly blacks', **The Gerontologist**, 25(5), October:488-495.

'The impact of family and demographic factors on the frequency of support from family members was examined among a sample (National Survey of Black Americans) of 581 blacks aged 55 years and above. The findings revealed that income, education, region, degree of family interaction, proximity of relatives, and having adult children were determinants of frequency of support. The use of multivariate analyses extends previous work in the area and suggests that these relationships are more complex than originally thought.'

ETHNICITY, FAMILY CARE/CARERS.

347

TEPEROGLU, Aphrodite (1980), 'Open care for the elderly - Greece', in **Open Care for the Elderly in Seven European Countries**, Oxford, Pergamon Press:81-93.

In Greece the family is mainly responsible for the care of the elderly. This report distinguishes between family care of the elderly in rural and urban areas and due to different life conditions in each, different needs are created and different solutions to meeting these needs are required. The family's main help to the elderly is financial, supplementing an often insufficient pension. There is a need to increase pensions and to make allowances to family members caring for elderly relatives. Particular problems such as emigration and the dowry system are touched on.

ETHNICITY, FAMILY CARE/CARERS, RURAL AREAS.

348

THOMPSON, Catharine (1985), **Sharing Caring : Caring, Equal Opportunities and the Voluntary Sector**, London, National Council for Voluntary Organisations Community Care Project and Councils for Voluntary Service National Association, 18 pp.

'This topic paper sets out the author's views and ideas on the needs for supporting carers. It also provides examples of what voluntary organisations in England are currently doing on this issue. It explains what community care means for women and outlines what voluntary organisations can do. The special role of generalist organisations is discussed and consideration is given to the contribution of volunteers. There is a bibliography and a list of the addresses of organisations mentioned.'

FAMILY CARE/CARERS, SOURCEBOOKS, VOLUNTEERS/NEIGHBOURS, WOMEN.

349

TINKER, Anthea (1984), **Staying at Home : Helping Elderly People**, London, Her Majesty's Stationery Office, 191 pp.

This report is of research undertaken by the British Department of the Environment and the Department of Health and Social Security 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 and took the form of two national surveys and case studies. Interviews were undertaken with staff in housing and social service departments, the elderly people themselves and paid carers. The costs of the different schemes were estimated and compared, and their success evaluated. They were also compared with the costs of hospital care and sheltered housing. Some of the schemes

looked at included alarm systems, visiting wardens, good neighbours and domiciliary carers.

DEMOGRAPHY, ECONOMIC CONSIDERATIONS, HOUSING, INSTITUTIONAL VS COMMUNITY CARE, PROGRAMS/SPECIAL SCHEMES, SPECIFIC SERVICES.

350

TINKER, Anthea (1984), 'Staying at home : helping elderly people', **Housing Review**, 33(6), November/December:236-238.

This article outlines some of the results of an evaluation carried out by the author for the Department of the Environment (Great Britain) on meeting the varied needs of the large and increasing number of old people for supportive care if they remain in their own homes. She compared a number of innovatory schemes to provide such care with care in hospitals and sheltered housing. The basic cost comparisons of different schemes is also shown.

ECONOMIC CONSIDERATIONS, HOUSING, INSTITUTIONAL VS COMMUNITY CARE, PROGRAMS/SPECIAL SCHEMES.

351

TOBIN, Sheldon S. and KULYS, Regina (1981), 'The family in the institutionalization of the elderly', **Journal of Social Issues**, 37(3):145-172.

'Family caregiving to elderly impaired members is so ubiquitous that there are more homebound than institutionalized elderly. The burden on families who provide care to impaired elderly family members can be enormous but it can be reduced through extrafamilial assistance. Institutional care is often sought when the burden becomes overwhelming; and if institutionalized, the older person cannot avoid feelings of abandonment, and the family, feelings of guilt. Family involvement persists after the elderly person enters and lives in the institution. Although it can be expected that families will continue to be committed, willingness to provide home care may diminish because of changes in family caregivers: more daughters are likely to be working and more children likely to be elderly themselves and to be members of non-intact families who may perceive familial obligations differently. It is unlikely that community based services can reduce the need for institutional care among those residual elderly who will not have family to care for them at home and who will have virtually no potential for restoration to the activities of everyday life.'

FAMILY CARE/CARERS, INSTITUTIONAL VS COMMUNITY CARE.

352

TOWNSEND, Aloen L. and POULSHOCK, S. Walter (1986), 'Intergenerational perspectives on impaired elders' support networks', **Journal of Gerontology**, 41(1), January:101-109.

'The purpose of this paper was to compare impaired elders' and their adult children's reports of the elders' caregiving and decision-making support networks. The two generations (n=101 each) generally agreed on the primary person in each network and on the overall hierarchy of sources of support, but they differed on the two networks' size, specific composition, and members' relative centrality. Decision-making networks were consistently smaller, more highly centralized, and more restricted to immediate family, suggesting the need to distinguish this network from the general caregiving network. Our discussion focuses on possible explanations for intergenerational differences in perspectives on elders' social support and on the desirability of taking these differences into account in both research and practice.'

FAMILY CARE/CARERS, HOME CARE SERVICES.

353

TRAGER, Brahna (1980), **Home Health Care and National Health Policy**, New York, Haworth Press, 112 pp.

This monograph describes the current situation in home help services in the United States. It identifies factors which have affected the development and co-ordination of services and analyses the legislative background against which the services are provided, evaluating the limitations in the services and their effect on target populations, including the elderly. (A special issue of **Home Health Care Services Quarterly**)

HOME HELP SERVICES, POLICY.

354

TRAGER, Brahna (1984/85), 'Non-institutional long-term care in England, France and Sweden', **Home Health Care Services Quarterly**, 5(3/4), Fall/Winter:229-239.

This article compares non-institutional long-term care for the aged in the United States with that of Western Europe using three countries, England, France and Sweden, as examples. Unlike the United States all three of these European countries start from an established base in which entitlement, service availability and access are the key elements. The policies and community services of each of the three countries is outlined.

COMPARATIVE STUDIES, ETHNICITY, HOME CARE SERVICES, POLICY.



355

TRETHEWEY, Jenny (1985), **Caring : The Commitment and the Costs**, Melbourne, Brotherhood of St.Laurence, ii, 66 pp.

This study was commissioned to gather and report the perspectives and experiences of the confused elderly and their carers in the community. The report is divided into four sections: (1) Reviews what is known about the confused elderly and their carers in Australia; (2) Outlines the methodology used; (3) The results of interviews with the carers of twenty-one confused elderly people in and around a provincial centre; and (4) The conclusions to be drawn from carers' experiences and comments. Breaks from caring are essential for the carers of the confused elderly, both for their caring capacity and their own quality of life. Respite needs vary with the degree and stage of confusion so there must be a flexible approach to service provision. Primary care is usually undertaken by one person and that is generally a woman so an important accompaniment to any service or policies designed to ameliorate the position of women as carers would be an up-grading of the status attached to the role of carer and the activity of caring. Finally, respite care provides a needed break for the confused elderly themselves.

FAMILY CARE/CARERS, PSYCHOLOGICAL ASPECTS, SPECIFIC SERVICES, WOMEN.

356

TRETHEWEY, Jenny (1985), **A Proposal for a Day Care and Overnight Respite Care Project for Confused Older People Living in the Community**, Fitzroy, Victoria, Brotherhood of St.Laurence, 21 pp.

This outlines a proposal for a pilot project based in a community house in the Geelong region of Victoria (St.Laurence Park, Lara) to develop a new model of care and service for the confused elderly and their carers. The proposal is based on a research report, TRETHEWEY, Jenny, **Caring : The Commitment and the Costs** (which see also). The proposal then goes on to its statement of objectives and basic principles of care and outlines the management of the project.

PROGRAMS/SPECIAL SCHEMES, PSYCHOLOGICAL ASPECTS, SPECIFIC SERVICES.

357

TROCCHIO, Julie (1981), **Home Care for the Elderly**, Boston, CBI Publishing Company, xi, 161 pp.

This book is designed to help those who choose the option of looking after elderly relatives themselves. It helps in making the decision whether to decide for home care, deals with the ageing process, and helps with the basics of home care nursing.

SOURCEBOOKS.

358

ULDALL-HANSEN Birgitte (1980), 'Open care for the elderly - Denmark', in **Open Care for the Elderly in Seven European Countries**, Oxford, Pergamon Press:61-79.

This report on community care in Denmark outlines the system of services available to the elderly. It discusses their needs and the satisfaction of those needs. The policy is to encourage the elderly to remain in their homes for as long as possible and the means of achieving this policy are discussed.

ETHNICITY, HOME CARE SERVICES, POLICY.

359

VICTORIAN COUNCIL ON THE AGEING (1984), **Care of Older People in Victoria : Position Paper**, Melbourne, Victorian Council on the Ageing, 137 pp.

This paper reviews the numerous reports on the care of older people and analyses their recommendations. Nine reports are reviewed: Report of the Domiciliary Care Services Working Party, 1977; Domiciliary Care Services in Victoria - Report of Implementation Committee, 1982; Working Party on Extended Care of the Aged and Disabled Persons - Discussion Document, 1981; and Final Report, 1982, 'In a Home or At Home' (The McLeay Report), 1982; 'You and I as Ageing Citizens of Victoria' - The Report of the Aged Care Services Working Party, 1983; Board of Review of the Role, Structure and Administration of Local Government in Victoria - Final Report, 1979; Human Services Program - Main Report, 1983; and 'Health, Welfare and Family in Later Life' by H.L. KENDIG, D.M. GIBSON, D.T. ROWLAND and J.M. HEMER, Ageing and the Family Project, 1983.

HOME CARE SERVICES, POLICY.

360

VILNER, David (1981), 'Hospital leads way in community approach to caring for the elderly', **Hospitals**, 55(5):83-86.

Putnam Memorial Hospital, Bennington, Vermont (United States) took an active role in organising the Bennington Elderly Action Committee which identified the problems faced by the elderly and offered some solutions to them. Various sub-committees were formed to look into specific problems and action was taken in the areas of housing, health, nursing homes and community care. A community approach to caring for the elderly proved to be successful.

PROGRAMS/SPECIAL SCHEMES.

361

WADE Barbara, SAWYER, Lucianne and BELL, Judith (1983), **Dependency with Dignity : Different Care Provision for the Elderly**, London, Bedford Square Press of the National Council for Voluntary Organisations, iii, 252 pp. (Occasional Papers on Social Administration, No.68)

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.

FAMILY CARE/CARERS, INSTITUTIONAL VS COMMUNITY CARE, POLICY.

362

WALKER, Alan (1981), 'When there's someone to help you, there's no place like home', **Social Work Today**, 12(20), January:10-13.

Community care has been explicit public policy in Great Britain since the end of World War II, but successive governments have failed to devote sufficient resources to achieve this. Cuts in personal social service provision coupled with efforts to shift the responsibility for care to the voluntary sector place heavy burdens on the family, women in particular, in the care of elderly relatives. The development of community care is outlined and the disparity between goals and means shown. The government has starved local authorities of resources to meet even existing needs. In the absence of social planning the goal of greater community care is likely to recede further over the next four years.

ECONOMIC CONSIDERATIONS, POLICY.

363

WALKER, Alan (1982), 'Community care and the elderly in Great Britain : theory and practice', **International Journal of Health Services**, 11(4):541-557.

'Analysis of the postwar record in Great Britain shows that the state's response to the needs of the elderly has been increasingly centered on the provision of care in the community, or in the family. This community care policy is examined in relation both to some of the implicit functions of this policy and to performance of the policy in practice, particularly in relation to its effects on the sexual division of labor within the family. Also

discussed are the processes which create dependency, and the possible conflict between increasing dependency and other social changes, specifically the changing status and aspirations of women. The article concludes with some tentative remarks about the future of community care.

POLICY, THEORETICAL CONCERNS, WOMEN.

### 364

WALKER, Alan (ed.) (1982), **Community Care : The Family, The State and Social Policy**, Oxford, Basil Blackwell and Martin Robertson, xiii, 221 pp. (Aspects of social policy)

This book examines the meaning of community care in theory and practice, paying particular attention to the historical and contemporary meaning of 'community' and the sexual division of care in the family. Community care is then examined from the perspective of the social services professionals. Community care policies in Britain are examined through three detailed case studies of elderly people, children and mentally handicapped people, indicating the limited extent to which the promise of policy has been translated into actual shared care for these groups. The future of community care is considered by examining the economics of various alternative forms of care and some of the possibilities for increasing the caring capacity of the community.

ECONOMIC CONSIDERATIONS, POLICY, THEORETICAL CONCERNS, WOMEN.

### 365

WALKER, Alan (1983), 'Care for elderly people : a conflict between women and the state', in Janet FINCH and Dulcie GROVES (eds), **A Labour of Love : Women, Work and Caring**, London, Routledge and Kegan Paul:106-128.

This chapter examines family care for elderly people, which usually means care by women. The provision of care often implies a dependency relationship and both sides of this relationship are looked at. Both women and elderly people share a dependency status. There needs to be a radical transformation in the sexual division of labour at work and within the family as well as in social policies. The physical and mental stress of women looking after an elderly relative is discussed as well as the direct and indirect costs. A range of policies is required to share care effectively. These would include action in the labour market. As well as sharing care with the family financially there is a need for community-based services which support and substitute for family-based care, some of the resources for which need to be reallocated from residential care.

ECONOMIC CONSIDERATIONS, FAMILY CARE/CARERS, POLICY, WOMEN.

366

WALKER, Alan (1986), 'Community care : fact and fiction', **The Debate About Community : Papers From a Seminar on 'Community in Social Policy'**, London, Policy Studies Institute:4-15.

This paper looks at the concept of community care around which there is a history of confusion and misinterpretation and a large gap between rhetoric and policy in practice. It proposes a cautious approach to community care to disentangle fact from fiction and provide a basis for more informed policy and research. It addresses the following questions: In what circumstances is it reasonable to use the term community care? What dangers are inherent in its use? Is community care an important subject for future research?

POLICY, THEORETICAL CONCERNS.

367

WAN, Thomas T.H., WEISSERT, William G. and LIVIERATOS, Barbara B. (1980), 'Geriatric day care and homemaker services : an experimental study', **Journal of Gerontology**, 35(2):256-274.

'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 activity level for the day care sample, in physical functioning and contentment level for the homemaker study sample, and in all of these outcomes measures for the combined services group. Among users of the experimental services, increased use of the services was associated with improved outcomes of care. Multivariate analysis of data showed that factors other than the use of the experimental services were 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.'

SPECIFIC SERVICES.

368

WAN, Thomas, T.H., ODELL, Barbara G. and LEWIS, David, T. (1982), **Promoting the Well-Being of the Elderly : A Community Diagnosis**, New York, Haworth Press, xviii, 227 pp.

'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 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 of aging can utilize in their own community.'

ASSESSMENT, SPECIFIC SERVICES, THEORETICAL CONCERNS.

369

WARD, Russell A. (1985), 'Informal networks and well-being in later life : a research agenda', **The Gerontologist**, 25(1):55-61.

'Informal support networks of older people are generally extensive, but their contributions to subjective well-being are not clear. This reflects inadequate conceptualization and operationalization of social support. A conceptual model is suggested for investigating the contributions of informal networks to well-being, and suggestions are offered for operationalizing this model.'

THEORETICAL CONCERNS.

370

WARE, Paul (1983), 'Living longer in the community', **Community Care**, August 18:16-18.

This article summarises the most important findings of a study of boarding out schemes for elderly people in the United Kingdom. As long as boarding out is not regarded as a means to provide cheap residential care for elderly people, and as long as organisations are willing to invest in support services to assist carers in their tasks, the evidence from the research suggests the future for this expanding form of care looks healthy.

FAMILY CARE/CARERS, SPECIFIC SERVICES.

371

WASOW, Mona (1986), 'Support groups for family caregivers of patients with Alzheimer's Disease', **Social Work**, 31(2), March/April:93-98.

This article discusses some of the assumptions, dilemmas and questions that have come from the author's experience in facilitating support groups for carers whose relatives have Alzheimer's Disease. She also draws on information from talking to group members themselves. Suggestions are made for a wider variety of support group models in recognition that carers have differing needs.

PSYCHOLOGICAL ASPECTS, SELF HELP.

372

WASSERMAN, Audrey (1984), 'Coping with aging parents', **Perspective on Aging**, 13(1), January/February:28-29.

This article describes a support group for family carers looking after elderly parents in Detroit, USA. Bi-weekly sessions of six weeks each are offered by the group six times a year. Those who join the group do so for a variety of reasons including stress, difficulty in coping and seeking to prevent future difficulties.

PROGRAMS/SPECIAL SCHEMES, SELF HELP.

373

WEIHL, Hannah (1983), 'Three issues from the Israeli scene', **The Gerontologist**, 23(6):576-578.

This article addresses three issues pertaining to family support of the elderly in Israel. (1) It discusses the effect of cultural norms on family support systems in a predominantly multicultural society of immigrants; (2) The effects of the process of modernisation and urbanisation on the Arab population and its family organisation; and (3) The development of intergenerational support over a period of twelve years.

ETHNICITY, FAMILY CARE/CARERS.

374

WEILER, Philip G. (1985), 'Estimating the need for adult day health care', **Home Health Care Services 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 health care is difficult and current formulae tend to overestimate the need. This article discusses methods for estimating the need for adult day health care.'

SPECIFIC SERVICES.

375

WEISSERT, William G., WAN, Thomas T.H., LIVIERATOS, Barbara B. and PELLEGRINO Julius (1980), 'Cost-effectiveness of homemaker services for the chronically ill', **Inquiry**, 17(3), Fall:230-243.

'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.'

ECONOMIC CONSIDERATIONS, SPECIFIC SERVICES.

376

WEISSERT, William G. (1981), 'Toward a continuum of care for the elderly : a note of caution', **Public Policy**, 29(3), Summer:331-340.

'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.'

ECONOMIC CONSIDERATIONS, SPECIFIC SERVICES.

377

WENGER, G. Clare (1982), 'Ageing in rural communities : family contacts and community integration', **Ageing and Society**, 2(2), July:211-229.

'Based on a study of the elderly in rural communities, the paper makes comparisons with data from more urban studies in the UK. The findings indicate that while availability of and contact with family members is comparable, satisfaction with the amount of contact is considerably higher in the rural context. This higher level of satisfaction holds even for retired migrants who have less contact. It is suggested that satisfaction may be higher because needs for contact are met by a greater variety of other forms of association and support. The data demonstrate that the rural elderly do in fact have higher levels of contact with neighbours; are more likely to belong to voluntary associations; are more likely to belong to a religious group and to be visited by the clergy, and are more likely to become involved in spare-time activities which enhance the likelihood for social contact. Dependency on family, therefore, appears to be lower. While rural communities do not appear to preserve family cohesion, opportunities for



community integration are enhanced and are reflected in higher levels of satisfaction.'

COMPARATIVE STUDIES, RURAL AREAS.

378

WENGER, G. Clare (1984), **The Supportive Network : Coping with Old Age**, London, Allen and Unwin, xi, 244 pp. (National Institute Social Services Library, No.46)

This book is a study of how the elderly in eight rural communities in North Wales manage their day-to-day lives. It looks at how they gain access to a range of services, what problems they face and how they overcome them. It presents a picture of a well-supported elderly population and describes the informal help and support available to them. By considering total social networks, variations between sources of support and how different crises are approached, the author hopes to be able to make specific policy recommendations in terms of how, why and where informal networks may be reinforced or supported, and where weaknesses may occur and need to be faced.

HOME CARE SERVICES, RURAL AREAS.

379

WENGER, G. Clare (1985), 'Care in the community : changes in dependency and use of domiciliary services : a longitudinal perspective', **Ageing and Society**, 5(2), June:143-159.

'This paper reports on a longitudinal study of old people over the age of sixty-five living in rural Wales. Particular attention is paid to those who were over eighty in 1983, compared with the 1979 over-eighties. Whilst the findings demonstrate increased inputs of statutory domiciliary support with increased dependency, such support is clearly supplementary to the role of informal services. The paper shows that despite increased levels of dependency amongst the old elderly, levels of domiciliary services have not kept pace. Rationing mechanisms appear to focus services on the over-eighties so that levels of support to younger age groups are essentially reduced.'

RURAL AREAS, SPECIFIC SERVICES.

380

WEST, Patrick (1984), 'The family, the welfare state and community care : political rhetoric and public attitudes', **Journal of Social Policy**, 13(4):417-446.

'Within the political arena, most sharply articulated by the new Right, the family and welfare state have been counterposed as ideological opposites with

implications for the relative responsibility each should be accorded in respect of a policy of community care. On the basis of evidence from a survey conducted in three locations in Scotland, this paper examines the extent to which the ideological positions of Left and Right are reflected in public attitudes towards these issues. The results show that with the exception of certain groups of "ideologues", individual citizens tend not to structure their attitudes in accordance with overarching ideologies, nor are their attitudes in any consistent way organized along partisan lines. In respect of the family/state polarity, there is only a faint echo of the broad rhetoric of political parties and on more concrete issues like care for dependent persons none at all. The overall picture supports the view that the family and welfare state as they are confronted by people in their everyday lives are much less ideological opposites than intermeshed in an overlapping complex of values, needs and interests.'

#### THEORETICAL CONCERNS.

381

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.'

#### PROGRAMS/SPECIAL SCHEMES, SPECIFIC SERVICES.

382

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 and functioning as a whole. Such a resource is recommended as a vital one for the target population of isolated older people.'

#### PROGRAMS/SPECIAL SCHEMES, SPECIFIC SERVICES.

383

WILLIAMS, R.G.A. (1980), 'Innovation in community care and general practice : a study in interpretations of a day hospital', **Social Science and Medicine, Part A**, 14:501-510.

'The day hospital has been seen as an instrument of two policies: community care and the development of general practice. An experimental day hospital was studied which is run by three general practices, and this paper illustrates tensions between the working categories of general practitioners, and the definitions of patients implied by the two policies. As regards the policy of community care, it was found that the general practitioners had difficulty in matching their working categories with some of the principles of community care set out for the hospital by its planners. These principles obliged them to see the hospital's functions in terms of therapy and discharge, but in practice some general practitioners were concerned with problems which seemed intractable in such terms. As regards the development of general practice, policy was aimed at developing the technical practice, the social/psychological skills, and the preventive function of general practitioners. In the result, preventive efforts were generally increased, but other developments were attempted only by particular groups of general practitioners. One group stressed the technical, and another the "social" line of development. Difficulties were encountered by the "social" line in interpreting the present formulation of policy. In general, concern with developing the technical and preventive scope of general practitioners tended to transform the meaning of policies for community and social care.'

POLICY, SPECIFIC SERVICES.

384

WILLMOTT, Peter (1986), **Social Networks, Informal Care and Public Policy**, London, Policy Studies Institute, 134 pp. (Policy Studies Institute, Research Report, No.655)

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.

FAMILY CARE/CARERS, POLICY, VOLUNTEERS/NEIGHBOURS.

385

WOLFE, Barbara (1985), **Health Care Expenditures for the Elderly : Are Prospective Payment Systems and Community Care the Paths to Cost Reduction?**, Madison, Wisconsin, University of Wisconsin-Madison, Institute for Research on Poverty, 31 pp. (University of Wisconsin-Madison, Institute for Research on Poverty, Discussion Paper, No.788-85)

'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 are 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.'

DEMOGRAPHY, ECONOMIC CONSIDERATIONS, SPECIFIC SERVICES.

386

WORACH-KARDAS, Halina (1983), 'The Polish family tradition', **The Gerontologist**, 23(6), December:593-596.

Poland is rediscovering the family and other small groups as a source of support and assistance for the elderly. The author argues that social policy in the future be oriented less to the expansion of institutional care and more to the support of primary groups of community character, especially the multigenerational family. She is doubtful that Poland will be able to afford separate housing for old people (at present every tenth household is a one-person household) and it is time to think about the possibilities for the coexistence of several generations.

FAMILY CARE/CARERS, HOUSING, POLICY.

387

WRIGHT Ken, CAIRNS, John and SNELL, Martin (1982), 'Care : adding up the bill', **Community Care**, February 18:16-17.

This article spotlights three major reasons why studies on costs of community care for the elderly produce quite different conclusions: (a) the choice of costing methodology; (b) the standardisation of the characteristics of the people receiving care; and (c) the standardisation of the modes of care. It

lists a series of questions which must be satisfactorily answered in making a costing study.

#### ECONOMIC CONSIDERATIONS.

388

YOUNG, Pat (1985), 'Intensive home support schemes', **New Age**, (31), Autumn:10-11.

With the recognition that it is both kinder and less costly to help old people to live independently in their own homes for as long as possible, a number of intensive home care schemes are being piloted around England by local authorities and voluntary organisations. This article briefly describes some of these different schemes and the new breed of home care assistant that staffs them.

#### HOME CARE SERVICES, PROGRAMS/SPECIAL SCHEMES.

389

ZARIT, Steven H., REEVER, Karen E. and BACH-PETERSON, Julie (1980), 'Relatives of the impaired elderly : correlates of feelings of burden', **The Gerontologist**, 20(6):649-655.

'Factors contributing to feelings of burden of caregivers of elderly persons with senile dementia were studied. The amount of burden of caregivers was found to be less when more visits were paid to the dementia patient by other relatives. Severity of behavioral problems was not associated with higher levels of burden. The results suggest the importance of providing support to caregivers as a critical step in the community care of elderly persons with dementia.'

#### FAMILY CARE/CARERS, PSYCHOLOGICAL ASPECTS.

390

ZAWADSKI, Rick T. and ANSAK, Marie-Louise (1983), 'Consolidating community-based long-term care : early returns from the On Lok demonstration', **The Gerontologist**, 23(4), August:364-369.

'This paper focuses on a long-term care approach which differs both from traditional responses and brokerage or channeling initiatives. On Lok Senior Health Services in the Chinatown-North Beach San Francisco area has assumed responsibility for providing all services needed by a functionally dependent adult population, qualified and officially state certified for long-term care institutional placement. Based on the first two years of operation, descriptive data on the service system, its development, participants served,

services given, and costs are presented and interpreted. Feasibility and consumer acceptability of this approach are discussed.'

ECONOMIC CONSIDERATIONS, PROGRAMS/SPECIAL SCHEMES.

391

ZWICK, Daniel I. (1984/85), 'Home health services for the elderly : the English way', **Home Health Care Services Quarterly**, 5(3/4), Fall/Winter:13-65.

'Strengthening home health and related community services for the care of the elderly at home has received high priority in policy statements on the National Health Service. Findings from a series of recent studies and reports on these issues are reviewed, highlighting accomplishments and problems of primary health care teams, especially the district nurses, and the many other contributing community services. Seven lessons are discussed, emphasizing the relationships among home health and other community services, the importance of voluntary services, the impact of hospital and psychiatric services, needs for special training, difficulties of cost analyses, and the slow pace of progress.'

ECONOMIC CONSIDERATIONS, SPECIFIC SERVICES, VOLUNTEERS/NEIGHBOURS.

# KEY WORD DEFINITIONS AND INDEX

**ASSESSMENT:** includes assessment for institutionalisation and receipt of home care services (may also come under **SPECIFIC SERVICES**)

|     |     |     |     |    |    |    |     |     |     |
|-----|-----|-----|-----|----|----|----|-----|-----|-----|
| 7   | 11  | 63  | 65  | 74 | 94 | 97 | 104 | 121 | 241 |
| 270 | 276 | 288 | 368 |    |    |    |     |     |     |

**COMPARATIVE STUDIES:** crossnational works, inter-state comparisons

|     |     |     |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 20  | 79  | 80  | 85  | 108 | 109 | 115 | 136 | 147 | 148 |
| 149 | 150 | 151 | 209 | 214 | 218 | 225 | 243 | 274 | 280 |
| 284 | 315 | 340 | 342 | 354 | 377 |     |     |     |     |

**DEMOGRAPHY:** numbers and characteristics of the elderly population

|     |     |     |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 40  | 51  | 54  | 55  | 70  | 72  | 82  | 103 | 109 | 121 |
| 127 | 148 | 159 | 162 | 163 | 164 | 165 | 178 | 187 | 193 |
| 203 | 217 | 228 | 253 | 277 | 285 | 286 | 299 | 306 | 307 |
| 320 | 323 | 341 | 342 | 349 | 385 |     |     |     |     |

**DISABILITY:** as a factor in determining need for home care and other services.

|     |     |     |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 10  | 11  | 34  | 54  | 55  | 60  | 96  | 138 | 141 | 145 |
| 179 | 195 | 213 | 216 | 231 | 246 | 271 | 272 | 277 | 291 |
| 310 | 328 | 330 | 331 | 339 | 341 |     |     |     |     |

**ECONOMIC CONSIDERATIONS:** the cost-effectiveness of community care, but not the financial effects of care-giving

|     |     |     |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 9   | 10  | 12  | 15  | 26  | 28  | 30  | 33  | 43  | 47  |
| 63  | 64  | 68  | 69  | 70  | 72  | 73  | 74  | 75  | 76  |
| 77  | 78  | 92  | 93  | 103 | 104 | 105 | 106 | 107 | 108 |
| 112 | 116 | 127 | 128 | 133 | 159 | 160 | 164 | 165 | 168 |
| 172 | 176 | 182 | 187 | 192 | 200 | 209 | 213 | 215 | 221 |
| 222 | 223 | 224 | 225 | 226 | 228 | 230 | 234 | 250 | 257 |
| 262 | 263 | 274 | 287 | 290 | 312 | 313 | 327 | 330 | 332 |
| 335 | 342 | 349 | 350 | 362 | 364 | 365 | 375 | 376 | 385 |
| 387 | 390 | 391 |     |     |     |     |     |     |     |

**EFFECTS OF COMMUNITY CARE:** on elderly recipients and on the community

|     |     |     |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 45  | 51  | 64  | 65  | 69  | 71  | 109 | 127 | 167 | 171 |
| 172 | 175 | 220 | 221 | 223 | 234 | 236 | 237 | 272 | 275 |
| 279 | 285 | 286 | 300 | 303 | 319 | 322 |     |     |     |

**ETHNICITY:** studies of different ethnic groups or discussions of particular needs amongst minority groups

|     |     |     |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 7   | 8   | 29  | 54  | 81  | 82  | 83  | 87  | 98  | 124 |
| 160 | 175 | 176 | 177 | 181 | 187 | 206 | 218 | 247 | 255 |
| 258 | 259 | 264 | 277 | 289 | 316 | 323 | 340 | 343 | 345 |
| 346 | 347 | 354 | 358 | 373 |     |     |     |     |     |

**FAMILY CARE/CARERS:** studies of the effects of caring for families (including spouse-care), studies of family capacity/willingness to provide care, services for carers

|     |     |     |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 6   | 8   | 12  | 24  | 29  | 34  | 35  | 36  | 44  | 45  |
| 46  | 47  | 54  | 55  | 56  | 57  | 58  | 60  | 61  | 70  |
| 72  | 73  | 80  | 81  | 82  | 83  | 84  | 85  | 86  | 88  |
| 89  | 91  | 94  | 95  | 98  | 99  | 100 | 102 | 109 | 110 |
| 111 | 124 | 126 | 127 | 128 | 130 | 136 | 137 | 140 | 143 |
| 147 | 148 | 149 | 150 | 151 | 152 | 153 | 154 | 155 | 156 |
| 157 | 160 | 162 | 166 | 167 | 173 | 177 | 179 | 183 | 187 |
| 189 | 192 | 193 | 195 | 197 | 199 | 201 | 202 | 205 | 206 |
| 209 | 212 | 213 | 214 | 215 | 216 | 219 | 220 | 221 | 222 |
| 223 | 230 | 231 | 232 | 233 | 236 | 238 | 247 | 248 | 249 |
| 250 | 251 | 253 | 255 | 257 | 258 | 259 | 260 | 264 | 269 |
| 271 | 272 | 273 | 275 | 277 | 279 | 282 | 285 | 289 | 290 |
| 291 | 296 | 297 | 298 | 299 | 300 | 301 | 302 | 303 | 308 |
| 309 | 310 | 311 | 316 | 319 | 320 | 321 | 322 | 323 | 324 |
| 326 | 328 | 329 | 333 | 337 | 339 | 340 | 341 | 343 | 344 |
| 345 | 346 | 347 | 348 | 351 | 352 | 355 | 361 | 365 | 370 |
| 373 | 384 | 386 | 389 |     |     |     |     |     |     |

**HOME CARE SERVICES:** studies of services in general

|     |     |     |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 7   | 8   | 10  | 16  | 17  | 23  | 25  | 29  | 37  | 40  |
| 42  | 54  | 61  | 62  | 78  | 79  | 92  | 93  | 116 | 122 |
| 126 | 138 | 140 | 146 | 148 | 149 | 158 | 161 | 168 | 173 |
| 180 | 181 | 187 | 191 | 195 | 196 | 198 | 207 | 208 | 209 |
| 211 | 213 | 215 | 216 | 231 | 250 | 252 | 253 | 254 | 255 |
| 268 | 274 | 284 | 319 | 331 | 352 | 353 | 354 | 358 | 359 |
| 378 | 388 |     |     |     |     |     |     |     |     |



**HOUSING:** impact on receipt of community care, special housing, sheltered housing

|     |     |     |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 16  | 18  | 54  | 72  | 119 | 158 | 172 | 184 | 188 | 203 |
| 209 | 235 | 237 | 242 | 277 | 289 | 294 | 302 | 349 | 350 |
| 386 |     |     |     |     |     |     |     |     |     |

**INSTITUTIONAL VS COMMUNITY CARE:** the pros and cons of one against the other

|     |     |     |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 15  | 17  | 30  | 31  | 33  | 41  | 67  | 116 | 145 | 162 |
| 182 | 183 | 190 | 194 | 204 | 205 | 227 | 230 | 231 | 235 |
| 244 | 248 | 266 | 281 | 287 | 294 | 304 | 312 | 327 | 349 |
| 350 | 351 | 361 |     |     |     |     |     |     |     |

**POLICY:** discussion/assessment of policies for community care

|     |     |     |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 8   | 15  | 37  | 40  | 41  | 42  | 49  | 63  | 67  | 69  |
| 70  | 76  | 80  | 83  | 92  | 93  | 96  | 99  | 109 | 114 |
| 122 | 124 | 126 | 127 | 131 | 132 | 134 | 135 | 138 | 145 |
| 149 | 151 | 158 | 159 | 163 | 164 | 165 | 167 | 168 | 171 |
| 172 | 173 | 178 | 182 | 187 | 189 | 191 | 193 | 196 | 205 |
| 206 | 207 | 209 | 210 | 211 | 215 | 216 | 218 | 219 | 220 |
| 221 | 222 | 223 | 224 | 228 | 230 | 236 | 243 | 250 | 252 |
| 271 | 279 | 280 | 281 | 284 | 285 | 286 | 290 | 294 | 299 |
| 300 | 302 | 303 | 313 | 319 | 325 | 328 | 332 | 335 | 343 |
| 353 | 354 | 358 | 359 | 361 | 362 | 363 | 364 | 365 | 366 |
| 383 | 384 | 386 |     |     |     |     |     |     |     |

**PROGRAMS/SPECIAL SCHEMES:** to promote community care projects

|     |     |     |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 7   | 9   | 10  | 11  | 21  | 25  | 27  | 28  | 31  | 50  |
| 52  | 58  | 59  | 68  | 69  | 70  | 73  | 75  | 76  | 77  |
| 78  | 94  | 95  | 96  | 103 | 104 | 105 | 120 | 121 | 129 |
| 140 | 150 | 174 | 185 | 194 | 198 | 200 | 224 | 226 | 239 |
| 240 | 243 | 260 | 265 | 267 | 270 | 282 | 284 | 288 | 292 |
| 293 | 314 | 321 | 324 | 336 | 349 | 350 | 356 | 360 | 372 |
| 381 | 382 | 388 | 390 |     |     |     |     |     |     |

**PSYCHOLOGICAL ASPECTS:** includes problems of caring for dementia sufferers and other mentally infirm elderly people

|     |     |     |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 27  | 28  | 67  | 78  | 84  | 91  | 97  | 117 | 125 | 129 |
| 151 | 152 | 153 | 154 | 155 | 156 | 157 | 197 | 201 | 238 |
| 245 | 246 | 259 | 266 | 305 | 309 | 311 | 314 | 317 | 321 |
| 355 | 356 | 371 | 389 |     |     |     |     |     |     |

**RURAL AREAS:** particular patterns/problems for community care

|     |     |     |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 98  | 142 | 180 | 206 | 258 | 268 | 289 | 294 | 310 | 340 |
| 347 | 377 | 378 | 379 |     |     |     |     |     |     |

**SELF HELP:** groups as a form of community care

|     |     |     |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 84  | 129 | 141 | 143 | 157 | 179 | 188 | 229 | 232 | 239 |
| 265 | 296 | 309 | 317 | 334 | 371 | 372 |     |     |     |

**SOURCEBOOKS:** directories, bibliographies, handbooks for carers

|     |     |     |    |     |     |     |     |     |     |
|-----|-----|-----|----|-----|-----|-----|-----|-----|-----|
| 13  | 14  | 19  | 61 | 118 | 169 | 170 | 239 | 240 | 256 |
| 333 | 348 | 357 |    |     |     |     |     |     |     |

**SPECIFIC SERVICES:** for the elderly, e.g. day care, domiciliary care, social work services

|     |     |     |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 7   | 9   | 16  | 19  | 20  | 21  | 26  | 32  | 38  | 43  |
| 48  | 50  | 63  | 66  | 70  | 72  | 80  | 87  | 89  | 98  |
| 100 | 106 | 112 | 113 | 114 | 115 | 117 | 120 | 121 | 125 |
| 130 | 139 | 144 | 155 | 156 | 169 | 170 | 176 | 186 | 189 |
| 192 | 194 | 200 | 209 | 210 | 225 | 234 | 241 | 245 | 249 |
| 261 | 262 | 267 | 269 | 270 | 276 | 282 | 283 | 288 | 289 |
| 295 | 304 | 305 | 314 | 315 | 322 | 323 | 325 | 326 | 335 |
| 338 | 345 | 349 | 355 | 356 | 367 | 368 | 370 | 374 | 375 |
| 376 | 379 | 381 | 382 | 383 | 385 | 391 |     |     |     |

**THEORETICAL CONCERNS:** evaluation of the rationale for community care, 'community' as ideology

|     |     |     |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 90  | 99  | 101 | 104 | 114 | 158 | 160 | 165 | 215 | 216 |
| 217 | 227 | 240 | 283 | 293 | 318 | 322 | 363 | 364 | 366 |
| 368 | 369 | 380 |     |     |     |     |     |     |     |

**VOLUNTEERS/NEIGHBOURS:** as a source of care in the community

|     |     |     |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1   | 2   | 3   | 5   | 22  | 27  | 39  | 50  | 53  | 56  |
| 57  | 81  | 82  | 85  | 89  | 90  | 99  | 136 | 142 | 167 |
| 240 | 254 | 258 | 263 | 277 | 292 | 313 | 348 | 384 | 391 |

**WOMEN:** the particular impact of community care on women as consumers and providers (within the family and as professional carers)

|     |     |     |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 4   | 36  | 44  | 45  | 46  | 47  | 57  | 59  | 80  | 91  |
| 96  | 109 | 123 | 127 | 131 | 132 | 133 | 134 | 135 | 149 |
| 162 | 165 | 166 | 171 | 172 | 175 | 178 | 193 | 201 | 221 |
| 222 | 233 | 246 | 251 | 260 | 271 | 273 | 277 | 290 | 298 |
| 301 | 319 | 330 | 342 | 348 | 355 | 363 | 364 | 365 |     |

## AUTHOR INDEX

(ALL NUMBERS REFER TO RECORD NUMBERS NOT PAGE NUMBERS)

|   |             |
|---|-------------|
| ABRAMS, Philip  | 1, 2, 3     |
| ABU-LABAN, Sharon McIrvin   | 4           |
| ALLAN, Graham   | 5           |
| ALLEN, Isobel   | 6           |
| ALMIND, Gert  | 7           |
| AMANN, Anton  | 8, 280      |
| ANAND, K.B.   | 9           |
| ANDERSON, S.  | 25          |
| ANSAK, Marie-Louise   | 390         |
| APPLEBAUM, Robert   | 10, 11      |
| ARLING, Greg  | 12          |
| AUSTIN, Carol D.  | 10          |
| AUSTRALIA - Department of Community Services  | 13, 14, 278 |
| AUSTRALIA - Parliament - House of<br>Representatives - Standing Committee on<br>Expenditure | 15          |
| AUSTRALIAN BUREAU OF STATISTICS -<br>Queensland Office                                      | 16          |
| AUSTRALIAN COUNCIL ON THE AGEING  | 278         |
| BACH-PETERSON, Julie  | 389         |
| BAKER, Carole   | 121         |
| BALINSKY, Warren  | 17          |
| BAMFORD, Terry  | 18          |
| BANKS, G.   | 19          |
| BARKER, William H.  | 20          |

|  |                     |
|--|---------------------|
| BARRY, Clemmie   | 96                  |
| BASELEY, Peggie  | 21                  |
| BAXTER, Raymond J.   | 11                  |
| BAYLEY, Michael  | 22                  |
| BEAVER, Linda  | 239, 240            |
| BELAND, Francois   | 23                  |
| BELFORD, H.  | 154                 |
| BELL, Judith   | 361                 |
| BENGTSON Vern  | 24                  |
| BERGER, R.M.   | 25                  |
| BERK, Aviva Ancona   | 26                  |
| BERNARD Miriam   | 27, 28              |
| BISSONNETTE, Anna  | 335                 |
| BLOMMESTIJN, Pieter  | 29                  |
| BLOOM, B.S.  | 30                  |
| BLUM, Stephen R.   | 31                  |
| BOLDY, Duncan  | 32, 33              |
| BONNERJEA, Lucy  | 271                 |
| BONSTELLE, Sandra Jean                                     | 34                  |
| BOWLING, Ann   | 35, 36              |
| BOWMAN, Margaret   | 37                  |
| BOYDEN, Peggy G. Koopman -<br>use KOOPMAN-BOYDEN, Peggy G. |                     |
| BRANCH, Laurence G.  | 38, 39, 40, 41, 198 |
| BRENNAN, A.  | 42                  |
| BRETT, N. de - use DE BRETT, N.                            |                     |
| BRIGGS, Anna   | 60                  |
| BROCKLEHURST, J.C.   | 43                  |

|                       |  |
|-----------------------|--|
| BRODY, E.M.           | 44, 45, 46, 47, 233  |
| BRODY, S.J.           | 48   |
| BROWN, C.             | 49   |
| BROWN, D.K.           | 50   |
| BRUBAKER, Timothy H.  | 333  |
| BRYANT, Ellen S.      | 51   |
| BULMER, Martin        | 2, 3   |
| BURR, Michael         | 52   |
| BYTHEWAY, Bill        | 53   |
| CAIRNS, John          | 387  |
| CALDER, Rosemary      | 54   |
| CALLAHAN, James J.    | 11, 55   |
| CAMPBELL, Richard T.  | 330  |
| CANTOR, Marjorie H.   | 56, 57, 58, 59   |
| CANVIN, Reginald      | 33   |
| CARNEY, William F.    | 198  |
| CARO, Francis G.      | 62, 140  |
| CARPENTER, Mike       | 63, 64, 65   |
| CARTER, Jan           | 66, 67   |
| CHALLIS, David        | 68, 69, 70, 71, 72,<br>73, 74, 75, 76, 77,<br>78, 103, 105 |
| CHALMERS, Thomas C.   | 26   |
| CHAPPELL, Neena L.    | 79   |
| CHARLESWORTH, A.      | 80   |
| CHATTERS, Linda M.    | 81, 82   |
| CHESSUM, Rosemary     | 73   |
| CHOW, Nelson Wing-Sun | 83   |

|  |  |
|--|--|
| CHURCH, Mike                                 | 84   |
| CICIRELLI, Victor G.                         | 85, 86   |
| CLARFIELD, A.M.                              | 87   |
| CLARK, Noreen M.                             | 88   |
| CLARKE, Liam                                 | 89   |
| CLARKE, Michael                              | 90   |
| CLOKE, Christopher                           | 61   |
| COAN, Ruth E.                                | 327  |
| COHLER, Bertram J.                           | 91   |
| COLES, Oliver                                | 106  |
| CONNELLY, Naomi                              | 158  |
| COOMBS, Elizabeth                            | 92   |
| COUNCIL OF SOCIAL SERVICE OF NEW SOUTH WALES | 93   |
| CRESCENZI, Caroline                          | 335  |
| CROSBY, Ian                                  | 94,95  |
| CROSSMAN, Linda                              | 96   |
| CURRIE, C.T.                                 | 97   |
| DAATLAND, Svein Olav                         | 98   |
| D'ABBS, Peter                                | 99, 100  |
| DALLEY, Gillian                              | 101  |
| DARTINGTON, Tim                              | 102  |
| DAVEY, J.                                    | 49   |
| DAVIES, Bleddyn                              | 68, 69, 74, 75, 78<br>103, 104, 105,106,<br>107, 108 |
| DAY, Alice T.                                | 109, 110, 111  |
| DAY, Stephen L.                              | 11   |
| DE BRETT, N.                                 | 274  |

|                              |              |
|------------------------------|--------------|
| DE TERRE, Edythe             | 24           |
| DEIMLING, Gary T.            | 291          |
| DENNIS, Deborah L.           | 198          |
| DEVLIN, G.                   | 114          |
| DEXTER, Margaret             | 115          |
| DI GREGORIO, Silvana         | 200          |
| DIAMOND, L.D.                | 55           |
| DIEHR, Paula                 | 38           |
| DOHERTY, Neville             | 185          |
| DOOBOV, Allan                | 116          |
| DOYLE, Brian                 | 117          |
| DUNCAN, Stan                 | 118          |
| DURIE, A.                    | 80           |
| <br>                         |              |
| EARLE, Lorna L.              | 339          |
| EARLE, Leon                  | 119          |
| EDWARDS, Carol               | 120          |
| ERREY, Ruth                  | 121          |
| EUSTIS, Nancy N.             | 122          |
| EVASHWICK, Connie            | 38           |
| EVERS, Helen                 | 123          |
| <br>                         |              |
| FADEL-GIRGIS, Mary           | 124          |
| FALLOON, L.                  | 125          |
| FAMILY POLICY STUDIES CENTRE | 127, 128     |
| FARRIES, John                | 129          |
| FAULKNER, Maree              | 130          |
| FERLIE, Ewan                 | 72, 107, 108 |



|  |                            |
|--|----------------------------|
| FIEGENER, J.J.                                   | 326                        |
| FINCH, Janet                                     | 131, 132, 133, 134,<br>135 |
| FLEISHMAN, R.                                    | 136                        |
| FLEW, Annis                                      | 137                        |
| FORD, Bruce                                      | 138                        |
| FOREMAN, G. Nowland -<br>use NOWLAND-FOREMAN, G. |                            |
| FOX, Sarah                                       | 121                        |
| FRANK, Lisa                                      | 139, 192                   |
| FRANKFATHER, Dwight                              | 140                        |
| FRENKEL, Eleanor R.                              | 321                        |
| FRIEDLANDER, Harriette                           | 141                        |
| FRIEDMAN, S. William                             | 97                         |
| FROLAND, Charles                                 | 142                        |
| FULCOMER, Mark C.                                | 47                         |
| GETZEL, George S.                                | 143, 144                   |
| GIBSON, D.M.                                     | 145, 215, 216              |
| GIBSON, Diane                                    | 146                        |
| GIBSON, Mary Jo                                  | 147, 148, 149, 150,<br>151 |
| GIELE, J.Z.                                      | 55                         |
| GILHOOLY, Mary L.                                | 152                        |
| GILLEARD, C.J.                                   | 153, 154, 155, 156         |
| GILLEARD, E.                                     | 153, 154                   |
| GIRGIS Mary Fadel -<br>use FADEL-GIRGIS, Mary    |                            |
| GLEDHILL, K.                                     | 153, 154                   |
| GLOSSER, Guila                                   | 157                        |

|   |   |
|---|---|
| GOLDBERG, E. Matilda  | 158, 159  |
| GOLDSTEIN, M.C.   | 160   |
| GONYEA, Judith  | 189   |
| GORBACH, Peter  | 120, 238  |
| GRAY, Muir  | 161   |
| GRAYCAR, Adam   | 162, 163, 164, 165<br>166, 167, 168, 209<br>210, 220, 221, 222<br>301 |
| GREAT BRITAIN -<br>Department of Health and Social Security | 169, 170  |
| GREAT BRITAIN -<br>Equal Opportunities Commission           | 171, 172  |
| GREENBERG, Jay N.   | 122   |
| GREENE, Vernon L.   | 173   |
| GRIFFITHS, R.A.   | 174   |
| GROVES, Dulcie  | 131, 132, 133   |
| HAAVIO-MANNILA, Elina                                       | 175   |
| <sup>O</sup><br>HAKANSSON, Stefan                           | 176   |
| HALLADAY, A.  | 49  |
| HANSON, Sandra L.   | 177   |
| HARBERT, Wally  | 115   |
| HARRIS, Robert L.   | 178   |
| HARRISON, Beverly   | 200   |
| HARRISON, Jo  | 165, 209  |
| HARTFORD, Margaret E.                                       | 179   |
| HAYSLIP, Bert   | 180   |
| HEARST, Sue   | 181   |
| HEIST, Maria Madden   | 198   |

|                           |               |
|---------------------------|---------------|
| HEMER, J.M.               | 182, 215, 216 |
| HENRI, Judy               | 183           |
| HEUMANN, L.F.             | 184           |
| HICKS, Barbara            | 185           |
| HILDICK-SMITH, Marion     | 186           |
| HIRSCHFELD, Miriam J.     | 187, 231      |
| HOCHSCHILD, Arlie Russell | 188           |
| HOFFMAN, Sumner           | 335           |
| HOLMAN, Jon               | 68            |
| HOOYMAN, Nancy            | 189           |
| HOWE, Anna L.             | 190, 191, 192 |
| HUDSON, Bob               | 193           |
| HUNT, Paul                | 117           |
| INGMAN, Stanley R.        | 194           |
| ISAACS, Bernard           | 195           |
| ISLES, F.E.               | 246           |
| IVRY, Joann               | 324           |
| JACOBS, P.E.              | 196           |
| JACKSON, James S.         | 81, 82        |
| JAMROZIK, Adam            | 164           |
| JARRETT, William H.       | 197           |
| JETTE, Alan M.            | 38, 39, 198   |
| JOHNSEN, Pauline T.       | 47            |
| JOHNSON, Colleen Leahy    | 199           |
| JOHNSON, Malcolm L.       | 200           |
| JONES, Dee A.             | 201, 202      |

|  |  |
|--|--|
| JONES, Robin Huws                                    | 203                                      |
| KANE, Robert L.                                      | 204                                      |
| KANE, Rosalie A.                                     | 204                                      |
| KARDAS, Halina Worach -<br>use WORACH-KARDAS, Halina |  |
| KAUFMAN, Allan                                       | 205                                      |
| KAVAR-VIDMAR, Andreja                                | 206                                      |
| KAYE, Lenard W.                                      | 207, 208                                 |
| KEDDIE, E.   | 246                                      |
| KEEFE, Kathy   | 328                                      |
| KEENS, Carol   | 209, 210                                 |
| KELLY, Stephen                                       | 292                                      |
| KELMAN, Howard R.                                    | 211                                      |
| KENDIG, Hal  | 212, 213, 214, 215<br>216, 217, 218, 219 |
| KEYES, Barbara                                       | 317                                      |
| KINNEAR, David                                       | 162, 166, 220, 221,<br>222, 223, 301     |
| KISSICK, P.D.  | 30                                       |
| KLEIN, Reva  | 224                                      |
| KNAPP, Martin  | 225, 226                                 |
| KNIGHT, Bob  | 227                                      |
| KOFF, Theodore H.                                    | 228                                      |
| KOHEN, Janet A.                                      | 229                                      |
| KOOPMAN-BOYDEN, Peggy G.                             | 230                                      |
| KRULIK, Tamar  | 231                                      |
| KUH, Diana   | 32                                       |
| KULYS, Regina  | 232, 351                                 |

|  |          |
|--|----------|
| LABAN, Sharon McIrvin Abu -<br>use ABU-LABAN, Sharon McIrvin |          |
| LANG, Abigail M.   | 233      |
| LATTO, Shena   | 234      |
| LAWSON, Ian R.   | 194      |
| LAWTON, M. Powell  | 235      |
| LEE, Gary R.   | 236      |
| LEGGE, Varoe   | 237      |
| LEVIN, E.  | 238      |
| LEWIS, David T.  | 368      |
| LIDOFF, Lorraine   | 239, 240 |
| LINN, Margaret W.  | 336      |
| LITWAK, Eugene   | 241      |
| LIVIERATOS, Barbara B.                                       | 367, 375 |
| LONDON, Cecilia  | 96       |
| LONGINO, Charles F.  | 242      |
| LOVELOCK, Robin  | 243      |
| LUCKETT, Rosemary  | 73       |
| LURIE, A.A.  | 196      |
| MACDONALD, A.J.D.-   | 244      |
| MACE, Nancy  | 245      |
| MACLENNAN, W.J.  | 246      |
| MAEDA, Daisaku   | 247, 323 |
| MAIER, Louis   | 248      |
| MANNILA, Elina Haavio -<br>use HAAVIO-MANNILA, Elina         |          |
| MARKSON, Elizabeth   | 335      |

|                               |          |
|-------------------------------|----------|
| MASCIOCCHI, C.F.              | 48       |
| MCAULEY, William J.           | 12       |
| MCDONNELL, Connie             | 180      |
| MCDUGALL, S.                  | 246      |
| MCKENZIE, Heather             | 249      |
| MEANS, Robin                  | 250      |
| MELVILLE, Joy                 | 251      |
| MIDWINTER, Eric               | 252      |
| MILLER, Dorothy A.            | 253      |
| MILLER, Nick                  | 254      |
| MINDEL, Charles               | 255      |
| MINKLER, Meredith             | 31       |
| MISSIAKOULIS, Spyros          | 225      |
| MOBLEY, G. Melton             | 327      |
| MONTEFIORE HOMES FOR THE AGED | 256      |
| MONTGOMERY, Rhonda            | 189      |
| MOON, Marilyn                 | 257      |
| MOORE, James T.               | 97       |
| MORRIS, John N.               | 258      |
| MORRIS, R.                    | 55       |
| MORYCZ, Richard K.            | 259      |
| MOUNTJOY, C.Q.                | 305      |
| MULLENDER, Audrey             | 260      |
| MURPHY, Elaine                | 261      |
| MURRAY, Nicholas              | 262, 263 |
| MUTRAN, Elizabeth             | 264      |
| MYLES, Helen                  | 265      |
| MYLLYLUOMA, Jaana             | 329      |

|                                       |               |
|---------------------------------------|---------------|
| NARDONE, Maryann                      | 266           |
| NEILL, Stella M.                      | 267           |
| NEW SOUTH WALES COUNCIL ON THE AGEING | 118, 268      |
| NEWMAN, Evelyn S.                     | 269, 321      |
| NEWTON, Sue                           | 270           |
| NISSELL, Muriel                       | 271, 272, 273 |
| NOGUCHI, N.                           | 323           |
| NOWLAND-FOREMAN, G.                   | 274           |
| NYDEGGER, Corinne N.                  | 275           |
| O'BRIEN, Carole Lium                  | 276           |
| O'BRYANT, Shirley L.                  | 277           |
| ODELL, Barbara G.                     | 368           |
| OKAMOTO, T.                           | 323           |
| OKTAY, Julianne S.                    | 284           |
| OLIVER, Judith                        | 60, 279       |
| OLTMAN, Ruth M.                       | 180           |
| OPIT, Lou                             | 281           |
| OSMOLSKI, R.                          | 9             |
| PACKWOOD, T.                          | 282           |
| PADULA, Helen                         | 283           |
| PAGE, Jennifer                        | 192           |
| PALEY, John                           | 64, 65        |
| PALLEY, Howard A.                     | 284           |
| PARKER, Gillian                       | 285           |
| PARKER, Roy                           | 286           |

|  |                                     |
|--|-------------------------------------|
| PARSONS, Rebecca                                   | 179                                 |
| PATTEN, Sharon K.                                  | 122                                 |
| PEACOCK Barbara                                    | 309                                 |
| PEGELS, C. Carl                                    | 287                                 |
| PELLEGRINO, Julius                                 | 375                                 |
| PERDUE, Joanne                                     | 288                                 |
| PERLMAN, Robert                                    | 126                                 |
| PETERSON, Julie Bach -<br>use BACH-PETERSON, Julie |                                     |
| PIOTROWSKI, Jerzy                                  | 289                                 |
| POLANSKY, Marcia                                   | 38                                  |
| POPAY, Jennie                                      | 290                                 |
| POULSHOCK, S. Walter                               | 291, 352                            |
| POWER, Michael                                     | 292                                 |
| QURESHI, Hazel                                     | 293                                 |
| RADFORD, Anthony J.                                | 294                                 |
| RAISZ, Helen                                       | 185                                 |
| RAKOWSKI, William                                  | 88                                  |
| REED, Wornie L.                                    | 295                                 |
| REEVER, Karen E.                                   | 389                                 |
| RICE, Anne   | 296                                 |
| RITTER, Mary Lou                                   | 180                                 |
| ROBIN, Jean  | 297                                 |
| ROGERSON, Barbara                                  | 298                                 |
| ROSS, J.L.   | 160                                 |
| ROSSITER, Chris                                    | 223, 290, 299, 300<br>301, 302, 303 |



|                         |                                      |
|-------------------------|--------------------------------------|
| ROSSMAN, Isadore        | 304                                  |
| ROTH, M.                | 305                                  |
| ROWE, Genevieve         | 38                                   |
| ROWLAND, D.T.           | 145, 214, 215, 216,<br>306, 307, 308 |
| ROWLINGS, Chloe         | 309                                  |
| RUSSELL, B.             | 310                                  |
| SAFFORD, Florence       | 311                                  |
| SAGER, Alan Peter       | 312, 313                             |
| SANDS, Don              | 314                                  |
| SANDY, Geoffrey A.      | 315                                  |
| SARANTAKOS, S.          | 316                                  |
| SAUER, William J.       | 177                                  |
| SAWYER, Lucianne        | 361                                  |
| SCHMIDT, Gregory L.     | 317                                  |
| SCHMIDT, Mary Gwynne    | 318                                  |
| SCHORR, Alvin           | 319                                  |
| SCHULER, S.             | 160                                  |
| SEELBACH, Wayne C.      | 177                                  |
| SEGAL, Joan             | 185                                  |
| SEIDL, Frederick W.     | 10                                   |
| SELTZER, Marsha Mailick | 324                                  |
| SHANAS, Ethel           | 320                                  |
| SHARMA, Mahesh          | 330                                  |
| SHERMAN, Susan R.       | 269, 321                             |
| SHERWOOD, David Allen   | 322                                  |
| SHERWOOD, Sylvia        | 258                                  |

|                       |               |
|-----------------------|---------------|
| SHIMIZU, Y.           | 323           |
| SHMUELI, A.           | 136           |
| SIMMONS, Kathryn H.   | 324           |
| SINCLAIR, I.          | 238           |
| SINCLAIRE, Ian        | 120           |
| SINNETT, Peter        | 164, 325      |
| SIVELY, J.P.          | 326           |
| SKELLIE, F. Albert    | 327           |
| SMITH, Michael J.     | 140           |
| SMITH, Randall        | 250           |
| SNELL, Martin         | 387           |
| SNOPE, Frank C.       | 341           |
| SNYDER, Barbara       | 328           |
| SOLDO, Beth J.        | 329, 330, 331 |
| SOMERS, Anne R.       | 332           |
| SPRINGER, Dianne      | 333           |
| STABLER, Nora         | 334           |
| STADEN, Frances       | 210           |
| STEEL, Knight         | 335           |
| STEIN, Shayna R.      | 336           |
| STEINHAUER, M.B.      | 337           |
| STEVENSON, Olive      | 338           |
| STOLLER, Eleanor Palo | 339           |
| STRONG, Catherine     | 340           |
| STUART, Marian R.     | 341           |
| STUART, Neil          | 41            |
| SUNDSTRÖM, Gerdt      | 342, 343      |
| SWAIN, Cherry         | 344           |

|  |                            |
|--|----------------------------|
| SZEBEN, Eva  | 345                        |
| TAYLOR, Robert Joseph                                | 81, 82, 346                |
| TEPEROGLOU, Aphrodite                                | 347                        |
| TERRE, Edythe de<br>use DE TERRE, Edythe             |                            |
| THOMAS, J.H.   | 9                          |
| THOMPSON, Catharine                                  | 348                        |
| TINKER, Anthea                                       | 349, 350                   |
| TOBIN, Sheldon S.                                    | 232, 351                   |
| TOWNSEND, Aloen L.                                   | 352                        |
| TRAGER, Brahna                                       | 353, 354                   |
| TRETHEWEY, Jenny                                     | 355, 356                   |
| TROCCHIO, Julie                                      | 357                        |
| TUCKER, J.S.   | 43                         |
| ULDALL-HANSEN, Birgitte                              | 358                        |
| VETTER, Norman J.                                    | 201, 202                   |
| VICTORIAN COUNCIL ON THE AGEING                      | 359                        |
| VIDMAR, Andreja Kavar -<br>use KAVAR-VIDMAR, Andreja |                            |
| VILNER, David  | 360                        |
| WADE, Barbara  | 361                        |
| WALKER, Alan   | 362, 363, 364, 365,<br>366 |
| WALKER, Deborah Lower                                | 227                        |
| WAN, Thomas T.H.                                     | 367, 368, 375              |

|                       |               |
|-----------------------|---------------|
| WARD, Russell A.      | 369           |
| WARE, Paul            | 370           |
| WARSHAW, Gregg A.     | 97            |
| WASOW, Mona           | 371           |
| WASSERMAN, Audrey     | 372           |
| WEBSTER, Ian          | 164           |
| WEIHL, Hannah         | 373           |
| WEILER, Philip G.     | 374           |
| WEINER, Audrey S.     | 336           |
| WEISSERT, William G.  | 367, 375, 376 |
| WENGER, G. Clare      | 377, 378, 379 |
| WENTZEL, Richard A.   | 198           |
| WEST, Doris           | 240           |
| WEST, Patrick         | 380           |
| WHITTICK, J.E.        | 153, 154      |
| WICKS, Malcolm        | 299, 300      |
| WILCOCK, Gordon       | 161, 174      |
| WILKIN, D.            | 80            |
| WILLIAMS, C.          | 381, 382      |
| WILLIAMS, R.G.A.      | 383           |
| WILLMOTT, Peter       | 384           |
| WOLFE, Barbara        | 385           |
| WORACH-KARDAS, Halina | 386           |
| WRIGHT, Ken           | 387           |
| WRIGHT, R.            | 255           |
| YOUNG, Pat            | 388           |

|                   |     |
|-------------------|-----|
| ZARIT, Steven H.  | 389 |
| ZAWADSKI, Rick T. | 390 |
| ZWICK, Daniel I.  | 391 |



## **PUBLICATIONS LIST**

### **SWRC Reports and Proceedings**

- No. 1 J. Moller (ed.), **Data for Welfare Decision Making**, September 1980, 51 pp. \$4
- No. 2 Peter Saunders (ed.), **The Poverty Line: Methodology and Measurement**, October 1980, 54 pp. \$4
- No. 3 Michael Morrissey and Andrew Jakubowicz, **Migrants and Occupational Health: A Report**, November 1980, 92 pp. \$4
- No. 4 Jan Carter, **States of Confusion: Australian Policies and the Elderly Confused**, January 1981, 50 pp. \$4
- No. 5 Adam Graycar and David Kinnear, **The Aged and the State: A Working Paper**, Revised edition, September 1982, 119 pp. \$4
- No. 6 Michael Liffman, **Immigrant Welfare: A Research Perspective**, April 1981, 40 pp. \$4
- No. 7 Bettina Cass, **Unemployment and the Family: The Social Impact of the Restructuring of the Australian Labour Market**, April 1981, 55 pp. \$4
- No. 8 Adam Jamrozik and Marilyn Hoey, **Workforce in Transition: Implications for Welfare**, May 1981, 74 pp. \$4
- No. 9 Robert V. Horn, **Fiscal Welfare Effects of Changes in Australian Income Tax, 1972-73 to 1980-81**, May 1981, 59 pp. \$4
- No.10 Concetta Benn, **The Developmental Approach: Demonstration Programs in the Brotherhood of St. Laurence**, May 1981, 20 pp. NO LONGER AVAILABLE
- No.11 Bettina Cass (ed.), **Unemployment: Causes, Consequences and Policy Implications**, August 1981, 72 pp. \$4
- No.12 Adam Jamrozik and Robin Beck, **Worker Co-operatives: An Evaluative Study of the New South Wales Worker Co-operative Programme**, August 1981, 178 pp. \$4
- No.13 Robert V. Horn, **Extra Costs of Disablement: Background for an Australian Study**, September 1981, 25 pp. \$4
- No.14 P. R. Kaim-Caudle, **Cross National Comparisons of Social Services Pensions for the Elderly**, September 1981, 47 pp. \$4
- No.15 Adam Jamrozik, Marilyn Hoey, Marilyn Leeds, **Employment Benefits: Private or Public Welfare?**, November 1981, 138 pp. \$4
- No.16 Linda Rosenman, **Widowhood and Social Welfare Policy in Australia**, January 1982, 75 pp. \$4
- No.17 Adam Graycar and Wendy Silver, **Funding of Non-Government Welfare: Agencies Serving Disabled People in Western Australia**, January 1982, 89 pp. \$4
- No.18 Vivienne Milligan and Margaret McAllister, **Housing and Local Government: An Evaluation of the Waverley Community Housing Officer Project**, February 1982, 109 pp. \$4
- No.19 Tania Sweeney and Adam Jamrozik, **Services for Young Children: Welfare Service or Social Parenthood?**, March 1982, 144 pp. \$4
- No.20 Adam Graycar (ed.), **Aged Care - Whose Responsibility?**, March 1982, 49 pp. \$4

- No.21 Bettina Cass, **Family Policies in Australia: Contest over the Social Wage**, May 1982, 41 pp. \$4
- No.22 Tania Sweeney, **An Analysis of Federal Funding of Children's Services - A Sourcebook**, May 1982, 62 pp. \$4
- No.23 David Kinnear and Adam Graycar, **Family Care of Elderly People: Australian Perspectives**, May 1982, 63 pp. NO LONGER AVAILABLE
- No.24 Carol Keens and Bettina Cass, **Fiscal Welfare: Some Aspects of Australian Tax Policy. Class and Gender Considerations**, September 1982, 55 pp. \$4
- No.25 Jill Hardwick and Adam Graycar, **Volunteers in Non-Government Welfare Organisations in Australia: A Working Paper**, September 1982, 41 pp. \$4
- No.26 Robert Pinker, **Theory, Ideology and Social Policy**, October 1982, 23 pp. \$4
- No.27 Adam Jamrozik and Marilyn Hoey, **Dynamic Labour Market or Work on the Wane? Trends in the Australian Labour Force 1966-1981**, December 1982, 100 pp. \$4
- No.28 Adam Graycar, **Government Officers' Expectations of Non-Government Welfare Organisations: A Discussion Paper**, December 1982, 93 pp. \$4
- No.29 Jan Carter, **Protection to Prevention: Child Welfare Policies**, January 1983, 76 pp. \$4
- No.30 Peter Travers, **Unemployment and Life-History: A Pilot Study**, June 1983, 75 pp. \$4
- No.31 Jo Jarrah (ed.), **53rd ANZAAS Congress: SWRC Papers**, June 1983, 118 pp. \$4
- No.32 Andrew Jones, **Selectivity in Children's Services Policy**, June 1983, 68 pp. \$4
- No.33 Ian Scott and Adam Graycar, **Aspects of Fiscal Federalism and Social Welfare**, July 1983, 80 pp. \$4
- No.34 Jo Jarrah (ed.), **Child Welfare: Current Issues and Future Directions**, July 1983, 89 pp. \$4
- No.35 Carol Keens, Frances Staden and Adam Graycar, **Options for Independence: Australian Home Help Policies for Elderly People**, December 1983, 119 pp. \$4
- No.36 Diana Encel and Pauline Garde, **Unemployment in Australia: An Annotated Bibliography, 1978-83**, January 1984, 152 pp. \$4
- No.37 Stuart Rees and Anneke Emerson, **Disabled Children, Disabling Practices**, January 1984, 129 pp. \$4
- No.38 Chris Rossiter, David Kinnear and Adam Graycar, **Family Care of Elderly People: 1983 Survey Results**, January 1984, 100 pp. \$4
- No.39 Randall Smith, **Meals on Wheels in New South Wales: A Discussion Paper**, March 1984, 48 pp. \$4
- No.40 Bettina Cass and Mary Ann O'Loughlin, **Social Policies for Single Parent Families in Australia: An Analysis and a Comparison with Sweden**, March 1984, 86 pp. \$4
- No.41 Adam Graycar (ed.), **Accommodation After Retirement**, April 1984, 51 pp. \$4
- No.42 Linda Rosenman and Marilyn Leeds, **Women and the Australian Retirement Age Income System**, April 1984, 102 pp. \$4
- No.43 Ian Manning, **Measuring the Costs of Living of Australian Families**, April 1984, 70 pp. \$4
- No.44 Tania Sweeney and Adam Jamrozik, **Perspectives in Child Care: Experiences of Parents and Service Providers**, April 1984, 201 pp. \$4



- No.45 **Ann Harding, Who Benefits?: The Australian Welfare State and Redistribution**, April 1984, 147 pp. \$4
- No.46 **Andrew Jakubowicz, Michael Morrissey and Joanne Palser, Ethnicity, Class and Social Policy in Australia**, May 1984, 125 pp. \$4
- No.47 **Rosemary Hooke (ed.), 54th ANZAAS Congress: SWRC Papers**, June 1984, 231 pp. \$4
- No.48 **Graeme Brewer, The Experience of Unemployment in Three Victorian Regions**, August 1984, 103 pp. \$4
- No.49 **Ugo Ascoli, Analysis of the Italian Welfare State: Some Implications for Current Australian Issues**, August 1984, 58 pp. \$4
- No.50 **Chris Rossiter, Family Care of Elderly People: Policy Issues**, December 1984, 83 pp. \$4
- No.51 **Vivienne Milligan, Jill Hardwick and Adam Graycar, Non-Government Welfare Organisations in Australia: A National Classification**, December 1984, 189 pp. \$4
- No.52 **Richard Chisholm, Black Children, White Welfare? Aboriginal Child Welfare Law and Policy in New South Wales**, April 1985, 150 pp. \$4
- No.53 **Bruce Bradbury, Pauline Garde and Joan Vipond, Bearing the Burden of Unemployment - Unequally. A Study of Australian Households in 1981**, August 1985, 102 pp. \$4
- No.54 **Adam Jamrozik (ed.), Issues in Social Welfare Policy 1985: Perceptions, Concepts and Practice (SWRC Papers at ASPAA and ANZAAS)**, September 1985, 149 pp. \$4
- No.55 **Adam Jamrozik (ed.), Income Distribution, Taxation and Social Security: Issues of Current Concern**, January 1986, 150 pp. \$4
- No.56 **Bruce Bradbury, Chris Rossiter and Joan Vipond, Poverty, Before and After Paying for Housing**, February 1986, 101 pp. \$4
- No.57 **Adam Jamrozik, Sarah Drury and Tania Sweeney, Innovation and Change in the Child and Family Welfare System**, February 1986, 139 pp. \$4
- No.58 **Diana Encel, Unemployment in Australia: An Annotated Bibliography, 1980-85**, March 1986, 225 pp. \$4
- No.59 **Ruth Errey, Carole Baker and Sarah Fox, Community Care of the Aged: A Working Model of a Needs-Based Assessment Unit**, May 1986, 139 pp. \$4
- No.60 **Adam Jamrozik (ed.), Provision of Welfare Services to Immigrants (Proceedings of SWRC Seminar, 26 May 1986)**, July 1986, 80 pp. \$5
- No.61 **Adam Jamrozik (ed.), Social Security and Family Welfare: Directions and Options Ahead (Proceedings of SWRC Seminar, held in Adelaide, 4 July 1986)**, July 1986, 140 pp. \$5
- No.62 **Jan Carter, In Debt and Out of Work**, August 1986, 39 pp. \$5
- No.63 **Don Stewart, Workers' Compensation and Social Security: An Overview**, November 1986, 179 pp. \$5
- No.64 **David Wiles, Living on the Age Pension: A Survey Report**, June 1987, 108 pp. \$5
- No.65 **Peter Saunders and Adam Jamrozik (eds), Social Welfare in the Late 1980s: Reform, Progress, or Retreat? (Proceedings of a conference held in Perth, Western Australia, on 27-28 March)**, June 1987, 180 pp. \$5

- No.66 Jill Hardwick, Jenny James and Fiona Brown, **Accommodation, Employment Policies and Services for People with Disabilities**, October 1987, 130 pp. \$5
- No.67 Peter Saunders (ed.), **Redistribution and the Welfare State: Estimating the Effects of Government Benefits and Taxes on Household Income**. (Proceedings of a Workshop held at the University of New South Wales on 13 May 1987), August 1987, 77pp. \$5.
- No.68 Sara Graham, **The Extra Costs Borne by Families Who Have a Child with a Disability**, September 1987, 146 pp. \$5
- No.69 Peter Saunders and Peter Whiteford, **Ending Child Poverty: An Assessment of the Government's Family Package**, December 1987, 86 pp. \$5
- No.70 Peter Saunders and Adam Jamrozik (eds), **Community Services in a Changing Economic and Social Environment**, December 1987, 165 pp. \$5
- No.71 Caroline Alcorso, **Migrant Workers and Workers' Compensation in New South Wales**, March 1988. 168 pp. \$5
- No.72 Bruce Bradbury, Diana Encel, Jenny James and Joan Vipond, **Poverty and the Workforce**, March 1988. 125 pp. \$5
- No.73 Donald Chandraratna and Michael Cummins, **Ethnicity and Ageing: The Anglo Asian Experience**, June 1988, 61 pp. \$5
- No.74 Elizabeth Dean, Cathy Boland and Adam Jamrozik, **Neighbourhood Houses in Tasmania: A Study in Community Development and Self-Help**, July 1988, 88pp. \$5
- No.75 Peter Saunders and Adam Jamrozik, **Community Services Policy: Economic and Social Implications**, (Proceedings of a conference held in Hobart, Tasmania, 27 May 1988), August 1988, 89pp. \$5
- No.76 Sara Graham and Peter Whiteford (eds), **Support and Services for People with Disabilities** (Proceedings of SWRC Conference held in Sydney, 23 September 1988), February 1989, 55 pp. \$5
- No.77 Alan Jordan, **Of Good Character and Deserving of a Pension**, March 1989, 64 pp. \$5
- No.78 Peter Saunders and Adam Jamrozik (eds), **Social Policy and Inequality in Australia and New Zealand** (Proceedings of a Joint Conference with the New Zealand Planning Council, held in Wellington, New Zealand, 10-11 November 1988), September 1989, 194 pp. \$5
- No.79 Peter Saunders and Adam Jamrozik (eds), **Social Policy in Australia: What Future for the Welfare State?**, (Proceedings of National Social Policy Conference, Sydney, 5-7 July 1989), Volume 1: Plenary Sessions, November 1989, 111 pp. \$5

## SWRC REPRINTS

- No. 1 Adam Graycar, 'Experimentation and the Welfare State' from: **Social Policy and Administration** Vol. 14, No. 3, 1980, 21 pp. \$2
- No. 2 Bettina Cass and Kris Pedler, 'Where are They Hiding the Unemployed?' from: **Australian Social Welfare - Impact**, November 1980, 27 pp. \$2
- No. 3 Bettina Cass, 'Housing and the Family' from: **Home Ownership in Australia: A Perspective for Future Policies**, Housing Industry Association Seminar Proceedings, 1980, 14 pp. \$2
- No. 4 Robert V. Horn, 'Social Indicators: Meaning, Methods & Applications' from: **International Journal of Social Economics**, Vol. 7, 1980, 39 pp. \$2

- No. 5 Bettina Cass, Carol Keens and Jerry Moller, 'Family Policy Halloween; Family Allowances: Trick or Treat?' from: **Australian Quarterly**, Vol. 53, No. 1, Autumn 1981, 17 pp. \$2
- No. 6 Adam Graycar, 'Review Article: Australia's Social Wage' from: **Social Policy and Administration**, Vol. 15, No. 1, 1981, 4 pp. \$2
- No. 7 Adam Graycar, 'Ageing in Australia: A Pointer to Political Dilemmas' from: **Australian Quarterly**, Vol. 53, No. 3, Spring 1981, 20 pp. \$2
- No. 8 Bettina Cass, 'Wages, Women and Children' from: R. F. Henderson (ed.), **The Welfare Stakes**, IAESR 1981, 38 pp. \$2
- No. 9 Adam Graycar 'Social and Political Constraints' from: R. F. Henderson (ed.), **The Welfare Stakes**, IAESR 1981, 40 pp. \$2
- No.10 Adam Graycar and Wendy Silver, 'Funding Agencies' from: **Australian Social Welfare - Impact**, March 1982, 4 pp. \$2
- No.11 Adam Graycar, 'Health and Social Policy', Ian Webster, 'What are the Needs of the Community?' from: **Priorities in Health Care**, UNSW Occasional Papers No. 7, 1982, 6 pp. \$2
- No.12 Tania Sweeney, 'Review Article: Studies of Childhood and Children's Services' from: **Australian and New Zealand Journal of Sociology**, Vol. 17, No. 2, July 1981, 5 pp. \$2
- No.13 Adam Graycar and Wendy Silver, 'Agencies, Services and Government Funding' from: **Australian Rehabilitation Review**, Vol. 6, No. 3, 1982, 5 pp. \$2
- No.14 Bettina Cass, 'Taxation and Social Policy' from: **Taxation Reform**, UNSW Occasional Papers No. 8, 1983, 17 pp. \$2
- No.15 Diana Wyndham, 'Why Study Working Mothers and Ignore Working Fathers? The Impact of Parental Employment on Children' from: **The Australian Quarterly**, Vol. 55, No. 1, Autumn 1983, 8 pp. \$2
- No.16 Adam Jamrozik, 'Evaluation in Welfare: Specific Means for Uncertain Ends' from: **Developments in Australian Evaluation Research and Practice**, Proceedings of the first National Evaluation Conference, August 1982, 43 pp. \$2
- No.17 Jerry Moller and Adam Graycar, 'An Eye for Evaluation' from: **Administration in Social Work**, Vol. 2, Summer 1983, 9 pp. \$2
- No.18 Adam Graycar, 'Informal, Voluntary and Statutory Services: The Complex Relationship' from: **The British Journal of Social Work**, Vol. 13, No. 4, August 1983, 15 pp. \$2
- No.19 Jo Harrison, 'Women and Ageing: Experience and Implications' from: **Ageing and Society**, Vol. 3, Part 2, July 1983, 27 pp. \$2
- No.20 Bettina Cass, 'Poverty and Children: the effects of the recession' from: **Social Alternatives, Australian Social Welfare: Impact and New Doctor**, Joint Issue September/October 1983, 5 pp. \$2
- No.21 C. Keens, J. Harrison and A. Graycar, 'Ageing and Community Care' from: **Social Alternatives, Australian Social Welfare: Impact and New Doctor**, Joint Issue September/October 1983, 4 pp. \$2
- No.22 David Kinnear and Adam Graycar, 'Ageing and Family Dependency' from: **Australian Journal of Social Issues**, Vol. 19, No. 1, February 1984, 14 pp. \$2
- No.23 Adam Graycar and Jo Harrison, 'Ageing Populations and Social Care: Policy Issues' from: **Australian Journal of Ageing**, Vol. 3, No. 2, May 1984, 7 pp. \$2

- No.24 Adam Graycar, 'Non-Government Welfare Organisations in Australia: Preliminary results from a national sample survey' from: **Journal of Voluntary Action Research**, Vol. 13, No. 3, July-September 1984, 9 pp. \$2
- No.25 Marilyn Leeds, 'Dependent Wives: can we improve their income security in old age?' from: **Australian Journal on Ageing**, Vol. 3, No. 4, November 1984, 9 pp. \$2
- No.26 Adam Graycar, 'Role and Effectiveness of Voluntary Agencies in Aged Care', from: **Today as a Foundation for Tomorrow**, Proceedings of the Uniting Church National Aged Care Conference, August 1984, 4 pp. \$2
- No.27 Adam Graycar, 'Accommodation Options for the Elderly', from: **Planning for Care in an Ageing Australia**, Proceedings of Anglican Retirement Villages Jubilee Seminar, October 1984, 17 pp. \$2
- No.28 Bruce Bradbury, Chris Rossiter and Joan Vipond, 'Housing Costs and Poverty' from: **Australian Quarterly**, Autumn, 1986, 13 pp. \$2
- No.29 Loucas Nicolaou, 'A Working Paper on Class, Ethnicity and Gender; Implications for Immigrants' Position in Union Structures' from: **The Ethnic Affairs Commission of NSW**, Occasional Papers No. 10, February 1986, 32 pp. \$2
- No.30 Chris Rossiter, 'Housing Tenure and Costs of Older Australians: Gender Issues' from: **Australian Journal on Ageing**, Vol. 5, No. 2, May 1986, 9 pp. \$2
- No.31 Bruce Bradbury and Joan Vipond, 'Poverty and Pensions' from: **Australian Journal on Ageing**, Vol. 5, No. 2, May 1986, 10 pp. \$2
- No.32 Bruce Bradbury, Pauline Garde and Joan Vipond, 'Youth Unemployment and Intergenerational Immobility' from: **The Journal of Industrial Relations**, Vol 28, No.2, June 1986, 20 pp. \$2
- No.33 Loucas Nicolaou, 'Why Immigrants are Isolated in Australian Unions', from: **Migration Action**, Vol. VII, No. 2, 3 pp.; Loucas Nicolaou, 'Immigrant Workers' Representation in Union Structures: The Case in New South Wales - A Summary', from: **Labor Council of NSW 1986 Directory**, 3 pp. \$2
- No.34 Peter Saunders, 'Measuring the Size and Growth of the Public Sector in Australia' Published in **Restraining Leviathan: Small Government in Practice**, September 1987. \$2
- No.35 Peter Saunders, 'Public expenditure and economic performance in OECD countries' **Journal of Public Policy**, Vol. 5, No. 1, pp 1-21 February, 1985. \$2
- No.36 Peter Saunders, 'What can we learn from International Comparisons of Public Sector Size and Economic Performance' **European Sociological Review**, Vol. 2, No. 1, May 1986 pp 52-60. \$2
- No.37 Peter Whiteford, 'Work Incentive Experiments in the USA and Canada', **Social Security Journal**, June 1981 pp 27-44. \$2
- No.38 Peter Whiteford, 'The Earned Incomes of the Unemployed', **Social Security Journal**, December, 1982, pp 34-43. \$2
- No.39 Peter Whiteford, 'A Family's Need's: Equivalence Scales and Social Security', **Social Security Review**, December 1983, pp 54-61. \$2
- No.40 Peter Whiteford 'The Costs of Kids', **Australian Society** July 1986, pp 19-22. \$2
- No.41 Bruce Bradbury, Chris Rossiter and Joan Vipond, 'Housing and Poverty in Australia', **Urban Studies** 24, 1987 pp 95-102. \$2
- No.42 David Wiles, 'Grey What?': Pensioner Perceptions of Grey Power', **Australian Journal on Ageing**, Vol. 6, No. 3, August 1987, 99, pp 10-13. \$2

- No.43 Rodney Smith and Michael Wearing, 'Do Australians Want the Welfare State?', **Politics**, 22,2, November 1987, pp 55-65. \$2
- No.44 Joan Vipond, Bruce Bradbury and Diana Encel, 'Unemployment and Poverty: Measures of Association' **Australian Bulletin of Labour**, Vol. 13, No. 3, June 1987, pp 179-191. \$2
- No.45 Peter Saunders, 'An Agenda for Social Security in the Years Ahead', **Australian Journal of Social Issues**, Vol. 22, No. 2, May 1987, pp. 409-423. \$2
- No.46 Peter Whiteford, 'Unemployment and Families', **Australian Bulletin of Labour**, Vol. 14, No. 1, December 1987, pp. 338-357. \$2
- No.47 Peter Saunders and Garry Hobbes, 'Income Inequality in Australia in an International Comparative Perspective', **The Australian Economic Review**, 3rd Quarter 1988, pp. 26-34. \$2
- No.48 Russell Ross, 'The Labour Market Position of Aboriginal People in Non-Metropolitan New South Wales', **Australian Bulletin of Labour**, Vol. 15, No. 1, December 1988, pp. 29-56. \$2
- No.49 Peter Whiteford, 'Taxation and Social Security: An Overview', **Australian Tax Forum**, Vol. 6, No. 1, 1989, 39 pp. \$2
- No.50 Peter Saunders, 'Can Hawke's Child Poverty Pledge Ever be Achieved?', An Address given at the 'Fair Share' Conference in Sydney, 4 April 1989, **Impact**, ACOSS, Special Child Poverty Issue, Vol. 19, No. 3, April/May 1989. \$2
- No.51 Peter Saunders, Bruce Bradbury and Peter Whiteford, 'Unemployment Benefit Replacement Rates', **Australian Bulletin of Labour**, Vol. 15, No. 3, June 1989. \$2
- No.52 Bruce Bradbury, 'Family Size Equivalence Scales and Survey Evaluations of Income and Well-Being', **Journal of Social Policy**, Vol. 18, Part 3, July 1989. \$2
- No. 53 Peter Saunders, 'Explaining International Differences in Public Expenditure: An Empirical Study', **Public Finance**, (International quarterly journal founded by J. A. Monod de Froideville), Volume XXXXIII, Number 2/1988. \$2
- No. 54 Peter Whiteford, Bruce Bradbury and Peter Saunders, 'Poverty Traps in the Australian Social Security System', **Economic Analysis and Policy**, Vol. 19, No. 1, March 1989. \$2

## **SWRC RESEARCH RESOURCE SERIES**

- No. 1 Diana Encel, **Guide to the Publications of the Social Welfare Research Centre**, April 1987, 117 pp. \$5
- No. 2 Lynn Sitsky, **Community Care of the Elderly: An Annotated Bibliography 1980-85**, April 1987, 167 pp. \$5
- No. 3 Diana Encel, **Poverty and Aspects of Inequality in Australia: An Annotated Bibliography, 1963-1987**, July 1988, 174 pp. \$5
- No. 4 Lynn Sitsky, **The Interaction Between the Australian Taxation and Social Security Systems: An Annotated Bibliography**, August 1989, 125 pp. \$5
- No. 5 Lynn Sitsky, Sara Graham and Michael Fine, **Community Support Services for People with Disabilities and Frail Elderly People**, September 1989, 104 pp. \$5
- No. 6 Diana Encel, **Unemployment in Australia: An Annotated Bibliography, 1983-1988**, September 1989, 117 pp. \$5

## OTHER PUBLICATIONS

- **1985 and 1986 Diary of Social Legislation and Policy** (National Institute of Economic and Industry Research, University of Melbourne; Australian Institute of Family Studies, Melbourne; Social Welfare Research Centre, UNSW). Free
- **1984 Diary of Social Legislation and Policy** (National Institute of Economic and Industry Research, University of Melbourne; Australian Institute of Family Studies, Melbourne; Social Welfare Research Centre, UNSW). Free
- **1983 Diary of Social Legislation and Policy** (Institute of Applied Economic and Social Research, University of Melbourne; Institute of Family Studies, Melbourne; Social Welfare Research Centre, UNSW). Free
- **1980, 1981 and 1982 Diary of Social Legislation and Policy** (Institute of Applied Economic and Social Research, University of Melbourne; Institute of Family Studies, Melbourne; Social Welfare Research Centre, UNSW). Free
- Denise Young and Adam Jamrozik, **Community Groups in Action for Change**. Free
- Back copies of **SWRC Newsletter**. Free
- Adam Jamrozik, **Community Resources as a Component of the Social Wage: Implications for Youth Services** (Conference Paper). Free
- Tania Sweeney, **Child Care: The Question of Need** (Conference Paper). Free
- Adam Jamrozik and Tania Sweeney, **SWRC Papers given at Sixth International Congress on Child Abuse and Neglect**, Sydney, August 1986. Free
- **The Viability of the Welfare State**, Presented at the Conference on The Distribution of Income and Wealth in New Zealand, The New Zealand Planning Council, Wellington, 27-27 July 1987. Free
- **Evaluation of Research in Social Policy/Social Welfare: Is It Needed? Is It Feasible?**, Presented at the National Evaluation Conference, Australasian Evaluation Society, Canberra, 29-30 July 1987. Free
- **The Family and Social Change**, Presented at the Conference of the National Association of Community Legal Centres, Hobart, 7-10 August 1987. Free