

Reviews

James G. Snell, *The Citizen's Wage: The State and The Elderly in Canada, 1900–1951*, University of Toronto Press, Toronto, 1996, 286 pp. hbk, Can. \$60.00, ISBN 0 802 00737 6, pbk Can. \$18.95, ISBN 0 802 07792 7.

This well-researched historical study discusses old age and society's appraisal of older people and of ageing as they have evolved in Canada over the first half of the twentieth century. It is Snell's contention that changes were necessary for the development of state assistance programmes that would treat older people as 'senior citizens who were entitled to a citizen's wage'. According to the author, there were additional factors and actors which played important roles in this historical process, apart from class politics, such as older people themselves and their families. While taking into account the effects of class and gender, he thus aims to bring to light an interactive and dynamic process through which the state and older people themselves have seen their role and self-image reshaped.

The book's organization is straightforward. The first chapter deals briefly with changes in demographic and employment parameters that contributed to the construction of older people as a new 'social problem'. The next two chapters document how the first old-age measure, the establishment of residential institutions, emerged in Canada, and how this policy continued to place the focus on families' responsibilities toward their elderly members. The following three chapters show, in different ways, how older people themselves were important actors in the implementation of the Old Age Pension (OAP), and how they reacted to its application. The last chapter focuses on the subsequent gradual changes in old age policy. Various sources have been used: national and provincial archives, and some local archives that proved to be extremely rich in documenting the daily lives of rural and urban people seeking entitlement to an OAP.

With vivid documentation, the early chapters shed new light on the transformation of poor houses, and indicate how older people increasingly refused to undertake compulsory tasks in these old age homes, given their growing awareness of their citizens' entitlement to support. The author shows the government's ambivalence about this type of support, and that older people and their families, having become tax-payers, gradually strengthened their opposition to measures such as the laws on filial responsibility and the regulatory processes that imposed on children the burden of supporting their parents. The establishment of the OAP in 1927 for needy people aged seventy years and older was means-tested, and the author has found rich material among the original applications for the pension. They show how older people and their families developed various strategies to bypass the state's manipulations and pressures to make them responsible for their own financial security. The proportion of the older population receiving the initially meagre

OAP (20 dollars per month, when the poverty level had been established at one dollar per day) gradually rose from 15 per cent in the early 1930s to 45 per cent in 1951. Snell's examination of pensioner associations during that period highlights their close links with, in the West, farmers' associations and the co-operative movement and, in the East, industrial unions. He also provides us with a nuanced evaluation of the social and political impact of the pensioner associations.

Throughout most of the book, Snell treats his archival material thematically; the whole period is thus viewed synchronically. However, in the last chapter he brings the threads together in a diachronic perspective. He considers that a conjunction of four factors has been responsible for the gradual abandonment of the means-tested OAP and its transformation in 1951 into a universal pension for people aged seventy years and older, for the expansion of other public programmes for older people, and for their recognition as a distinct social group with legitimate demands. The gradual change in popular attitudes, and the recognition of older people's difficult circumstances, are the first two factors. He also insists on the growing sense of the role of the state which had implemented other social programmes and had more funds at its disposal because of income tax. The organization of older people into pressure groups also played an important role. This fine work is a needed addition to the scanty historical documentation on older people and old age policy in Canada, and shows very well how social change is brought about by a multiplicity of factors and struggles.

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Richard Disney, *Can We Afford to Grow Older?* MIT Press, Cambridge, Massachusetts, 1996, 344 pp., £24.95, ISBN 0 262 04157 X.

This is a foundational book. Disney does not claim to have definitive answers to the many questions about provision of pensions or care, and makes it clear that neither have they been found by any government or other provider. For anyone, however, who wishes to see what the economic issues about ageing are and to think clearly about them, here is an excellent and comprehensive guide. In successive chapters, Disney discusses the general conditions for fair and feasible pension provision, the problems of social security and private pension plans, the relation of work-force ageing to productivity, pay and educational attainment, trends in retirement, the effects on consumption and saving of life-cycle behaviour and population ageing, the finance of health care, and issues of public choice in societies with majority voting: always with an eye to both theory and empirical findings.

He has, like everyone else, certain terminological problems. What, for instance, are 'private' pensions? The Chilean pension reform of 1981, for example, appears as an example of privatisation – the passage on this is one of the most interesting in the book. Private provision, however, it is not. It, and

the related schemes increasingly popular in other countries, for instance the ideas about second-tier pensions now current in the British Labour Party, might better be called ‘statutory indirect’ provision: imposed by the state, compulsory for all, but operated through market agencies, by contrast both with ‘statutory direct’ provision as in conventional social security and with pure market provision. There ought to be a prize for a more revealing nomenclature across the whole pension field.

That apart, I find it hard to think of places where I would disagree with Disney. On the contrary, I kept thinking (but is this fair, when his book is already so long?) of places where further references might reinforce his argument. He shows that assumptions about the lower productivity of older workers are often mythological, but could have brought out more strongly the reasons for thinking that they are becoming still more so. There is increasing recognition, in practice as well as the literature, of the tendency for denial or differential provision of opportunities for training and on-the-job development; and that this leads among older workers to a cumulatively widening gap between potential and achieved productivity in the case of those less favoured; and of the cost of this to employers as well as workers. British data show that the age gradient in training has been levelling out and that, while short-termism in labour training and deployment and a narrow focus on immediate needs are still common, leading employers have been committing themselves to programmes of life-time learning designed to develop broad and lasting ‘capacity to cope’. On public choice and majority voting, it would have been worth bringing out the different potential of different voting arrangements. In the Netherlands’ parliamentary election of 1994, under proportional representation, dissatisfied pensioners were able not only, as they can in Britain or America, to shift between the major parties but to set up their own party and to win a significant number of seats, with the result that the previous Prime Minister’s Christian Democratic party was expelled into opposition. And, when Disney discusses the possibility of ‘downside protection’ in defined contribution schemes, I am surprised that he omits the classic British example from his own profession, the former Federated Superannuation Scheme for Universities. FSSU offered individual retirement accounts operated through commercial providers, and in a world more myopic than today’s this proved disastrous for many of its members. The longer term answer was to scrap FSSU and replace it with a standard public service type Universities Superannuation Scheme, but the immediate answer was to organize an industry-wide top-up scheme to guarantee minimum returns.

However, it really is unfair to keep asking for more. Disney has given us a map, and a good one. It is not all that easy to read – hard pounding, as Wellington said at Waterloo – but decidedly worth the effort. And I rally with enthusiasm to his brief conclusions, which I sum up in my own way, after all his listing of bear-traps, confusions, crossed lines, and unsolved problems, by borrowing words from Franklin D. Roosevelt. When the problems of an ageing population are properly examined, we find in the end that we have nothing to fear but fear itself.

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Ann V. Salvage, *Who Will Care? Future Prospects for Family Care in the European Union*, European Foundation for the Improvement of Living and Working Conditions, Dublin, 1995, 76 pp., ECU 8.50, ISBN 9 282 75360 3.

Social policy debates often appear to centre on principles, while assessments of the effectiveness of contrasting policies are rarer. Internationally comparative accounts such as this are therefore especially useful, especially when they cover the nations of both the south and north of Europe with their distinctive welfare policies and models of informal care. The account enables us to assess the influence of cultural differences and legislative frameworks on the marked differences in formal service provision, and also to appreciate that, despite profound differences, the underlying theoretical issues are essentially the same. As the author emphasises, in all countries most care and support is provided by family members and especially by women. The family both mediates between those needing care and the public system providing it, and integrates, with varying diligence and success, the resources which are available.

This book synthesises the various problematic issues concerning family care, dealing with both the factors leading to increasing demands for care – the increase of those in advanced old age and with chronic senile pathologies, especially of mental capacity and state – and the factors tending to reduce the potential and actual availability of family carers – altered models of the family and, in particular, increased marital instability, the decrease in the number of children and hence of the potential care network, the increased participation of women in the labour market, and the ageing of care-givers themselves. There is also consideration of the many socio-political changes which are tending to withdraw state support for carers, alter preventive health policies, overturn long established arrangements of long-term care, reduce the tax-base for social welfare, and diminish the voice of those calling for the continued support of the welfare state.

This book offers a *vade-mecum* for professionals and others concerned with the care of dependent older people, and provides a comprehensive review of current trends and emerging problems. Inevitably, many points require much greater development and critical appraisal. Here is the great limitation of this book. As examples, how do models of the family form the expectations that people have of receiving instead of giving 'care'? Is there a relationship between the increased care being given to older people, determined by the growth of the age group, and the decrease in care being given to children, determined by reduced fertility? Or, is there a relationship between immigration and care for older people, and to what extent are immigrants used to meet the demands for care? What changes are taking place in older people's organisations, enabling them to defend their rights, pensions and social services? This book prompts important questions, and usefully focuses on present-day debates, but a more systematic, in-depth research study is required to elucidate the evolution of cultural and structural models in society.

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Robert H. Binstock, Leighton E. Cluff and Otto von Mering (eds), *The Future of Long-Term Care: Social and Policy Issues*. Johns Hopkins University Press, Baltimore, 1996, 300 pp., \$38.50, ISBN 0 801 85320 6.

This edited volume provides a broad view of the history of long-term care policies and programmes in the United States, highlights current issues, and assesses future prospects. The authors are academics, most of them well known in the field of gerontology; but as academics they have typically been at the margins of debates about long-term care (LTC) policy rather than active participants in the creation of public policy.

The historical commentary about the evolution of long-term care in the United States by gerontologist Martha Holstein and historian Thomas Cole helps one understand the depth of the American commitment to personal responsibility for one's care and the preference for provision of care in the private sector. Periodic longings for socially-insured care for the disabled and frail have been politically unsustainable. In one of the strongest chapters in this collection, political scientist Robert Binstock argues persuasively that socially-insured care over the long term is not likely in the foreseeable future. Within this analysis Binstock provides insightful commentary on the dramatic failure in the mid-1990s of the Medicare Catastrophic Coverage Act (MCCA) and the marginal place of LTC in the ill-fated Clinton health care reform proposals. The MCCA proposal, which was vigorously supported by the American Association of Retired Persons, expanded Medicare to provide economic protection against catastrophic economic loss from health-related events in later life and, for good measure, added purchase of prescribed drugs and protected the estate of the spouse when a couple experience health-related economic loss. The rub was that this expansion of insurance was to be paid for by older people themselves through progressive taxation. As the tax provisions belatedly became clear, MCCA had a short and unhappy life; the Congress rescinded the legislation before it was fully in effect. Some observers have concluded pessimistically that MCCA may prove to be the last attempt at significant legislation on long-term care in the United States in the foreseeable future. This conclusion is reinforced by the marginal attention given to LTC in the failed Clinton health care reforms. In the very long documentation of issues and proposals for reform, LTC received notably limited attention. Essentially, national policy was not to move toward social insurance but was to remain a personal responsibility, with Medicaid providing a fall-back for the poor. The temptation of middle income individuals to sequester their resources in order to qualify for Medicaid support for nursing home care was noted with disapproval. Private LTC insurance was recommended as a greater use of home and community based services was also encouraged. What is ironic about the ritualistic recommendation for greater use of informal LTC, notes Binstock, is that, as medical and hospital providers are increasingly encouraged to economise, the pressure mounts to get older patients into home and community settings quicker. Quicker often means sicker and, further, high technology and technicians have followed patients home. The resulting transfer of costs from hospital to community care has escalated the cost of

home care to the point that a number of States are contemplating the reduction of such care.

Policy analysts in the United States, and probably in all urban, industrialized societies, will not be surprised by the conclusion of the authors that informal alternatives to formal LTC in nursing homes and other industrialized settings are not demonstrably cost-effective. The key word here is *demonstrably*. Care organizations which have fragmented, loosely articulated components of care with minimum quality controls and no acceptable way to cap the total expenditures, are not cost-effective. Patients and clients, given choices, express a preference for informal care, all things considered. That tends to sustain interest in informal LTC solutions, in the absence of cost-effectiveness.

If one is looking for realistic optimism about the development of accessible, acceptable, affordable and politically-sustainable LTC provision in the United States, this book will provide little comfort. Rather one finds useful accounts of why the perceptions, values, and preferences in the United States have produced a distinctive, perhaps exceptional, view of long term care and why this particular socio-cultural environment severely reduces the policy options for achieving socially insured LTC in the foreseeable future.

Readers in the United Kingdom may find the chapter by economist Mark Meiners on private LTC insurance of particular interest, since in 1995 the Conservative government reviewed such an option. The particular stimulus for considering private LTC insurance in the United Kingdom was prompted primarily by the same politically volatile topic: state claims against the estates of older adults who receive LTC at public expense. Meiners directed the Robert Wood Johnson Foundation demonstration in four States of partnerships in which the purchase of specified amounts of private LTC insurance would provide exemptions of portions of an individual's estate from taxation. The success of these demonstrations appears to have been modest but, in any case, they are accurately described and referenced.

Various chapters in this volume also stimulate useful intellectual exercises for LTC policy analysts and programme developers. Several chapters ask how confident we are that the projected need for LTC and for particular kinds of care settings can be usefully predicted from the experience of current cohorts of older people. A useful exercise for policy and programme people, suggests James Callahan, might be to review what they expected in 1976 to be our needs and preferred options in 1996. Would this give us more or less confidence in predicting in 1996 what will be counted and needed for provision of LTC in 2016?

Finally, several authors send a clear warning that in the future, measured disability, not age, will be the focus of providing long-term care. The Americans with Disability Act (1990) in the United States has challenged gerontology in significant ways to understand that disability is not simply an issue of age. This broader perspective on disability has also challenged gerontologists to appreciate a very different professional perspective on disability, a perspective that emphasizes the autonomy of clients in making decisions about the types and locations of their care. In sum, this is a readable, well-referenced volume which presents a useful overview of LTC issues and

policy perspectives in the United States. Policy analysts in Europe and the United States will find this exegesis a useful foil against which to assess LTC policies as populations age worldwide.

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Rosemary Bland (ed.), *Developing Services for Older People and Their Families*, Research Highlights in Social Work 29. Jessica Kingsley, London, 1996, 216 pp., £15.95, ISBN 1 853 92290 X.

Rosemary Bland, the editor, highlights the change of focus in old age research and social work practice on which this book is focused: the 'evaluations of services and innovations which support frail older people in their own homes'. This book adds to the weight of documentation of the important research which has taken place into social work practice with older people. Using leading researchers as authors of chapters on discrete topics results in a volume that collects together much of the current knowledge and debate. This makes the information from the research readily accessible, allowing an overview of the state of knowledge. As such it is valuable for students and practitioners in social work and related disciplines, health in particular. The message that there is good research undertaken into services for older people and into social work practice is immensely important.

The authors expose myths, for example about demography and ageing (Warnes), put the case for the ways in which attitudes to older people are socially constructed, and the consequences for social work practice (Phillipson and Thompson), give information about the financial circumstances of older people (Victor) and services for older people in Europe (Walker). On a point of detail, Warnes's helpful catalogue of misconceptions becomes confused when the challenge to the misconceptions appears to list the misconceptions (pp. 39–40).

Part 2 opens with an interesting discussion by Franklin on housing and support, in which there is recognition of the wider significance of housing as a 'lived experience'. Myers and Macdonald show the limitations in choice for older people and carers and Curran sets out the current knowledge on day care for people with dementia. (When did the two words 'day' and 'care' turn into 'daycare'?). She concludes that such work needs special skills and resources (equipment and environment) and has current limitations in hours, care at home and considerations of gender. Levin and Moriarty summarise their earlier work, showing both the value of respite care and that it tends not to be responsive to individual characteristics. The limited knowledge of spouses as carers (and even more of siblings) is highlighted by Parker. On service delivery, Hardy and colleagues argue that co-operation between health and social services works best when social workers are located in GP practices; Petch shows the problems of care management: the limited involvement of care managers in setting strategies; tensions over boundaries between agencies; limited budgets and failures to record unmet need. Fuller

and Tulle-Winton show that specialist workers have an added awareness of assessment and planning and that this may not make much difference in practice if resources are limited.

The strengths of the book are that it is an excellent résumé of current research and debates; however, there is little that is not available elsewhere. I would have liked to see more pursuit of the links that emerge between studies, of where the research overview takes us. For example, the material documents the significance for carers of services such as respite and day care: there is sharp evidence of what comprises good services. Yet, as is acknowledged, we know very little of what older people themselves think about day-care and respite-care.

How do we provide services which better meet what carers and older people want? What are the implications for social workers, frequently working in situations where there is no easy solution between the wishes of the individual older person and that of other family members, or where people seem to move in and out of competence to make decisions about their lives. It is only from Stevenson that we get a mention of dilemmas such as these. Having highlighted some key aspects she contends that, 'There is no field of social work in which empowerment is more urgent and requires more skill than with very old people'. Yet, she recognises that social workers have an obligation to provide support and protection. Research must move into the tension and heartache that lie behind these discrete studies. Social workers will need to unpick these and other findings so that *empowerment* is not the latest glib word used to disguise impotence in practice – and so that decisions are taken *with* older people, not *for* them.

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ROGER CLOUGH

Michael Sheppard, *Care Management and the New Social Work: A Critical Analysis*, Whiting & Birch, London, 1995, 318 pp., hbk no price, ISBN 1 871 17777 4, pbk no price, ISBN 1 871 17778 2.

I enjoyed reading this book. It focuses upon the integration of care-management with social work theory and dissects interpretations of care-management against a background describing what social workers actually do. One dilemma is that it fails to include needed practice examples to illustrate the important questions that are raised. Had the author undertaken research on care-management implementation or used other research more widely, then the message of the text would have been enhanced.

The book considers three key areas of conventional social work theory: interpersonal skills, working with social networks and supports, and task-centred practice; and it examines care-management in the light of each of these. Sheppard argues that the new environment of care-management has been profoundly influenced by the ideological inclinations of the Tory government, and so it is hardly surprising that many social workers are instinctively uncomfortable with care-management. This ideological thrust

involves three elements: 'a strong belief among the New Right in the virtues of competition, an assumption... that public management is less resource-efficient than private management, and the development of a quasi-market in social care' (p. 42).

The book is divided into four sections: care-management and social work, social work as care-management, assessment and the problem of knowledge, and the use of social work theory. A chapter on care-management and the new managerialism stands out, and suggests that significant portions of social care involved in care-management have been routinised and have tendencies towards rule-following and the employment of less qualified individuals – effectively a de-professionalisation of areas of social care. This process of the accretion of power or control to managers and the routinisation of tasks of other staff has been labelled more widely within the public services as 'neo-Taylorism' (Pollitt, 1990). It involves two key elements: task fragmentation and the de-skilling of the work-force together with the centralisation of work-planning. The paradox presented by 'multi-skilling' is that, whereas care professionals are expected to defend their territory, prove their worth, and reassess and redefine their contribution, they are similarly urged to engage in more generic training, common core modules and shared learning. Richard Hugman (1995) has argued that no single profession has a prior claim on care-management or the processes it embodies and that much will rest upon the competing claims of service managers.

Sheppard asserts that, 'If managers wish... to define the work content of care-management in terms of simplistic and routine tasks, then the elements of 'sentimental work', such as interpersonal skills and reflexive responses to situations, will be marginalised or removed altogether' (p. 75). It follows that the standardisation of tasks, as through the core assessment schedule, enables managers to exercise far more direct control over practice, largely by determining in advance what shall take place. Here Sheppard demonstrates how social work might move away from professionally-based discretion to procedure-based rule following.

'Care-management and the consumer' (Chapter 5) discusses the limits of customer sovereignty in care-management, and describes it as maximising the benefits to consumers within budget constraints. The concept of 'risk and uncertainty' is discussed and applied to the probable outcomes directed by a care-manager when acting as a consumer's 'agent'. The argument seems to be that care-management, unless it is unnecessarily to lose the advantages of the skills of qualified social workers, involves (a) a form of practice building on social work and (b) a necessary further theoretical development drawing upon the existing traditions of social work.

Other chapters deal with empowerment, choice and determination; need; and assessment and the use of social work knowledge. The author's neat claim is that care-management promotes choice amongst the rational and rationality amongst the irrational. An element of persuasion inevitably creeps into the process as the care-manager has access to more information than the consumer and can legitimately attempt to persuade the consumer to take a particular course of action. Overall, the book is an important contribution to social work theory and locates care-management well within it. Its omission is the lack of

engagement with the well-established research literature on care-management in specific areas, *e.g.* older people and learning disabilities. Highlighting findings from this body of material on social work interventions would demonstrate and evaluate their claims. The book will be of value to practitioners and to those more concerned with the long-term establishment of values in social work and how these are eventually translated into practice.

References

Hugman, R. 1995. Contested territory and community services: interprofessional boundaries in health and social care. In Sothill, K. *et al.* (eds) *Interprofessional Relations in Health Care*, Arnold, London.

Pollitt, C. 1990. *Managerialism and the Public Services*. Basil Blackwell, Oxford.

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Susan Lanspery and Joan Hyde (eds), *Staying Put: Adapting the Place Instead of the People*, Baywood, Amityville, New York, 1997, 283 pp., no price, ISBN 0 895 03133 7.

In the 1980s most British research and the majority of books on housing for older people were about sheltered housing. In the 1990s, much more attention has been devoted to alternatives and to ways in which older people can remain in their own homes. *Staying Put: Adapting the Place Instead of the People* is an American contribution to research on one aspect of the options for staying at home. It is an account of some of the ways the home can be modified. The focus is exclusively on this rather than ways of solving the problems which many older people have of looking after their care needs.

The book is a series of chapters written by researchers on particular aspects of the home. M. Powell Lawton, one of the leading experts in this field, starts with a masterly overview of the subjects to be covered. As he says, 'Despite the availability of newer housing types such as retirement communities, senior citizen housing, or purpose-built residences for the handicapped, the overwhelming majority of people sixty-five and over wish to remain where they are'. The editors argue that, 'Housing adaptation and repair can often help them (older people with disabilities) remain, and may even reduce the need for, or increase the effectiveness of, caregivers. As a result, they may save money as they enhance independence'. The Introduction sets the scene and suggests why people wish to remain in their own homes. Part Two has a focus on the disability levels which may have to be catered for as well as specific considerations about design. Twelve principles of environment and behaviour are discussed and assessed. These include privacy, social interaction, control, choice, autonomy and safety.

Part Three is about users' perspectives on home adaptation. This is probably the most interesting section for people outside the United States,

because it is more general. The focus on the consumer is particularly to be welcomed. The account of the woman who was advised to have a rail placed on a staircase she never used is typical of the kinds of insensitive policies that may be adopted if consumers are not consulted. Chapter 7 is about individualising home modifications. It advises starting with the older person and looking at what they do throughout the day and at some of the barriers. It is only then that appropriate modifications can be devised. Another interesting chapter focuses specifically on home adaptations for households which contain someone with Alzheimer's Disease. There is a welcome focus on the needs of the care-givers. Most of this is generalisable to other countries although some points may be less familiar. How many households, for example, would look at the check-list and think that fencing the swimming pool or removing fire-arms is applicable to their household?

Parts Three and Four are about policies and programmes to achieve housing adaptations. Although interesting they maybe of less relevance to people outside the United States. The lack of providers is a serious problem and there seems nothing exactly the same as the British model of agency schemes. But the problems and the patchiness of provision are shared. One also suspects that some of the findings are universal. For example, when people were asked to identify devices which would help them, all were actually available unbeknown to the respondents. Lack of knowledge of what is available is a problem common to many services. This is an interesting book but it is somewhat surprising that there are virtually no references to comparable studies in other countries.

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Leslie A. Morgan, J. Kevin Eckert and Stephanie M. Lyon. *Small Board-and-Care Homes: Residential Care in Transition*, Johns Hopkins University Press, Baltimore, 1995, 237 pp., \$47.50, ISBN 0 801 84996 9.

With the large and growing population of older people in the United States, the provision of long-term care for those who are functionally impaired is of perennial concern to policy makers. As Baumhover, Daniels, Gillum, and Clark-Daniels (1994: 170) have noted, however, 'Too often, long-term care facilities are narrowly defined as nursing homes. This limited view ignores an array of formal, informal, institutional and noninstitutional care settings, including shared living homes, board and care homes (BCHs), lifecare communities, and private residences, in which family members care for a dependent relative.' Lay persons greatly overestimate the percentage of older people in nursing homes, greatly underestimate the percentage being cared for informally at home, and are largely unaware of the existence of the other types of facilities, particularly BCHs. Professionals are aware of the existence of BCHs but are often critical or dismissive of them on the grounds that they provide sub-standard shelter and non-medical care to a vulnerable population.

Moreover, most small homes are unlicensed and, therefore, anathema to many professionals because it puts them beyond the reach of regulatory control.

Prefaced by the belief that, 'The current crisis surrounding the health and long-term care systems has given new life to the search for home- and community-based alternatives to traditional nursing home care' (p. 1), Morgan, Eckert and Lyon's reported research, which was funded by the National Institute on Aging, focuses on small board-and-care homes (SBCHs) from an 'insider' perspective. This is in contrast to the usual and unduly critical 'outsider' perspective that they believe characterises most previous research on BCHs. For study purposes, SBCHs were defined as those having eight or fewer residents and a co-residing operator. This resulted in a sample of 146 homes with 217 residents in Cleveland, Ohio, and a sample of 103 homes with 342 residents in Baltimore, Maryland, both mid-sized cities in the eastern United States. No claims of representativeness are made for the SBCHs in these particular cities; they were used apparently because one of the authors (Eckert) began the study in Cleveland in the early 1980s. Through the use of a cross-sectional survey design in Cleveland and a four-wave longitudinal (panel) survey design supplemented with ethnographic interviewing and observation in Baltimore, numerous data were collected on the homes, their operators and their residents.

In seven well-written chapters, plus a methodological appendix, the authors present extensive findings on the board-and-care industry in American society, the board-and-care-environment, the economics of SBCHs, the operators, the residents, social support and relationships in the homes, and the future of SBCHs. Although the homes were operating under severe economic constraints and ranged in quality from minimal to acceptable, most were found to be physically adequate. The operators were for the most part found to be caring individuals who were less motivated by making money, which is very problematic in the SBCH industry, than by helping people. The residents, about 60 per cent of whom were older people, most of whom were women, and all of whom were poor or of very modest means, appeared to be well cared for and were largely satisfied with the care they received.

As a theoretical point of departure in characterising SBCHs, the authors use the concept of social marginality, by which they mean that both the operators and the residents are relatively powerless and inconsequential in the scheme of things. Based on my own experiences, I think the concept most apt. Indeed, it brought back memories of the apparently middle-lower class, middle-aged, female operator of a SBCH in Los Angeles who referred to the older people living there, with a mixture of faint disdain but considerable affection, as 'the little people'. To some extent, she may have been referring to the stooped posture of her wards but, mainly, she was making a sound sociological judgment – as do Morgan, Eckert and Lyon.

While an 'insider' approach can produce interesting findings, it also can lead to over-identification with the objects of study and a lack of critical appraisal. That has not however happened here. The authors make a convincing case and recommend that SBCHs be assigned a more prominent and bureaucratically legitimate place in the long-term care system of the United States, despite the fact that most of them are unlicensed.

Unfortunately, I do not think their recommendation will be followed – licensing, however, impotent as a regulatory mechanism, is too well entrenched at this time – but it was well worth making.

Reference

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Judith Torrington, *Care Homes for Older People: A Briefing and Design Guide*, Chapman and Hall, London, 1996, 127 pp., £24.99, ISBN 0 419 20120 3.

The main contribution of this briefing and design guide is the wealth of practical, detailed information it offers. Written from the perspective of an architect specialising in the design of care homes for older people, priority is given to design information, including anthropometric data, diagrams, plans and photographs. The guide's strength is the author's determined effort to link design with users' needs. The design information is most effective where those links are closest. Although likely to be of most use to architects and others involved in the construction process, there is much of value for those commissioning care homes.

The guide has three sections (plus technical supplements), written to be read sequentially or separately. The first section focuses on users' needs; the second and longest is on design guidance; whilst the third is short, containing information on project management in the British context. Although briefing features in the title, and examples of design failures in existing care homes are attributed to 'poor briefing decisions', these procedures are mentioned mainly in a few paragraphs at the end of the guide, and there is no explanation about how the guide could be used in briefing for care homes. Section 1 offers a comprehensive introduction to care homes, of relevance to all involved in their provision. The needs of several user groups are examined, including staff, but priority is given to residents. They face several 'challenges of ageing' such as restricted mobility, declining manual dexterity, sight and hearing problems, incontinence and dementia. How each of these relates to the built environment is sensitively and perceptively explored, particularly in the case of dementia, to identify the design implications for care homes. Careful consideration is given to the requirements of ethnic minority residents. Other topics would have benefitted from more detailed coverage; for example, the implications of care of the dying for care-home design. More references would have been useful in this and the other sections.

Although wide ranging and detailed, the quality of the design guidance in Section 2 varies. A key factor is the strength of the linkage with the debate about users' needs; this is affected by how information is presented. A combination of discussion and checklists establishes close links, resulting in clear and practical recommendations for interior design, technical systems and services, and sites. In contrast, the text on internal spaces consists only of checklists. Yet some discussion to link design recommendations with users' needs, or at the least to cross-reference to other sections, is essential here, to inform the choices that have to be made about the number, type, size and layout of spaces and arrangements of furnishings and fittings, depending on the type of home (*e.g.* nursing or care) and its residents' needs. Without this linkage, architects, particularly those new to care-home design, may consult Section 2 only and make design decisions without the relevant information in the other sections. Overall, the guide provides most welcome information on care-home design, which should be of use to their providers and designers, and should ultimately benefit their residents.

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Maggie Pearson, *Experience, Skill and Competitiveness: The Implications of an Ageing Population for the Workplace*, European Foundation for the Improvement of Living and Working Conditions, Dublin, 1996, 66 pp., ECU 8.50, ISBN 9 282 76033 2.

Judith E. Phillips, *Working and Caring: Developments at the Workplace for Family Carers of Disabled and Older People*, European Foundation for the Improvement of Living and Working Conditions, Dublin, 1996, 51 pp., ECU 11.50, ISBN 9 282 76028 6.

It is a paradox that while our society has aged, so the working lives of its individuals have contracted. The early exit of older people from employment in most industrialised nations since the 1950s has led to a growing army of seniors who are detached from paid work. This trend is surprising not only because of increasing longevity but also because of the shift away from traditional manufacturing and towards the so-called flexible information and service age. Brains, not brawn, might be expected to work in favour of people of more advanced years.

These two reports, the product of separate international symposia on older workers and on the working carers of disabled and older people, flag another paradox. While the economic fortunes of older men appear to have waned, so the relative fortunes of women have apparently boomed. Women have returned to work in increasing numbers, largely as part-timers and in the new industries, at a time when these same working women are more likely to face elder-care responsibilities in the home. It is these tensions which are explored succinctly in these valuable and constructive additions to the growing literature on the isolation of older workers and elder-carers. The authors document the trends, include sections on best practice, and finally offer

compelling cases for action. The arguments appear so convincing as to make readers wonder why the many parties involved in the welfare of older workers, and of working carers with ageing dependants, appear to have been so slow to recognise the need for change.

Both reports take a European perspective. *Experience, Skill and Competitiveness*, by Maggie Pearson, was the result of a symposium organised by the European Foundation for the Improvement of Living and Working Conditions in Dublin in 1993. *Working and Caring*, by Judith Phillips, followed another in Bonn less than a year later, jointly arranged by the Foundation and the German Ministry for the Family and Seniors. Neither report charts the proceedings chronologically, rather they offer a well-structured approach which moves from explanation and exploration to advocacy.

Pearson suggests that early exit from the workplace has left a social and economic legacy which must be addressed. It has reinforced an image of older workers as less productive and dispensable; raised unrealistic expectations of early retirement pay-offs; led to insecurity and disenchantment for many older workers who remain; and caused health problems for a significant proportion of those who have either been made redundant or face long-term unemployment. This has been not only a waste of human capital, but represents an economic nonsense and a social injustice. There are useful sections here on economic restructuring, the work environment and health promotion.

Phillips cites the increasing number of dependent adults who need care, the imperative for carers to remain or to enter employment (for financial security, respite and social support), and the need for positive action by trades unions, non-governmental organisations, employers, public agencies, carer organisations and central governments. She argues that the latter should take the lead. The final three-page section is a summary of recommendations, including the introduction of age discrimination legislation.

Experience, Skill and Competitiveness, on the other hand, stops short of a call for such legislation, citing the mixed reception and outcome of such a move. Yet it is hard to see how the alternatives offered, such as awareness-raising and positive human resource management, would persuade companies to reverse a now long-standing tradition of targeting older workers for early exit. As the report acknowledges, employers tend to be pre-occupied with short-term economic survival and are often ambivalent towards older workers. Richard Worsley (1995), in a recent European Resource Unit briefing paper, argues convincingly for legislation, and suggests that it will contribute much more than a route to legal redress: it raises awareness, acts as a deterrent and makes a statement about society's beliefs. Both reports offer an excellent European overview of the employment difficulties facing older people and family carers and are essential reading for human resource professionals and researchers alike.

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Martin J. Connolly (ed.), *Respiratory Disease in the Elderly Patient*, Chapman & Hall, London, 1996, 309 pp., £45.00, ISBN 0 412 56830 6.

This is the first book which has addressed solely the respiratory problems of older people. It will definitely help both respiratory and non-respiratory physicians to understand their distinctiveness in relation to the ageing process. It will also raise the interest of physicians in these disorders and should persuade them to reject the nihilism which is widespread at the moment.

The book itself is very well presented and produced. The preface clearly argues the need for the book and the reasons why it will be an important contribution to physicians who deal with this particular problem in their day-to-day practice. It opens with an account of the basic physiological changes which occur in the ageing lung and clearly explains the control of ventilation at rest, during exercise and during sleep. This is sensibly followed by material on imaging, with particular attention to the interpretation of chest X-rays. Asthma in old age is extremely well discussed by the author, who clearly describes the problems of diagnosing late on-set asthma and the tendency to brand it as chronic-obstructive airways disease. There is a clear outline of how to diagnose and manage asthmatic patients, what parameters to look for and the effects and particular side-effects of drugs. It also features the inhaler technique, which is problematic for the elderly patient, and the author explains why there are problems with drug delivery with the use of a proper inhaler device.

In the next chapter, which mainly discusses chronic-obstructive airways disease, a clear indication is documented as to when patients should be considered for oxygen therapy and the importance of this procedure for older patients. In a chapter discussing infection, there are clear accounts of the changes in the immune response of older people, the choice of antibiotics, and the type of organisms which usually grow in the older patient. It also makes clear that tuberculosis is still a problem and an important differential diagnosis in the older population. Classification of lung tumours and the importance of diagnosing lung cancers is clearly dealt with, but the sections on medical and supportive therapies are too short. The discussion of interstitial lung disease explains its different forms among older people, but probably required more depth to deal with its many causes.

I found that the chapter on critical care clarified the dilemmas faced before ventilating patients. The prescription and management of drugs for older

patients is always important and an appropriate chapter is included and reminds the reader of the adverse drug reactions an older patient can face. The discussion of pulmonary rehabilitation examines the potential of non-pharmacological means to improve the quality of life. Overall, I think this book is the first of its kind and that it definitely raises the understanding of respiratory medicine in relation to older people. I would like to congratulate Dr Connolly for his hard work in writing to a high standard and providing readers with superb reference lists.

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Jacki Pritchard, *Working with Elder Abuse: A Training Manual for Home Care, Residential and Day Care Staff*, Jessica Kingsley, London, 1996, 183 pp., £19.95, ISBN 1 853 02418 X.

In the last few years there has been a steady flow of publications in both Great Britain and the United States of America on elder abuse. Many conferences have been held and an advocacy organisation, *Action on Elder Abuse* has formed, but still ageist attitudes in society prevent the subject from catching the public interest in the same way as child abuse and domestic violence. A small but growing number of professionals continue to write and research the topic: this author is a former social worker and manager and is now a freelance trainer and consultant. Other books such as Mervyn Eastman's (1984, 1994) are now in their second editions but whereas theories of causation, definitions and guidelines for workers are now widespread, training manuals with notable exceptions have been slower to appear (Pritchard 1992, 1995; Biggs and Phillipson 1992). Some local authorities have marketed their own training experiences (Durham County Council 1995) through the sale of often costly packages including videos. The training manual under review is long overdue.

Pritchard's earlier books were aimed at professionals working with older people in fieldwork settings, and although she suggests that this manual is used in conjunction with those handbooks, the target audience here is home-care, day and residential staff. These are the staff who are most likely to encounter abusive situations, to receive disclosures and to have the opportunity to perpetrate abuse. Sadly they are also the lowest paid, least listened to, and have the fewest training opportunities. They are also likely to be women (Aitken and Griffin 1996).

The A4 format of the book and the permission to photocopy certain pages as handouts is very welcome. It took a little time to get used to the layout of the early chapters: the text is followed by suggested reading and references, then handouts, exercises (sometimes also handouts for exercises) and case studies. After struggling with this, I discovered some helpful symbols at the top of each page which make the identification of the material much easier: this has taught me not to skip introductory pages. The reading and references are mainly easily accessible British and American texts, but I did wonder how

many libraries possess a 1985 copy of *The Canadian Nurse* (p. 79). The references on case conferences and counselling survivors are largely taken from the child-abuse literature.

The chapters work through definitions, types of abuse, recognition, investigation, handling disclosure, monitoring and reviewing, case conferences (made simple) and long-term work with victims and abusers. Residential and day-care issues are well covered with plenty of exercises, and there is a short chapter on managerial issues followed by fifteen case studies and ten role-play scenarios. The straightforward language and the way that practical issues are addressed is effective. For instance, workers are asked to think about their own voice, eye contact, facial expressions and body language while handling disclosures. I am however not sure that references to basic counselling skills fit into the section on disclosures. In child protection it might be seen as muddying the investigative waters; perhaps this is one of the differences in our approach to elder abuse. The manual is an excellent resource which managers, supervisors and trainers will find invaluable.

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Lynda Aitken and Gabriele Griffin, *Gender Issues in Elder Abuse*, Sage, London, 1996, 179 pp., hbk no price, ISBN 0 803 97522 8, pbk £12.95, ISBN 0 803 97523 6.

Aitken and Griffin state at the outset that 'the aim of this book is to highlight the fact that gender is a significant factor in elder abuse'. Few people would dispute this and certainly it is an aspect of the subject which must be pursued in the future. However, some readers may find the way in which the authors' arguments are presented through the book rather patronising; this is indicated again in the introduction when they say, 'Predictably perhaps, it has taken *women*, ourselves included, to focus on gender as an important issue in elder abuse'. This is very dismissive of the good work which has been undertaken so

far and of the men, Mervyn Eastman in particular, who have contributed much to raising awareness about elder abuse in the UK. Perhaps the authors could have given more thought to the introduction in order to welcome the reader rather than alienate their potential readers.

Having said this, I acknowledge that the book has much to offer a wide range of readers because it must provoke the thought and contemplation of anyone who reads it thoroughly. Even if the reader may not agree with some of the arguments and the authors' critical analysis of previous work, a firm foundation is laid for any professional, carer, volunteer or student working with older people to rethink the issue of *gender* and how important it is in relation to elder abuse. This book will contribute to our thinking on elder abuse because the authors discuss in depth several fundamental issues, such as 'the feminisation of old age and its conditions' (Chapter 1) and 'ageism and sexism – discrimination in and towards old age' (Chapter 3). They then divide the chapters to examine elder abuse in institutional settings (Chapter 4) and in domestic settings (Chapter 5).

A weakness is that there are many references to, and quotes from, the articles which appeared in *Community Care Magazine* when the 'Elder Abuse Campaign' took place in 1993. I feel more could have been made of the research studies which have been carried out in this country. Such studies are discussed and well referenced in McCreadie (1995). I felt frustrated that much useful work was not discussed more fully (including the role of men as both victims and abusers), that some work was not referenced at all (Garrod 1994), including the studies undertaken in the North East, and that there are errors in the references (Eastman's first name is spelt incorrectly throughout the bibliography).

A strength of the book must be the diverse backgrounds of the authors. Griffin is an academic from Leeds Metropolitan University and Aitken a Unit Manager at Northamptonshire County Council Social Services Department. This attractively combines theory, research and practice. Practitioners will welcome the insights into Aitken's experiences within her department. The authors have laid the foundation for future work in this area. It has been a long struggle to put elder abuse on the agenda in this country and the momentum needs to be maintained. This can only be done if both academics and practitioners undertake more research which aims to consider broader issues (not just the incidence of abuse) and which in turn will help us to understand *why* elder abuse occurs.

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Claudine McCreadie, *Elder Abuse: Update on Research*, Age Concern Institute of Gerontology, King's College, London, 1996, 123 pp., £10.00, ISBN 1 872 34281 7.

In the Executive Summary of this review of research on elder abuse, Claudine McCreadie notes that there has been an 'explosion' of interest in the subject since the first edition 1991. Without doubt that first edition contributed much to the explosion of informed enquiry into this previously neglected but nonetheless pressing social problem. This updated edition will be similarly influential.

Written in an accessible style and lacking the ponderousness which bedevils many academic texts, this 123 page review is rapidly read and readily assimilated. This is not, however, at the expense of either the critical or the analytic rigour which is indispensable to best practice in the genre. A vast amount of research from around the world is described concisely and discussed with evident erudition, which enables the reader to compare, contrast and integrate apparently conflicting findings into a coherent picture of current knowledge. More than this, the volume links the research base with current British legislation, policy and practice, which makes the report an invaluable resource not just for academics and practitioners but also for policy makers at local and national levels.

This accessibility and coherence is facilitated not only by McCreadie's lucid style but by the structure of the book. Its seven chapters are prefaced by an informative Executive Summary which outlines the major areas of enquiry dealt with in subsequent chapters. Chapter 1 provides an overview of the population of Britain aged 60 years or over in terms of the variables commonly referred to in elder abuse research: age structure, residence patterns, and the prevalence and severity of disability. Each chapter then describes the major debates in the respective areas of interest; definitions, abuse in domestic and in communal settings, financial abuse, intervention and prevention. Most chapters contain clearly presented summary tables of the relevant research findings, and references pertaining to each of the issues discussed.

The wide-ranging content includes detailed discussion on many major issues, such as what is implied by the term elder abuse; whether elder abuse should be considered separately from other categories of abusive relationships, *i.e.* domestic violence; whether abuse in institutions is a different phenomenon; how effective the law is in addressing financial abuse; and the role of inspection and registration in prevention. Throughout there is identification and discussion of the inherent difficulties of research into such a covert phenomenon which researchers new to the field will find valuable. In the final chapters, there are useful accounts of the developing protective legal framework and policy initiatives around protection and prevention at national and local level.

A chapter devoted to the current state of theory development would have been a useful addition as there has been a tendency in this field to concentrate on empirical investigation of specific variables relating to the characteristics of abusers and abused. Though understandable in view of the urgent need to develop preventive and protective strategies, this has led to a neglect of social

factors, such as ageism and gender relations, in the aetiology of a phenomenon now increasingly recognised as being as much a public ill as a private sorrow.

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