

Reviews

Barbara Wade, Lucianne Sawyer and Judith Bell, *Dependency with Dignity: Different Care Provision for the Elderly*. Occasional Papers on Social Administration, no. 68. Bedford Square Press, London, 1983, 252 pp., ISBN 0 7199 11044.

In the present climate of concern about the care of the dependent elderly, a great deal of attention is being paid both to the inadequacies of existing services and to the search for more appropriate forms of care. These vary from the officially sanctioned promotion of community (family) care and the more effective use of residential services to expansion of the private sector and the examination of various kinds of innovative schemes. It is one such scheme, the State Nursing Home (SNH) which provides the rationale for the authors' survey of current provision and a potential model for the future. Their book is a most timely and comprehensive contribution to the debate, if at times presented in a rather irritating way.

The book falls into three main parts. In the first (chs. 1–4), Wade, Sawyer and Bell present a review of the monumental problems besetting the current system of care. The evidence on such matters as bed-blocking, lack of coordination between services, inappropriate placement, unmet need in the community and the burden on informal carers is all thoroughly documented and constitutes a useful contribution in its own right. Underlying this patchwork system, they argue, is a model of care dominated by medical definitions of the problem which views dependency as synonymous with disability and pays little regard to client involvement and choice. This is by no means a novel observation, but in placing the issue of the kind of caring ideology best suited to meeting the needs of the elderly firmly on the agenda they rightly assert that new schemes such as the SNH are no guarantee of success.

The second and third parts of the book are concerned with the findings of a two-stage investigation into the needs, nursing requirements and problems of the elderly in six main care sectors: the community, Local Authority residential homes (LA), voluntary and private residential homes, geriatric wards and private nursing homes (PNH). The resulting sample of 893 elderly persons split fairly evenly across the sectors were assessed for level of dependency (defined by reference to the Rhys Hearn Nursing Workload as that measure of nursing time required to prevent physical deterioration) and a much smaller sample of the more dependent in the community, local authority, hospital and private nursing home sectors followed up six months later. In addition, at the second stage the investigators employed a combination of observational and discursive interview methods to obtain information from the elderly dependent

themselves, their informal carers and professional care staff in the residential sector.

The results are so extensive that it is impossible to do justice to them here, but the more important can be briefly summarised. The highest level of dependency was found in the hospital and PNH samples, the lowest in the community, LA and voluntary residential homes, yet a quarter of those in the community required a high level of nursing care and a quarter of those in hospital were of 'low' to 'medium' dependency. Adjustment (based on behavioural rating scales) was best in the community and hospital groups, worst in the LA and private homes, a pattern which persisted after level of dependency was controlled for. The use of medication, especially psychotropic drugs, was widespread in the residential sector in general but particularly in the PNH. In the second stage of the investigation, and using retrospective data in respect of those in residential care, most informal support was needed in the hospital sample and the group remaining in the community. Nevertheless, the latter received most statutory help though overall service input was low. The characteristics of carers and their situation were not strongly related to the breakdown of community care; rather, it seemed to hinge on a complex resolution of the competing costs of all dependent family members. Finally, while the geriatric ward was characterised by higher service input it was most impersonal, the PNH presenting the opposite picture; staff care ideologies were unrelated to setting, and a good deal of support was evinced for the principle of the SNH, though least among doctors.

The authors conclude that the results of their study confirm the now all-too-familiar bleak picture found by other investigators:

Under the present system the elderly are either receiving the care that they need in an unsuitable environment or they are living in an environment which is suitable but are not receiving the care that they need (p.224).

The conclusion, however, leads to two different implications depending on the model of care adopted. Under a system based on the medical model the problem is one of ensuring more appropriate placement; of matching levels of dependency to existing services. Under a system that places greater emphasis on the needs and rights of clients, different levels of dependency in the same setting matter less. The issue then is one of bringing resources to the elderly rather than the reverse. Advocates of the former might take some comfort from the finding that although a quarter of the community and hospital samples were not appropriately placed, three-quarters were, but this of course is a reflection of only one (medical) dimension of the problem. The scope of Wade, Sawyer and Bell's study leads them to consider other alternatives. They warn against the uncontrolled expansion of the voluntary and private sectors, on the grounds of lack of medical cover and the problem of guaranteeing standards. They approve the principle of community care, provided it is based on a realistic appraisal of the costs involved. Their major recommendation, however, is for the phasing out of the long-stay geriatric ward and the introduction of a system of state nursing homes under the joint control of Health and Local Authority and staffed by appropriately trained nurses. Above all the system should be flexible.

Dependency with Dignity is a very good book and one in which everyone concerned with the care of the elderly will find something of relevance. It is packed with information usefully summarised at the end of each chapter, but its detailed reading is neither enhanced by the photaset methods used in its printing nor by the numerous and detailed tables presented throughout. It really is not a service to the reader to have every percentage calculated to one decimal place, especially when the numerators in the second stage of the investigation are rarely more than 30 and sometimes as low as 6. This is not merely a quibble about presentation, but it does raise the question about whether the authors make too much of some of the results, which clearly do not reach conventional levels of statistical significance. The authors do urge caution because of small numbers and they also acknowledge an inevitable weakness in using retrospective data in the residential samples to represent a comparable situation to the group in the community. Nevertheless, these are relatively small criticisms and the cumulative nature of the evidence is, I believe, more than adequate to justify the conclusions.

On two points, however, I have some reservations. The first refers to the comparison of levels of dependency across care sections. The authors strongly criticise the notion of dependency as being simply an equivalent of level of impairment, pointing out that dependency can be a consequence of the residential environment itself. Yet the design of the study means that it is quite impossible to assess the extent to which dependency results from impairment, from the environment or from high levels of medication. In terms of nursing workload *per se* this does not matter, but in comparing levels of dependency across care sectors we are not necessarily comparing like with like and this could lead to erroneous conclusions about appropriate and inappropriate care placement. To take just one example, a reduction in the amount of medication used in the PNH might alter the dependency profile in that sector quite dramatically and *ipso facto* imply that fewer people should be there. The authors in fact might have made more of this, since it would probably enhance their conclusion that the current system is inappropriate to the needs of the elderly.

A second point is concerned with their unreserved advocacy of the SNH. What they want is the best of all worlds, a person-centred setting with adequate medical cover. Recent evidence suggests that goodwill alone is not enough and that the medical profession is reluctant to relinquish its 'grip' on the nursing home concept.¹ It would seem timely to introduce the issue of professional interest into the debate and not just leave it at the level of caring ideology, important though that is. Recent (electoral) events also suggest that expansion of the state sector in the foreseeable future is unlikely. Without the resources and the political will the future of the state nursing home looks gloomy indeed.

1 Dally, G. (forthcoming). The nursing contribution to the care of the elderly. In D. Jerrome (ed.), *Ageing in a Contemporary Framework*. Croom Helm, London.

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