

Abstracts

Sociology and Social Policy

John Bond

D. A. Jones, C. R. Victor and N. Vetter. Carers of the elderly in the Community. *Journal of the Royal College of General Practitioners*, 33 (1983), 707–710.

The political rhetoric of the 1980s continues to emphasise the role of community care in caring for elderly people. In recent years this emphasis has changed from care *in* the community to care *by* the community.¹ One reaction to this change in rhetoric has been a flood of empirical and theoretical studies looking at the question of informal or non-statutory care of elderly people at home. This selection of abstracts is based on some recent additions to this literature.

Jones and her colleagues describe data collected in a study of people aged 70 or over living at home in an urban area in South Wales. A random sample of elderly patients registered with a large practice were interviewed to assess their physical, mental and social wellbeing. A part of this interview was concerned with data about the carers of elderly subjects. Each subject was asked what problems they encountered with mobility and the difficulties they experienced with personal self care and house care activities such as washing or bathing and ironing or cooking. The frequency with which subjects required help to undertake particular activities was recorded. Information about people providing help was also recorded, including details of their relationships to the subject, gender, age, any disability and occupation.

About one-third of subjects reported requiring assistance with one or more of the 15 tasks considered basic to everyday living, and the assistance required increased markedly with age. Over half the subjects aged 80 or over required help.

Help was provided by a variety of people. Daughters were named most often by subjects as the main carers, followed by spouses and home helps. However, it was the daughters and spouses who bore the major part of the burden of caring for the elderly subjects. Voluntary help was minimal.

The authors claim their study demonstrates that the immediate family still supports and cares for its elderly relatives. The extent of this

support is unlikely to be replaced by either statutory or voluntary services. The results of this study are in line with a large number of similar studies undertaken in different parts of the United Kingdom and other parts of the world.

COMMENT

This study provides substantial empirical evidence that the rhetoric that the family no longer cares is misinformed. That families do care may encourage politicians in pursuing the rhetoric of care *by* the community. Unfortunately this article lacks substantive data on the effects to carers of helping these elderly subjects. Other studies² can provide this supplementary information to politicians and policy makers.

E. M. Brody, P. T. Johnsen, M. C. Fulcomer and A. M. Lang.
Women's changing roles and help to elderly parents: attitudes of three generations of women. *Journal of Gerontology*, **38**, (1983), 597–607.

Whereas Jones and her colleagues provided recent empirical data on the involvement of the family in the care of the elderly and showed that it was women who bore the major burden, this article focuses on the attitudes of women from three generations towards the care of elderly adults. Brody and her colleagues report data collected in personal interviews with 403 women from 213 families living in Philadelphia; 75 of these families included a woman aged 65 or over, her mature daughter, and the former's grand-daughter. The remaining 138 families included related or unrelated women occupying one of the three lineal positions.

Included in the interview were 47 attitude statements primarily representing the domains of gender-appropriate roles and responsibility for the care of the elderly. About two-thirds of these were original to the study. A few of the items were framed as factual items, but the majority represented three theoretically distinct types of attitudes: beliefs, affective feelings, and action orientations. Responses to the 47 items were measured on a 5-point Likert scale.

Preliminary analysis was undertaken to test the level of intra-familial relationships. Since these were low the entire sample was subjected to analysis of variance for independent observations. Principal components analysis was the main method used to identify the major attitudinal differences. Subsequent analysis looked at generational differences by examining individual items. The principal components analysis identi-

fied eight components. The association between these and other types of variables is described.

Brody and her colleagues advanced three hypotheses. First, that attitudes would fall into two general categories: those dealing with egalitarian gender roles and those dealing with the responsibility for the care of aged parents. Second, that attitudes towards gender-appropriate roles were expected to be unidimensional while the responsibility for the care of aged parents would be multidimensional. Various dimensions were expected: filial responsibility, the acceptability of informal and formal support systems and inter-generational reciprocity and obligations.

The results from the principal components analysis are reported as supporting these hypotheses. Of the eight dimensions identified by principal components analysis five are discussed in the present article: Egalitarian Gender Roles, Receptivity to Formal Supports, Reciprocal Generational Relations, Reciprocity of Obligations and Stereotypical Beliefs. The authors discuss each of the dimensions in terms of the linear trends among the generational means, the constituent item showing the greatest generational variance and the percentages of positive responses to items.

Generational differences were observed for the first dimension: egalitarian gender roles. These significant differences, however, reflect the relative strength of endorsement rather than opposing views. The second dimension – Receptivity to Formal Supports – showed cross-generational divergence rather than endorsement. On dimension three – Reciprocal Generational Relations – and dimension four – Reciprocity of Obligations – there was no significant generational trend. Dimension five – Stereotypical Beliefs – showed significant differences between the generations, but the dimension was difficult to characterise, consisting of a mixture of stereotyped attitudes.

The authors conclude from these data that attitudes towards gender roles were more egalitarian in each successively younger generation. However, the responses of younger women indicated their firm support of family care. Although women expected more sharing with men, some still accepted certain tasks as gender-appropriate. Older women were found to be consistently more receptive to formal services than younger women, but all endorsed the view that elderly parents should depend on family support where practicable. Finally, the authors conclude that these data show that values connected with family care of elderly parents have not been eroded, even among women who are overwhelmingly in support of non-traditional roles for both sexes.

COMMENT

This kind of paper is always difficult to 'abstract', since it is always easier to criticise the method of approach rather than emphasising its contribution to knowledge. Replication of the methods is essential if these data are to be of real value in the current debate on the care of the elderly. So often the outcome of this type of analysis depends on the items put in and the interpretations of the results coming out. This article is a useful description of the attitudes of women from different generations toward the care of the elderly. It does not, however, provide an explanation for these attitudes, only speculation.

A. Graycar. Informal, voluntary and statutory services: the complex relationship. *British Journal of Social Work*, 13 (1983), 379–393.

In contrast to the previous articles Graycar describes no new empirical data. He provides a statement of current professional rhetoric about the role of community care in caring for elderly people. The argument of the article is that equitable social care will only be achieved if society accepts a greater role for the public services in the care of elderly people.

Demographic changes in the structure of the population of European and North American countries have been widely known for at least two decades. Yet social policy has been slow to adapt to the consequences of these predictions. The rhetoric of the 1980s has focused on public sector expenditure, arguing that it is excessive and expanding too quickly. The solutions suggested are care *by* the community ('return to the family'), privatisation and voluntarism.

Current political rhetoric exhorts us to return to a golden era where families provided a greater amount of care than is assumed they do today. Indeed Brody and her colleagues were surprised to find that all three generations of women echoed a similar view. They argued that this myth persists in people's consciousness because they harbour unrealistic expectations that the devotion and care given by young parents to the dependent child will be reciprocated and the indebtedness repaid in kind when the parent, having grown old, becomes dependent. The 'good old days', they argue, may mean not only an earlier period in our social history but also an earlier period in every family's history to which there can be no return. 'One cannot become parent to one's own parent'.⁴ As Graycar reports, historical data suggest that the 'good old days' were no better than the present, and both Dee's and Brody's data suggest that women are not rejecting caring roles. Current rhetoric

ignores the limits to the supply of family carers and the substantial costs to families of caring. Financial costs affect the carers' standard of living, while constant caring is associated with a marked deterioration in a carer's lifestyle and family relationships.

Formal services have developed over the years in response to the difficulties experienced by families in caring for elderly relatives. The impetus for these came from both the government and voluntary organisations. Their goal was seen as a longstop for when the family care system failed, and as a preventive and innovative service. The rhetoric of prevention persists but in reality the public sector provides the longstop. The role of the professional working within the bureaucratic framework of the public sector is to find ways of matching needs and resources. However, as Graycar indicates, the professionals involved are rarely highly placed in the bureaucratic organisation or sufficiently powerful to make many of the major resource allocation decisions.

Graycar identifies two concepts identified by the term 'privatisation'. The first is an ideological concept which suggests that consumers should pay for services, and the second is an operational concept relating to the ways in which different services are delivered. The first concerns the issues of selectivity which are only touched on by Graycar. The second has two components. First, public services are too rigid, and more flexibility can be encouraged by devolution to less bureaucratic and 'more efficient' units. Second, with governments imposing strict cash limits on expenditure it is easier for public services to purchase services than to employ permanent staff to perform the same task. The alleged advantage of this method of service delivery is therefore that it costs less, although the indications are that the price and hence the cost rises once there is no public alternative. It is also argued that services purchased are more flexible to meeting the needs of the community. The alleged disadvantages are that agencies can become over-dependent, lose their autonomy, but not be particularly accountable for their services. The proliferation of service providers will in time lead to service fragmentation and lessen the possibility for the formulation of coherent social policy. Contracting out also provides opportunities for easy corruption.

Graycar emphasises the lack of data in this area. Many of the arguments appear theoretical, although a comparative study of social policy indicates that in the social services the alleged disadvantages are more often confirmed than the alleged advantages. Of course one of the major difficulties of this kind of analysis is that the line between the private and the public sector is extremely fuzzy.

A major response to the current round of 'manpower targets' in

Britain, widely described as ‘cuts’, is an attempt to turn to the voluntary sector. In Britain, the distinction between the public and voluntary sector is fuzzy since many voluntary organisations, who rely on Government subsidies, have been affected by Government economies. The organisation of volunteers is also a difficult task. They do not form a stable population and the involvement acceptable to different volunteers is very variable. Heavy reliance on unpaid labour would appear to be an unstable basis upon which to plan the future of personal social services.

Graycar concludes that there is no evidence to show that formal services weaken informal provision. Families will always want to provide for dependent relatives and therefore public policy should aim at supporting informal support systems, but not on the assumption that informal support always exists and will appear if formal services are non-existent. That would be a poor understanding of the history of social policy.

COMMENT

I enjoyed the speculative tone of this article, but unfortunately it did not clearly distinguish between those arguments for which good empirical data are available and those which are founded on professional experience or rhetoric. It also suffered from being placed in a professional social work journal, which encouraged the author to slant the text toward that profession. It would have been better had it been submitted to a more general social policy journal. Having said this, the article discusses important issues and highlights our lack of knowledge about privatisation and voluntarism. More research is required on both these developments since it is likely that current rhetoric will be with us for some time.

V. L. Greene. Substitution between formally and informally provided care for the impaired elderly in the community. *Medical Care*, 21 (1983), 609–619.

A common argument heard in the current rhetoric about community care for the elderly maintains that increasing the supply of statutory services leads to substitution of informal services by formal services. Data from Jones and Brody suggest that this might, like most rhetoric, be an over-simplification. This article offers further insight into this debate by inquiring whether and to what extent substitution between formal and informal care is actually occurring.

The study reported is concerned with clients of the Community Services System in Tucson, Arizona. The Community Services System (CSS) is a comprehensive case-management system designed to provide services to frail elderly people living at home in order to delay or prevent admission to an institution.

Of particular interest in this study is the relationship between levels of support provided by families and friends and levels of support provided by statutory services initiated through CSS. If substitution of informal by formal care does occur then this relationship would be a negative one. Of course, the model is not so simple, since the absence of informal care will also obtain a negative relationship.

The data used in this analysis were from a simple random sample of 140 clients of the CSS who were aged over 60. For each subject an extensive instrument collected data about a variety of demographic, social and impairment characteristics, formal support initiated by CSS and informal care provided by families and friends. In the analysis the levels of formal and informal were operationalised in terms of particular activities of daily living with which assistance was provided.

For the purposes of the model used in this analysis the demographic, social and impairment characteristics were summarised into a few variables: activities of daily living, psychological and social functioning, age, living situation, need for specialised medical services, ethnicity and distance from nearest relative. The model is shown in Figure 1. The level of formal support is hypothesised to be a function of level of informal support, living situation, need for special medical care, age, level of activities of daily living impairment, and level of psychological and social impairment. The level of informal support is hypothesised to be a function of level of formal support, activities of daily living impairment, level of psychological and social impairment, distance from nearest relative and ethnicity. Assuming linear relationships the model can be specified as a pair of simultaneous equations:

$$\begin{aligned}\chi_8 &= \beta_0 + \beta_8 \chi_9 + \beta_1 \chi_1 + \beta_2 \chi_2 + \beta_3 \chi_3 + \beta_4 \chi_4 + \beta_5 \chi_5 + v_1 \\ \chi_9 &= \alpha_0 + \alpha_5 \chi_8 + \alpha_1 \chi_4 + \alpha_2 \chi_5 + \alpha_3 \chi_6 + \alpha_4 \chi_7 + v_2\end{aligned}$$

Analysis was undertaken using a simultaneous-equation estimation technique: three-stage least squares. The results for the first equation, which predicts level of formal support, confirm as hypothesised that levels of formal support are responsive to differences in levels of informal support. The results of the estimation of the second equation, which predicts the level of informal support, confirm a substantial substitution

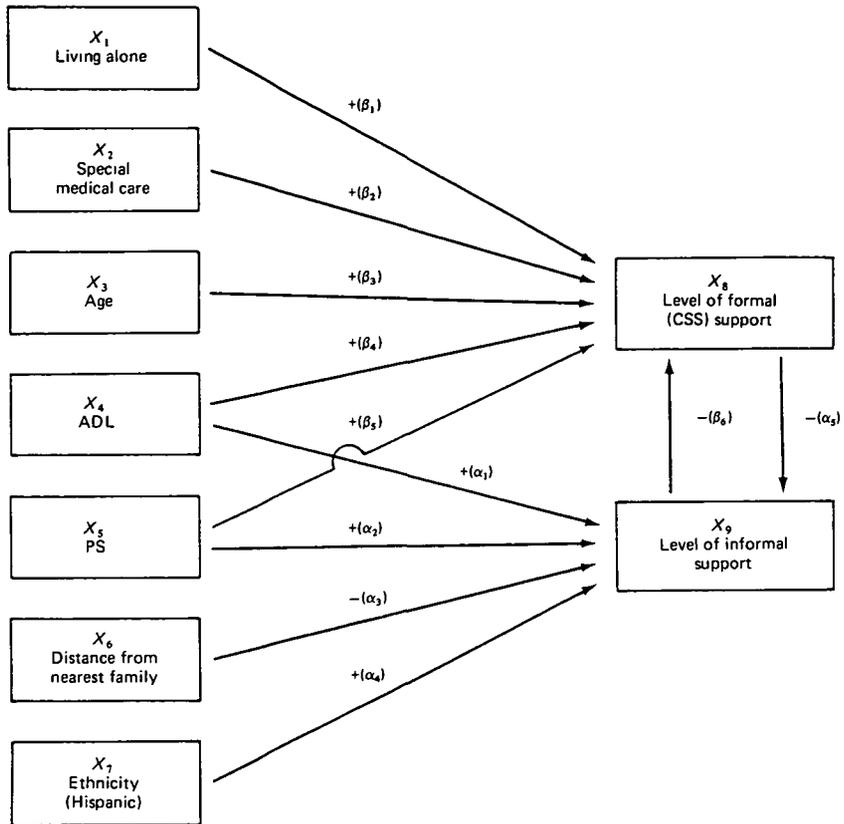


Figure 1. Causal diagram of substitution model. Source: *Medical Care* 21 (1983), 615.

effect between formal and informal support. Greene concludes from these data that expansion of formally organised community-based care systems can reasonably be expected to produce a substantial shift of the current care effort on behalf of the impaired elderly in the community from the private to the public sector through substitution of public for private resources.

COMMENT

In the climate of current political rhetoric I find this kind of analysis somewhat worrying. This is partly a reflection of my own limitations in understanding simultaneous equation estimating techniques. I wonder how many other readers of this journal and how many readers of the original article would need to read the so-called 'standard

treatment' advocated by Greene.⁴ Some attempt to summarise the method seems in order. My concern also stems from the naive statement of the original model. No attempt is made to articulate clearly the theoretical basis for including variables in the model. In defence of the author I should emphasise that this was claimed to be a preliminary analysis. Greene also indicated preference for a study which could have adopted an experimental design and in which randomisation of clients would be undertaken to assess whether there were any substitution effects. This was apparently not possible. The use of a quasi-experimental design in which the level of informal support before and after a client is referred to CSS was measured might have provided a more solid data set on which to build econometric models. I would have accepted the usefulness of this study in the current debate had the author identified the limitations of the method and the study more forcefully.

NOTES

- 1 Bayley, M. *Mental Handicap and Community Care*. Routledge and Kegan Paul, London, 1973. Department of Health and Social Security, *Ageing in the United Kingdom*. DHSS, London, 1982.
- 2 See, for example, Wicks, M and Rossiter, C. Crisis or challenge? Family care, social policy and elderly people. *Study Commission on the Family*, London, 1982.
- 3 Brody, E. M., Johnsen, P. T., Fulcomer, M. C. and Lang, A. M. Women's changing roles and help to elderly parents: attitudes of three generations of women. *Journal of Gerontology*, 38 (1983), 606.
- 4 Theil, H. *Principles of Econometrics*. John Wiley & Sons, New York, 1971.

Social Work and Social Administration

Heather Roughton

Peter Saxby and David Jeffery, In a strange land, *Social Work Today*, 15 (1983), 16, 17.

This brief article reports on two surveys carried out on behalf of West Devon Social Services Department as part of an investigation into the problem of caring for confused elderly residents of Part III homes.

The first survey involved interviews with management and care staff of six homes, together with assessment of residents' abilities. The most commonly reported problems were incontinence, wandering and aggression, and staff expressed concern about the hostility frequently expressed by the more lucid and alert residents towards their disoriented