Ageing and Society, **18**, 1998, 111–126. Printed in the United Kingdom

Reviews

Ray Forrest, Philip Leather and Christina Pontazis, *Home Ownership in Old Age: The Future of Owner Occupation in an Ageing Society*, Anchor Trust, Oxford, 1997, 38 pp., £10.00, ISBN 0 906 17836 3.

As the authors of this report point out, there has been a great deal of research on the social implications of an increase in the number of older people but little specifically on older home owners. This short report examines both the present and future trends associated with home ownership in later life in Britain. It uses previously unpublished data from the General Household Survey and the most recent official household projections provided by the Building Research Establishment (Department of Environment). One strength of the report is the way in which 'cohorts', born in a particular period, are examined as they progress through the life cycle. The report begins by presenting some of the issues surrounding older owner occupiers, and then moves on to examine past trends in ownership for middle to older age groups over the past twenty years. Future numbers and rates are then projected to the year 2011.

The report predicts that ownership rates for households headed by people in the 60–74 age group will approach 80% by the year 2011. The number of older home owners will rise from 4.43 million to 6.08 million between 1996–2011, an increase of 37%. A key finding is that the highest rate of increase will occur for owners in their eighties, and there will also be more single, widowed and divorced owners (an increase of 49%). On the positive side, fewer older home owners will be living in pre-1919 properties, and by 2011 the largest proportion of older home owners will be living in post-1964 dwellings. The authors discuss the implications of their findings and raise several key issues, including: the new demand for dwellings, house prices and equity release, the legacy of the 'right to buy', and the demand for help with repairs and maintenance. The lives and living conditions of older home owners are diverse and this will continue in the next century, inevitably producing a variety of needs and conditions which need to be recognized.

The authors set themselves the difficult tasks of addressing a broad audience of academics, policy-makers, mortgage lenders, housing associations, the voluntary sector and pressure groups. The report may well succeed in reaching out to readers from a variety of backgrounds as the charts and data are 'accessible' and the text is straightforward and avoids unnecessary jargon or technical detail. The summary at the beginning of the report is concise and extremely useful. However, I would have liked more of the tables incorporated into the body of the report, not relegated to the appendices. The report is a useful and accessible source of information, providing valuable background data for developing research. More importantly, this report generates numerous questions and demonstrates the need for further research into the issues surrounding home ownership in old age.

Age Concern Institute of Gerontology,
King's College London
HELEN NELSON

Harrie Churchill and Angela Everitt, *Home from Home: Conversations With Older People in Sheltered Housing*, Social Welfare Research Unit, University of Northumbria, Newcastle-upon-Tyne, 1996, 68 pp., £3.00, ISBN 1 898 73915 3.

This report was commissioned by the West End Health and Older People Project (WEHOP) in Newcastle upon Tyne as part of an on-going programme of evaluation, research and development launched in 1992 with the Social Welfare Research Unit of the University of Northumbria. *Home from Home*, the third piece of research, aimed to generate recommendations for WEHOP's role in the development of activities in sheltered housing, to be part of its health promotion work with local pensioners. The recommendations have been based primarily on in-depth interviews with seventeen residents and the warden of a new sheltered housing scheme in an area of the city which is undergoing urban regeneration, and they form the core of the report. The author-researchers explored older people's experience of moving and of adjusting to a more communal setting, and their social relations and activities before and since the move. Organised by themes, the excerpts of conversations form a rich mosaic of reflections and biographical detail. One chapter is devoted to the interview with the warden and focuses on her role as 'social practitioner', enabling residents to maintain their existing social relations and activities and to pursue new ones. It also touches on older people's differing views about leisure.

The contextual and methodological aspects of the research are aptly covered, *e.g.* the evolution of sheltered housing and the history of this particular scheme. The relationship between WEHOP and the Social Welfare Research Unit offers an interesting model of co-operation between a community-based organisation and an academic institution. Social policy researchers will appreciate the commentary on critical theory and participatory methods which underlie the research. The bibliography covers all these topics and the interview schedule is appended.

The practical objectives of the research should not be forgotten and two recommendations are noteworthy: the development of activities to mark older people's 'retirement from home' as well as their 'retirement from work'; and that more thought and resources should be applied to enabling residents' participation in the community, by ensuring that they can access neighbourhood facilities and by promoting use of the sheltered scheme's common area by neighbourhood groups. There is a confusing inconsistency in the numbering system between chapters and sections, and it is unfortunate that addresses of the bodies that commissioned and carried out the research were omitted. Apart from these minor criticisms, the report does a good job of presenting a sensitive piece of applied qualitative research within its social and physical context, and of grounding it persuasively in a theoretical framework.

The Older People's Initiative,
Greater Manchester Centre for Voluntary Organisation,
Manchester
CAROL TOFFALETTI

Roger Sykes and Philip Leather, *Grey Matters: A Survey of Older People in England,* Anchor Trust, Oxford, 1997, 47 pp., £15.00, ISBN 0 906 17837 1.

This report has been based upon a MORI survey of over a thousand older people commissioned by Anchor Trust, its purpose being to ascertain their attitudes, beliefs and aspirations regarding future housing choices, general practitioner, hospital and home-care services, and private insurance. The report also examines the political issues that the respondents regard as important both for the nation at large and for their own age group, together with their voting intentions. These interestingly substantiate the actual 1997 United Kingdom general election result, albeit that the great majority signalled an intention to vote as they had always done. An accelerated resumé pamphlet was produced by Anchor prior to the election, although there was little evidence of the concerns of older people featuring high at the hustings.

Grey Matters is far from an easy read. The same statistics are quoted *ad nauseam*, mainly because of the need to differentiate between age-bands, areas of residence, financial resources, and owner-occupiers and renters. The report fluctuates between percentages and fractions and there are mistakes, not all in the printing. This is a pity because the issues raised are important ones for future social policy. It also contains some surprises and some interesting anomalies.

The relative economic disadvantage of older people, though well chronicled by other surveys (such as the West Yorkshire *Called to be Old* report of 1991) still shocks, with well over half the respondent households living on under £150 per week and around three-quarters having savings of less than £16,000, the level beyond which older people are required to pay the whole of their residential or nursing care costs. However, three-quarters of respondents own their own homes, over half of which have three or more bedrooms, and 86 per cent report having central heating. More than half wish to leave an inheritance and, although most are aware of home-equity schemes, only 2 per cent have taken them up and only 9 per cent would consider doing so – even this would provide a significantly increased market. Similarly, only 9 per cent of those without personal health insurance would consider it for the future. All of which would not have boded well for some of the last government's cherished policies.

Encouragingly, over 70 per cent rate their own health as very good or good. Nearly a quarter acknowledge improved services from their general practitioner over the last 10 years whereas only 9 per cent felt that they had worsened. However, in regard to hospital services the respective figures are 20 per cent and 34 per cent. There is a strong vote of confidence in favour of local authority home-care services and against private or voluntary providers, and the survey raises questions for social housing organisations to address. The National Health Service was one of the three major social concerns older people have in Britain today, the others being vandalism and drug abuse, all espoused by around one-half of the respondents. Despite this it is reassuring that the vast majority of older people apparently feel safe both at home and outdoors. What they are mainly concerned about in their own case is losing physical and mental health and thus independence. All in all, important evidence for the Royal Commission the present government is expected to set up before any significant legislative changes are made.

Methodist Homes for the Aged,
Derby
ALBERT JEWELL

Maureen Crane with contributions by Tony Warnes, *Homeless Truths: Challenging the Myths about Older Homeless People*, Help the Aged and Crisis, London, 1997, 60 pp., £8, ISBN 1 899 25712 8.

Homeless people comprise a largely hidden section of the population, and older homeless people are an almost invisible sub-group. This report succeeds in focusing the spotlight on the needs of these most vulnerable people, whose special needs for too long have received inadequate recognition from the statutory agencies. This report is unusual in that, setting out to understand the needs of older homeless people, it also has so much to say to planners and providers of services to people of all ages, and its relevance spans not just housing policy but also health, social services and employment.

Combining a very readable style with a solid basis of painstaking research, Crane effectively builds on her earlier work (Crane, 1990; 1993) to produce an authoritative guide to the current situation in Britain, and makes practical recommendations for future action, both to help those who are currently homeless, and to prevent others following the same path. Based on a sample of 225 older people in four major British cities, she uses an impressive ethnographic methodology which involved lengthy periods of participant observation and intensive interviews to provide rich data on the lives and experiences of older homeless people.

Having described the current state of knowledge of homelessness among older people, drawing on the small body of work from the United Kingdom and America and set in the context of British housing policy initiatives, Crane deftly explores the difficult issue of quantifying the extent of older homelessness. Planners and operational managers in statutory services have often used their lack of clear numerical data as an excuse to delay, or even prevent, the development of appropriate services for homeless people. Although enumerating homeless people is difficult, and older people are especially hard to find, Crane provides clear and practical information on how to go about this, which should be taken up and used by housing, health and social care planners throughout Britain.

The paucity of the lives of the people studied comes over with stark clarity in the report, and the stages at which they became homeless are identified, indicating key points at which interventions might be most effective if another generation of older people is to be prevented from becoming homeless. In particular, the impact of broken or disturbed homes on nearly 60 per cent of the sample should not be ignored by child-care and other social services. Similarly, the impact of having been in the armed forces on 69 per cent of the men was striking. Their subsequent failure to sustain close personal relationships, resulting in social isolation, and the profoundly damaging effects on this group of experiencing wartime atrocities has resonances in the anecdotal reports following more recent conflicts such as the Falklands and Gulf Wars. Organisations providing support for war veterans and other ex-servicemen would do well to take these messages seriously.

There has long been an 'integration *versus* specialism' debate among workers in health, housing and social services. Should mainstream services be modified to make them accessible and acceptable to homeless people, or should specialist services be provided? Do specialist services stigmatise homeless people, or do they offer the only opportunity for them to access care? Crane takes this debate a step further by proposing special services just for older homeless people, supported by her surprising finding that soup kitchens and day centres for homeless people as a whole were little used by older people sleeping rough or in temporary accommodation, who were deterred by actual or threatened violence from younger people, but they were used by many older people who had been housed yet lacked adequate social support or daily living skills to cope alone.

The finding that many of the people interviewed had been 'resettled' more than once, only to become homeless again, supports the call for continued social and practical support to be part of any re-housing programme for older people. Crane's recommendations for increased awareness of needs, specialist provision, and programmes of resettlement with integral support for older homeless people are helpfully illustrated by some interesting examples of good practice where this has been achieved.

References

Crane, M. 1990. *Elderly Homeless People in Central London*. Age Concern England and Age Concern Greater London, London.

Crane, M. 1993. *Elderly People Sleeping on the Streets in Inner London: An Exploratory Study*. Age Concern Institute of Gerontology, King's College, London.

The Sainsbury Centre for Mental Health, London

LESLEY WARNER

Andrew Nocon and Hazel Qureshi, *Outcome of Community Care for Users and Carers*, Open University Press, Buckingham, 1996, 151 pp., hbk £42.50, ISBN 0 335 19669 1, pbk £14.99, ISBN 0 335 19668 3.

This short book discusses first some of the methodological and practical problems encountered in defining and measuring outcomes of community care for users and their carers. These considerations are followed by a review of a large variety of outcome measurements and their possible applications for people with physical impairments, older people and those suffering from mental illness and learning disabilities. It is very difficult to absorb the multiplicity of measures and one wonders whether a smaller selection of the most promising and relevant outcome measures would have been more helpful, especially to practitioners. On the other hand, researchers concerned with evaluation in the social care field would be familiar with much of the material and the problems inherent in outcome research. It is not clear which audience is being addressed.

In their introduction, the authors acknowledge that the 'need to validate outcomes of social care has long been recognised'. I would add that many studies have tackled this subject successfully. In practice, however, as we are reminded throughout the book, evaluation has concentrated on activity indicators, on inputs and processes, rather than outcomes. To put it simply: knowing how many hours of home help have been received (some not appropriate to a user's needs), meals delivered (when in some cases help with shopping would have been sufficient), aids to daily living supplied (some still in their wrappings at the user's death) or supportive visits paid, does not tell us how effectively a user's needs have been met.

Another widespread concept which is often regarded as an outcome measure, but is mainly concerned with input, is 'quality control'. The authors make the point that, unless it can be shown that the quality of care is causally associated, it cannot be a reliable indicator of outcome. I remember that in the 1930s insulin injections were hailed as a successful treatment of schizophrenia. Randomised trials showed that insulin had nothing to do with outcome, but the enthusiasm of the staff and the special attention these patients received did.

In their conclusions, the authors suggest that they have given an overview of existing knowledge and indicated possible ways forward for research and development. It seems to me that the available knowledge base is firmer and more comprehensive than the authors allow. I am also not sure that clear indications emerge about future research priorities and strategies. However, the authors draw many useful conclusions from past and current research and practice which they transform into practical guidelines for practitioners and their managers. The trouble is that most of these conclusions – more attention to users' views of their problems and possible solutions, more specificity about care plans, more emphasis on and clarity about intended outcomes, and more systematic monitoring of progress – have been promulgated loud and clear over the years. Yet these findings seem to fall on stony ground. For example, Nocon and Quereshi point to the opportunities offered by the recent moves in the social services towards more systematic assessments, including users' views and towards formulations of care plans and expected outcomes. But these opportunities are rarely taken. Contracts often merely describe the services to be rendered combined with vague admonitions to observe the dignity of the users as individuals, their independence and rights to choose.

The authors also view with some concern the variety of unco-ordinated monitoring exercises and outcome studies which use a mixture of outcome criteria and many measures adapted from various scales which were individually tested for their validity and reliability. Such 'pick-and-mix' procedures weaken their validity. Although there is a need to study and test a range of approaches, it is important to guard against fragmentation and duplication. The authors make an interesting suggestion: that there may be an important role for a central co-ordinating body to ensure that existing knowledge is built on and new lessons are shared and disseminated.

Two basic themes emerge from this overview. The first is a shift towards convergence of the users' and carers' views in the evaluation of community care. This 'shift' which seems to be regarded as a new direction by the social services administration has been advocated and supported by much research for at least forty years. The first was Barbara Wootton's (1959) indictment of social workers' misperceptions of their clients' needs and their own role. Great indignation reigned but nothing changed. The next warning milestone came with the widely discussed first consumer study in this country of social work clients of the Family Welfare Association, 'The Client Speaks' (Mayer and Timms 1970). The dissatisfied clients failed to get the practical help and support they sought. They were puzzled by the social workers' exploratory approach which paid little attention to their definition of their needs and problems. The satisfied clients (far less discussed) received the material help they sought, as well as the support and advice which they appreciated. Studies based on larger random samples of users and social workers in Social Services Departments some fifteen years later still showed discrepancies between user and social worker perceptions. While the social workers thought that users most expected help with personal problems combined with advice, sympathy and information, less than 10% of users expected help of this kind. In the main they wanted practical help, but also expressed appreciation of the social workers' understanding and supportive attitudes. Those who received this kind of help in large measure were the most satisfied. The social workers often felt frustrated that they were only able to offer practical services and advice and did not have time to attend to their clients' emotional problems. Echoes of these frustrations are still to be found in the present review and also a hankering after longer term open ended contacts, although well based studies, both in the States and Britain, have shown no evidence that unfocussed long term 'support' leads to better outcomes than short term intervention in which users and social carers work in partnership towards defined achievable objectives. (I am of course not referring here to long term supervision of chronic vulnerable groups living in the community).

However, the most important development towards realising active user involvement in assessment, input and evaluation is not mentioned in this study. This is 'task-centred social work'. It is based on much research in the States and also in this country, where independent outcome studies have been undertaken in various practice settings, including the Social Services. Task-centred social work has developed well-defined techniques, assessment and evaluation instruments. The user selects his one or two most urgent problems or needs, small and achievable objectives are worked out and a time limit set. He/she has to do most of the work with the encouragement of the social worker and both evaluate the outcome of their work. The independent outcome studies showed how much the users valued being treated as equal partners and that 'nothing succeeds like success', however small. It also became clear that these self-enhancing methods seemed inappropriate in many community care situations where either control and protection or close supervision and support are required, rather than self direction.

This dilemma between control and independence touches on the second major issue that emerged: 'the importance of choice, autonomy and empowerment as objectives in community care'. Independence certainly becomes an operational objective when, for example, disabled people on leaving a protective hospital environment are being helped towards independent living and offered real choices, of where to live, for example, or whether to accept grants rather than ready-made services. But the question arises whether in many other social care situations, choice, independence and empowerment can or should be considered measurable criteria of outcome, rather than important principles that should inform all helping activities and are thus part of input. The authors talk about measures of empowerment being developed in ongoing studies. Is this a realistic proposition?

Strengthening users' autonomy and maintaining their independence where it is reasonable and possible, has long been an important ingredient in social work. In the old fashioned jargon it was called 'helping people to help themselves', and helping them to gain confidence. The term empowerment seems vaguely threatening to me and 'partnership', emphasising the equality of human beings working things out together, seems more appropriate. In any case, social workers, however it is dressed up, will continue to have far greater power over resources and services than the user has in most situations. Many people come to social carers because they hope that they have greater expertise. As Klein and others have pointed out, choice in medicine and social services is also very limited. The service cannot be compared with supermarkets or solicitors, as the authors do, since usually one can only consult one's local Social Services Department and it may even prove very difficult to change one's social worker. The more urgent your need, the smaller may be your choice.

Finally the authors consider the many obstacles which will have to be overcome in order to implement systematic monitoring systems and outcome evaluations, even if these instruments were available and ready for use in routine practice. Not only resource questions would arise, but resistance from practitioners to more paperwork and a 'structured' rather than an 'open-ended' approach to the many layered problems in living which many consider incapable of measurement. The authors mention the case review system (CRS) which was developed in Southampton and was entirely dependent on the co-operation of field workers. Versions of the CRS were used by related studies in other authorities and some departments adopted the system for routine use. Much could still be learnt if all this material and lessons from implementation could be collated, including current experiments with review systems. There is no need to start from scratch which appears to be the preferred social service method.

Two principles are crucial to overcome initial resistance to the recording of relevant monitoring information: (1) active involvement of those who have to use the system in its creation and testing stages, and (2) regular feed-back reports of results and opportunities for discussing the implications for practice. The question of resources for maintaining such systems (not resolved in Southampton) and maintaining their relevance to individual practice awaits further exploration. Ongoing monitoring may well turn out to save money in the long run. It should be noted that in other applied technologies, development work consumes more resources than the original research. However, many social workers' aversions to figures, categorisation, specificity, and setting small, attainable objectives tackling only one or two problems at a time, rather than pursuing vague 'holistic' ideals, remains the greatest obstacle to outcome assessment.

It seems to me that if we are to overcome these difficulties, then social workers' training courses would have to be modified. They would have to include some teachers who are familiar with basic research methods and ways of evaluating research. They would have to know and keep up with the social care and related research literature. They also need to awake in their students an understanding, if not enthusiasm, for finding out how their cases relate to each other and how inputs might be related to outcomes. They should also learn to recognise how such analytic questions need not interfere with their intuitive understanding and sympathy and with many other ingredients of human relationships about which we are far from a rational understanding.

References

Mayer, J. E. and Timms, N. (1970) *The Client Speaks: Working Class Impressions of Casework*, Routledge & Kegan Paul, London.

Wootton, B. (1959) *Social Science and Social Pathology*, Allen & Unwin, London.

Berkhamstead,
Hertfordshire

TILDA GOLDBERG

Eric Midwinter, *Pensioned Off: Retirement and Income Examined*, Open University Press, Buckingham, 1997, 114 pp., £14.99, ISBN 0 335 19682 9.

This book forms part of the highly stimulating 'Rethinking Ageing' series which is edited by Brian Gearing and published by Open University Press. The remit of the series is to produce books on topics of key importance within the general area of ageing studies. The series aims to produce books which (a) summarise the current state of knowledge concerning a particular issue and (b) consider the service, policy and practice implications of this knowledge.

For the student of ageing and later life two key areas for investigation are retirement and income maintenance in later life. This book attempts to cover both these areas. The book is divided into three main sections. The first section deals with the development of retirement and pensions. This is an interesting section which provides the historical perspective which is so often lacking from our analysis of the experience of ageing and later life. It is full of interesting historical pieces of information which will be of use to students in particular. The second section deals with old age and retirement today. Topics covered include the increasing number of older people and income maintenance in later life. This section also reviews, rather briefly for it excludes the health care sector, the provision of welfare in later life. In the final section the author speculates upon old age in the next century presenting his 'ideal' and 'realistic' scenarios. He concludes that there is unlikely to be any major improvement in the living standards of the majority of older people and that they will remain on the margins of society.

No series of books with the remit of the Rethinking Ageing collection would be complete without a book dealing with the issues of pensions and income maintenance in later life. This is a topic of considerable current interest as policy makers consider the options for pension provision for future generations of elders. As such this is a topical addition to the series. However this book was overall rather disappointing. It does present an interesting description dealing with the history of retirement which will be of use to many students of both social policy and ageing. However the analysis of current trends in retirement, demography and income maintenance in later life were rather briefly dealt with and lacked the depth required for anything other than an initial introduction to the topic. For example, the section on income maintenance deals only very superficially with the class and gender inequalities which exist in retirement and income maintenance. Whilst the author correctly identifies 'ageism' as a prevalent feature of our current welfare system for older people, he underplays the topic of gender. This is an important omission which limits his analysis of the current position of older people and the future for old age. Similarly the effect of class and, in the future, ethnicity need more consideration than is presented here. The analysis of future provision for older people lacks an economic context and also is not particularly radical or challenging.

Overall whilst this is a welcome addition to the series, it provides only an initial introduction to the topics of retirement and pensions. It will be of use to students and practitioners dealing with older people but it is certainly only an introductory text. However, it lacks the radical and challenging perspective which has been a feature of some of the other volumes included in this series.

Dept of Public Health Sciences,
St George's Hospital Medical School, London
CHRISTINA R. VICTOR

Mike Nolan, Gordon Grant and John Keady, *Understanding Family Care: A Multidimensional Model of Caring and Coping*, Open University Press, Buckingham, 1996, 194 pp., hbk £42.50, ISBN 0 335 19574 1, pbk £12.99, ISBN 0 355 19573 3.

This is an informative and enlightening text for anyone with an interest in caring and related issues. The authors have drawn together important theory relating to caring and set this in the context of family care, ensuring that care issues are seen in the context of the life span.

The first two chapters address the current literature on caring; the analysis and synthesis of this literature by the authors enables the reader to gain an overview of the present state of knowledge. Chapter three addresses the stresses of caring, giving good insight in the difficulties and frustrations of being a carer. The authors also discuss the importance of assessing how carers are coping and introduce a tool recently developed by the authors for this purpose: the Carers Assessment of Coping Index. Chapter four addresses the neglected dimension of caring research, that of the satisfactions that caring as perceived by the carers themselves. This is an important aspect of caring as not all carers are 'stressed out' and many do achieve various levels of satisfaction from their role as carer. A model of caring is developed and expounded through the analysis and integration of literature addressing the theoretical aspects of care and coping with the caring role. There is an excellent integration of the thinking of different authors to demonstrate a continuum of caring, recognising that caring takes place on different levels for different individuals. This is integrated in the penultimate chapter, with other models of interdisciplinary working, to demonstrate the model in relation to chronic illness and disability.

The final chapter sets the agenda for future work around this topic and specific issues are highlighted, for example an urgent need to address the whole issue of caring in relation to carers from minority ethnic groups.

I would recommend this text to all those working in this subject area; it is also of importance to the various members of the interprofessional team who will work with carers.

John Moores University,
Liverpool
SHEILA DUNBAR

Tony Warnes, *The Health and Care of Older People in London: A Report to The King's Fund London Commission*, King's Fund Publishing, London, 1997, 136 pp., ISBN 1 85717 170 5.

For almost a decade, the King's Fund has claimed defining status in the arguments and counter arguments about the health of Londoners and the state of London's health services. The report of the London Commission in 1992 (King's Fund, 1992) paved the way for the recommendations for wholesale hospital closures outlined in the Tomlinson report later that year (Tomlinson, 1992). They created turmoil amongst the medical elite and fear amongst Londoners reliant on the NHS for their care. After continuing criticism, the King's Fund decided that it was time to take another look.

This time, instead of focusing mainly on the acute hospital services (which is why the big medical guns went into action the first time around), the reconstituted London Commission has concentrated on the priority services, namely, mental health services and services for older people. The report reviewed here sets out to assess the state of older Londoner's health, to scope the configuration of existing services for older people and to draw conclusions about their current state and future needs.

One of the underlying themes in all writing about London and its health services has been to assert a special distinctiveness about London as compared to the rest of the country – usually to support arguments for extra resources to meet the pressing needs of the nation's capital city. This report is no exception.

There is a major problem in trying to do this, however. There is a distinct lack of data to demonstrate the argument and where data do exist, they are sometimes contradictory or at least highly variable. Sometimes they confirm London's special needs, at other times they can draw no such distinction. In some cases, variation *within* London (often between inner, deprived London and outer, affluent London) is greater than between London and other parts of the country. To complicate matters even more, however, there is also great variation within local areas at, for example, Borough level. Leafy Islington is not leafy everywhere.

The report pulls existing material together, some of it already published by the King's Fund, and draws on reports specially commissioned by the Commission (one of which was undertaken by the author of this review and her colleagues). But it also has to rely on data, or analyses of such data, which are now themselves ageing – for example, the OPCS 1985 disability survey and subsequent re-analyses. Much of what it reports is hard to interpret – lower death rates than in comparable areas outside London; lower death rates for females than for males, in London's inner deprived and mixed status areas, *relative* to provincial cities. The first is generally explained, according to the author of the report, by London's peculiar social class composition and the second, he suggests, has a technical, artefactual explanation. He also draws attention to the impact of outward migration and the projected increase in the number of older members of minority ethnic groups, but can draw on relatively little data to reach any conclusions about the broad state of their health and consequent service needs. In discussing levels of morbidity – disability specifically – within the population as a whole, Warnes has to rely on the 1985 OPCS disability data along with the information on limiting long-standing illness reported in the 1991 census. However, as Warnes concludes, 'only a fragmentary profile on the health of older Londoners can be assembled'.

The position is even more difficult when it comes to describing the configuration of services for older people across London. Different models of service (age-related, integrated, specialist) pertain in different places, each with its own champions. Warnes is not averse to making generalisations such as 'few see "care of the elderly services" as having clinical or professional prestige' when many would argue that there are some outstanding examples of professional leadership in this field in some parts of the capital. He also concludes that community health services have been neglected and under-resourced. This may be hard to contest but the real problem here is the gaping hole in the data on community health services. We just do not know enough about what happens to form a judgement.

This is a bold attempt to synthesise disparate, confusing and incomplete data. How far it will inform future decision-making regarding older people's services in London, however, is open to question. If it is used to bolster demands for better and more systematic data collection then it will have been worthwhile.

References

King's Fund Commission on the Future of Acute Health Services in London. 1992.

London Health Care 2012: Changing the Future of Services in the Capital, King's Fund, London.
Tomlinson, B. 1992. *Report of an Inquiry into London's Health Services, Medical Education and Research*, HMSO, London.

Centre for Policy on Ageing, London
GILLIAN DALLEY

Philip Seed and Greg Lloyd, *Quality of Life*, Jessica Kingsley Publishers, London and Bristol, Pennsylvania, 1997, 218 pp., £14.95, ISBN 1 85302 413 9.

The use of the concept of quality of life as a basis for evaluating services has come to prominence in recent years. Increasingly dissatisfied with conventional evaluative criteria such as efficiency, effectiveness or value for money measures, analysts have sought to encompass the more human, subjective dimensions of service performance under the rubric 'quality of life'. Quality of life, however, is open to competing definitions. Health economists, for example, have attempted to turn it into a hard measure in the form of QALYs, amenable to statistical analysis; at the other end of the scale, drawing on popular usage, some social scientists have been content to employ the concept as a general catch-all term relating to well-being and contentment. As a result, some confusion prevails.

The prospect, then of bringing together some of the disparate origins and understandings of the term, as Philip Seed and Greg Lloyd's book sets out to do, is welcome. The book, however, turns out to be something different from what this reviewer expected (that is, a straightforward review of current definitions and usage applied systematically to a range of different policy areas). It is more a collection of Philip Seed's very personal reflections on the competing values which underpin much of modern life, as applied, specifically, to particular public policy settings (health, personal social services, housing) and, more generally, to corporate life in big business, the church, the voluntary sector and the state. The sections contributed by Greg Lloyd are much more factually and pragmatically grounded and relate to regional planning, sustainable development and financial services and explore the way in which the values embodied in the concept 'quality of life' can be successfully applied as assessment tools in these three areas.

Philip Seed draws on an extensive career in social work with families and, especially, with people with learning disabilities, but many of his insights take account of the position of older people, particularly those with dementia, as well. His concern is that quality of life measures as applied in these fields should concern the whole rather than their sectional elements. Thus he criticises approaches which separate and then measure people's living experiences into domains (for example, health, psychological wellbeing, environment, personal growth) and stresses the importance of including the connections linking all the domains together. In doing so, he argues for a social network approach which he has used in his own research with people with learning disabilities.

This constitutes only a small part of his reflections. Indeed, it is hard to do justice to the full range of his concerns. A book which recalls Bertrand Russell's telegrammatic interventions at the time of the Cuban missiles crisis, the partition of Cyprus, the Church's position on abortion, the British government's response to the BSE epidemic along with care management, normalisation theory, the growth of teamwork and the techniques of qualitative research is surely an eclectic mix. It makes for an entertaining read. However there is a pervading sense of sermonising in the chapters written by Philip Seed. He is clearly driven by a mission to comment on almost every area of public life that he has been involved in – this ranges from his social work and academic career to his early political involvement and continuing religious commitment. Those by Greg Lloyd on the other hand are sound analyses of the way in which the better planning and management of natural resources, and the introduction of radical policies to combat regional unemployment would contribute to an improvement in overall quality of life (as defined in more conventional ways than elsewhere in the book). The two distinct sets of contributions do not sit very comfortably together.

It is hard to judge what the readership of this book will be. It is of general interest to many but probably too loosely focused for most readers. There are also some annoying omissions in the list of references.

Centre for Policy on Ageing,
London
GILLIAN DALLEY

Sheila Peace, Leonie Kellaher and Dianne Willcocks, *Re-evaluating Residential Care*, Open University Press, Buckingham, 1997, 135 pp., £14.99, ISBN 0 335 19392 7.

There are often advantages in revisiting areas which were an earlier interest for researchers and their readers. Researchers, having climbed one mountain can recognise familiar landmarks as they embark upon another expedition; this time with the well-thumbed map of their previous work. Readers, roped together behind their erstwhile guides, set off with confidence that the route is well-prepared and that new topographical features will be drawn to their attention.

Throwing this image aside this book provides an overview of the UK, particularly English, residential care home provision for older adults. While the authors' previous research included local government provision of the same, together with matters of quality and inspection, they here enlarge upon these themes by debating informal care and the gendered nature of domestic space.

The book starts with a chronology of the policy of residential care as successor to the workhouse and social neglect. Central government policy is particularly detailed at the point of the founding of the welfare state, but perhaps other stories are still to be told about the contribution of individual local authorities to the development of residential care. Equally, the origins of private and charitable foundations' residential provision shed light on many current facets of care and there is still much work remaining to stitch individual case histories of such homes onto the larger social and political canvas.

The most significant change documented in the first part of this book is the shift in ownership and perhaps ethos of residential care to an industry run for profit. The precise nature and route of profit might have been further developed but many other points are well made, drawing on the industry's own figures about matters of common concern such as single or shared rooms, personal bath-rooms and easy access to transport. The privatisation process of residential care is a fascinating subject and this account looks set to be compared with other histories on the privatisation of prisons, the privatisations of the utilities and transport systems.

The second part of this book raises questions about the place, meaning and future of residential care. Despite the many criticisms of residential care as a system and some practices in particular, the sector is thriving in the UK, in some areas of course more than others. Presumably workhouses and longstay hospitals at one time appeared equally established but both are now rare beasts. Why is it then that residential care is so significant in community care? How is the general antipathy to residential care translated into acceptance and admission? The authors locate their thinking around such areas in their discussions about ageing and dependency. It is perhaps these factors that sustain residential care as an option and legitimate it. While some individuals doubtless choose residential care in the presence of acceptable alternatives, for others autonomy becomes more restricted in later life and this increasing dependency is accelerated by ageism both individually and structurally.

The links between the two parts of this book are essential to an understanding of residential care in the UK. It is after all more than a matter of policy development and yet more than the sum of its collected care and housing functions. Indeed there is now debate about whether the nursing home/residential care divide is useful or really facilitates a distinction between medical and social models of care. This book raises essential questions about the meaning of residential care – for its residents, its work-force, relatives and for policy-makers. Differently expressed questions no doubt but perhaps commonly clustered around the themes developed here of values, expectations and accountability.

The University of Hull JILL MANTHORPE