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The PSSRU

The Personal Social Services Research Unit was established in 1974 and now has branches at three UK universities: the University of Kent, the London School of Economics and Political Science, and the University of Manchester.

Its mission is to to conduct high quality research on social and health care to inform and influence policy, practice and theory.

A brief listing of current research projects can be found starting on page 34; contact details for the staff at the three PSSRU branches are on the inside back cover.

About this Bulletin

The PSSRU Bulletin records recent developments in the Unit, presents recent findings from each of our main programmes of work, and gives a concise overview of current projects and recent publications with contact information.

The Bulletin is distributed free of charge to all local authorities, health authorities, relevant voluntary organisations, and to others on request. If you would like further copies, please contact the librarian at the PSSRU in Canterbury (phone 01227 827773; fax 01227 827038; email pssru_library@kent.ac.uk). If this copy was wrongly addressed, please let us know, quoting the mailing number from the label if you can.

We welcome comments on this Bulletin or other aspects of our work.

Other PSSRU publications

A wide range of publications reports the PSSRU's work. Some are mentioned in the articles which follow and listed in the section beginning on page 34.

The Unit website gives a complete listing, with summaries of longer publications and complete versions of shorter ones (including this Bulletin and previous issues), along with more information on current and completed research.

PSSRU website
http://www.PSSRU.ac.uk/

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Introduction

This fourteenth PSSRU Bulletin is published as health and social care in the UK, and other countries, is undergoing profound changes. These are directed towards a number of goals: a firmer regulatory framework; improving standards in the workforce; closer integration between health and social care; and greater efficiency. These aims are evidenced in initiatives such as the development of the Commission for Social Care Inspection, the flexibilities of the Health Act 1999, the quality strategy for social care, and moves towards greater determinacy, reflected in such areas as the National Service Frameworks, Fair Access to Care and the Single Assessment Process. The PSSRU's research addresses all these areas.

Our core research programmes cover a range of activities. Some address very contemporary and immediate concerns, such as the closure of care homes. A range of studies address the current changes in our health and welfare system in terms of commissioning, assessment and coordinated care, the costs and quality of care and the economics of mental health. Looking further ahead in time, the long-term care finance consequences in the care of older people are being examined. Work in the economics of children's services is also expanding. These programmes are described in pages 6 to 21.

The PSSRU's research activity also has wider links, extending outwards from the core programmes to address such important areas as dementia care, the Care Direct initiative, criminal justice, new assessment technologies and the evaluation of effective approaches for user involvement in service development.

While not formally a core theme of the Unit's work, a number of the studies address what has emerged as a central plank in the current changes, namely issues concerning the workforce for health and social care. For example, there are issues of demand and supply of care staff; the impact of new responsibilities for professional staff, and the staff implications of more sheltered housing options.

This Bulletin also has a centre spread celebrating what was a very important event for the PSSRU, the Festschrift held at the London School of Economics for its 'founding father', Professor Bleddyn Davies, in September 2002. This was a very successful event for the PSSRU as a whole, with attendees from government departments, universities and a range of other organisations from the UK and overseas. A book is being prepared, based on the presentations given on the day and other contributions.

Another important development during the last year is the new PSSRU website, hosted at the University of Manchester on behalf of all three branches of the Unit. The planning and development work was undertaken by a team of PSSRU staff assisted by the expertise of the Delta Project at the University of Manchester. Of the PSSRU working group our particular thanks go to Nick Brawn, Andrew Fenyo and David McDaid for their hard work in making this possible. The website is database driven and enables fast searching and recall of research and publications information, with many publications available online. It can be accessed at www.PSSRU.ac.uk.

I should like to thank Paul Clarkson and Karen Stewart for editing this edition of the bulletin and Nick Brawn for his usual expert treatment of the material to create the final product.

David Challis,
University of Manchester, June 2003

The PSSRU 2002–2003

New dementia information service

The North West Dementia Centre, within PSSRU Manchester, has been awarded funding for an information and library officer from Novartis pharmaceuticals. One of the key tasks will be the production of a web-based bulletin for specialist clinicians, accessed through registration with the funder, giving details of newly published information in the field of dementia. TalkCNS.com will include regular summaries of recent articles, new studies, book and web reviews in health and social care.

Health and Social Care Forum

The PSSRU at Kent has played a prominent role in the development of the University of Kent Health and Social Care Forum and continues to provide academic guidance and support for this initiative.

During 2002, members of the PSSRU were commissioned to collect relevant data on health and social care activities from Kent departments and to construct a university-wide database of interests. A website is expected to be launched soon, which will have direct access to information held on the database. The aim is to promote research and educational opportunities to industry, the public sector and the regional community, developing research, consultancy, continuous professional development/training and access to resources.

Conferences

The PSSRU continues to organise a full programme of conferences and seminars to broadcast and discuss work in our field. These range from internal discussion groups to events with international participation.

The Festschrift celebration for Bleddyn Davies is reported on page 22. LSE Health & Social Care (of which the LSE branch of the Unit is a part) has also organised a well-attended seminar series open to all. Nadia Jemiai (n.jemiai@lse.ac.uk) is the contact for information about future seminars.

The PSSRU organised a one-day conference on mental health economics in a global context, sponsored by the Department for International Development and held at LSE in May 2003. The event was organised in association with the Institute of Psychiatry and the Office of Health Economics. Delegates from more than 25 different countries (most of them low or middle income countries) attended.

NWDC, within PSSRU Manchester, organised the final in a series of three conferences on the theme of developing innovation and integration in dementia care in February 2002 in Preston. The target audience was those providing and organising care for people with dementia at home or in residential or nursing settings.

At Kent, events organised with the Kent Criminal Justice Centre continue to expand. Details and proceedings of last year's conferences and seminars are on the KCJC website (www.kent.ac.uk/kcjc) and newsletter. We have been chosen to host a series of six seminars in the ESRC series during 2003 and 2004.

Future events will be announced through our new email service (see below) and the website.

PSSRU email announcements service

We have recently set up an announcements list hosted by jiscmail, the UK national academic mailing list service.

Subscribers to this service will receive email notification of publications, events and developments at the Unit. We anticipate sending up to 12 brief announcements each year, in plain text, with links to new publications on the PSSRU website, many of which are now available for free download.

You can subscribe to the list and manage your preferences on the web by going to http://www.jiscmail.ac.uk/lists/pssrulist.html

Or you can subscribe by sending an email to jiscmail@jiscmail.ac.uk, with the two-line command:

join PSSRULIST firstname lastname

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You need to substitute your names. The second line is two dashes to signal the end of your email command. You will receive a subscription confirmation message from jiscmail as a security check. Respond to this message and you will be subscribed.

Relaunched PSSRU website

As mentioned in the introduction, we have recently overhauled our website, www.PSSRU.ac.uk, to improve access to information on PSSRU research and publications. We would appreciate comments and suggestions.

Staff news

Louise Barnard joined the Unit in May 2002 to work on the Home Office commissioned project evaluating a scheme piloting the visual recording of police interviews with suspects. She came to us from the Crown Prosecution Service where she was a Crown Prosecutor in the Criminal Justice Unit.

Dr Tom Cockcroft also joined us in May 2002 to work as part of a team commissioned by the Home Office to provide an evaluation of a scheme piloting the visual recording of police interviews with suspects.

Gina Zabukovec left the Unit in September 2002 to move with her family to Guernsey. Replacing her as Librarian/Information Officer at the Sir Roy Griffiths Library is **Rosalyn Bass**, previously a Curator Officer at the Historical Manuscripts Commission in London.

In January and March 2003 we said goodbye to two members of staff, **Elizabeth Gilling**, who has left the Unit to train as a social worker, and **Charlotte Harris**, who is undertaking a PhD at the London School of Economics.

Jane Dennett made a welcome return to the Unit in December 2002 to work on a short-term Home Office project for Professor Chris Hale on Trends in Crime Forecasting Models, and she is currently working with Dr Ann Netten.

Susan Downey joined the Unit in November 2002, working for Andrew Bebbington and taking over from **Sarah Lawrence** on the Care Direct project.

Kate Hamilton-West arrived in January 2003 to work on the DH Measuring Costs and Performance programme with Andrew Bebbington and Dr Ann Netten. Kate previously worked in the Psychology Department at Kent, where she has just completed her PhD in Health Psychology.

Janet Wiseman joined the Unit in April 2003 to work on a National Care Standards Commission project investigating social care regulation. Janet has just completed her PhD in Mental Health at the Tizard Centre, Kent and is a qualified social worker.

Anthony Amatrudo joined the Unit in May 2003, as Senior Research Officer for the Kent Criminal Justice Centre. He comes to us from the LSE where he has recently completed his PhD in Criminological Theory and Sentencing.

At the PSSRU in Manchester three staff have moved on since our last Bulletin: **Heather Bagley**, **Gill Dunkerley** and **Paula Mandall**.

There are three new members of staff: **Sue Tucker**, working on a project in North Cumbria to achieve an optimal balance of care for older people with mental health problems, **Judy Scott**, working on a study of effective user involvement in the implementation of the NSFOP, and **Dr Cheng-qiu Xie**, who is undertaking a review of the state of delivery and commissioning of social care services in England prior to the impact of the modernisation agenda.

Kate Henderson, **Claire Curran**, **Vanessa Davey** and **Deidre Grant** (who has since moved on) all joined us at the beginning of summer 2002 to work alongside staff at LSE on various projects.

Fayaz Aziz has worked with us since the early part of 2003. He has been working with Dr Paul McCrone and Professor Martin Knapp on a study of London's mental health, funded by the King's Fund.

Paul Freddolino completed his sabbatical at LSE Health and Social Care in May 2002. He continues his links with PSSRU working on projects with Martin Knapp and Kate Henderson.

Julien Forder was seconded to the Department of Health, London for 18 months last year. He will be returning in 2004.

Sean Boyle joined PSSRU part-time in early 2003. He has previously been working as a member of LSE Health and Social Care. He joins us to work alongside Martin Knapp.

At LSE, there have also been some much **younger new arrivals**: Lennart Matosevic, Sara Fernández-Schmidt, and Lauren Forder. We also congratulate **Adelina Comas-Herrera and Jeremy Kendall**, who married (each other) in 2002.

Investors in People

All three PSSRU branches have now had their staff development programmes and procedures recognised as meeting the Investors in People standard, the PSSRU at LSE having gained accreditation this year. The branch at the University of Kent is shortly to undergo its first re-assessment.

The Unit is committed to developing the skills of all its staff, and involving them in improving its performance.

Assessment, Performance Measurement and User Satisfaction in Older People's Services

David Challis and Paul Clarkson

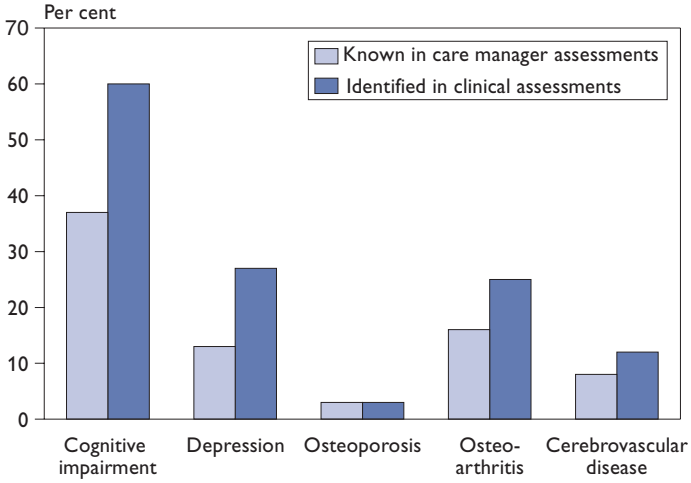
Present concerns with changing the delivery of social care services focus on tailoring services to meet individual needs and refining the mechanisms with which to do this. This includes the appropriate use of information, monitoring and regulating practice, and ensuring choice and quality for users. This programme is intended to build on and develop many of these current themes including: the pivotal role played by assessment; the closer monitoring of performance; and, related to this, the measurement of key outcomes such as user satisfaction. It builds on a number of projects conducted by PSSRU staff in Manchester, some of which are briefly described below.

Assessment

The form and content of assessment practice is central to ensuring that older users receive services in line with changing needs. First, the manner in which assessments are undertaken is crucial in order to promote consistency in practice. This may be achieved by removing the variability caused by the user receiving multiple assessments from different professionals and by ensuring that assessments include all relevant aspects of users' welfare. Reviews of assessment after the 1993 reforms confirmed that assessment practice remained variable and lacked specialist health care inputs (Challis, 1999). Assessment is now a major area of reform with current proposals for the Single Assessment Process (SAP) bringing to light issues concerning the design and scope of assessment practice (Department of Health, 2001).

Assessment design can be enhanced by including a specialist health care contribution, which previous studies have suggested might be beneficial in identifying potentially treatable conditions and thus obviating the need for care home placement (Sharma et al., 1994). The team has recently completed a study examining such a change to assessment practice. This randomised controlled trial of the effectiveness of including a specialist clinical assessment alongside the standard social services assessment in two social services areas has shown a number of benefits. These include: the identification of conditions previously unknown to care managers; benefits to users and carers; and cost savings, particularly to the NHS. Of particular importance to current reform, aimed at integrating assessment approaches, are the findings relating to the detection of previously unrecognised conditions by specialist clinicians involved in the process. Figure 1 illustrates that such conditions may be more reliably detected by including a specialist health care input in the assessment process, a finding which supports proposals, contained in the SAP, for a more comprehensive assessment for users at risk of care home admission (Department of Health, 2001).

Figure 1 Detection of health conditions by an additional clinical assessment (n=129)



The scope of assessment can be improved by standardising practice so as to ensure that needs are addressed as comprehensively as possible. The team has recently translated the Minimum Data Set/Resident Assessment Instrument, used to monitor long term care in the US, into a form suitable for use in the UK (see page 24). This initiative is one way in which data from

Further information

Please contact Paul Clarkson: Paul.C.Clarkson@man.ac.uk

standardised assessments can generate indicators to monitor quality of care for older people in residential and nursing home settings. A similar instrument for use in the home care setting is being piloted in a number of countries.

Performance measurement

These developments, concerned with improving assessment, have obvious links to monitoring performance at the level of the user and care manager. However, the performance debate has been constrained by its reliance on information to support accountability solely with respect to central government monitoring of social services and the consumption of information by the public. This national information has, itself, been limited in scope and requires additional techniques in order for performance to be measured more systematically. In contrast, this aspect of the programme is concerned with developing and implementing indicators and associated systems at all levels.

At a national level, work has begun detailing additional techniques for measuring key performance dimensions, such as efficiency and the diversion of older people from care homes, and highlighting ways in which these could be interpreted using national indicators.

At a local level, the team have completed a study which sought to develop performance indicators within a local authority for use in informing management enquiry in relation to local priorities and strategic objectives (Clarkson and Challis, 2002). This project involved staff involvement and feedback in implementing a performance management system throughout the whole department. The findings suggest that an integrated suite of performance indicators would have value to other departments who are attempting to implement their own performance systems. A further area in which performance information may be used to better effect is to support quality assurance practices in care management. Here, indicators may be used to judge, not only the conduct of provider services, but also the quality of the care management process itself. Recent work, in collaboration with one local authority, has developed a set of indicators designed to measure both these aspects against relevant standards, drawing on work conducted in the US.

Future work

A new project commissioned by the Department of Health is to gauge the impact of the SAP on assessment practice. Our work has built up a rich database concerning the conduct of assessment, which will be used to examine this. A further study is underway to broaden performance measurement techniques by analysing data in one authority, aimed at tracking user assessments and 'care pathways' through time. Such work will be important in extending as well as informing the aims of the current social care agenda.

User satisfaction

One aspect of the current concern with performance is the wish to canvass the views of older people concerning their satisfaction with services, a key domain in monitoring quality. This aspect is now mandated with the introduction of user satisfaction surveys, which all social services departments must now conduct so as to compare their practice with others. However, there are concerns with the limited methods available to conduct such surveys and measurement issues to resolve before such comparisons can be meaningful across the country (Bauld et al., 2000). The research team is currently developing an approach to measuring user satisfaction that relies on a methodologically sound and standardised instrument. Such a measurement tool will be necessary for the future monitoring of performance to achieve reliability and consistency.

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Commissioning and Performance

Jeremy Kendall, Martin Knapp, José Luis Fernández, Julien Forder, Tihana Matosevic, Vanessa Davey and Kate Henderson

Developing a better understanding of how social care markets and related structures function and their consequences for public and private stakeholders is a necessary ingredient for policy on social care. At least three strands of the UK government's agenda link with this topic.

- First, the drive for 'best value' and 'performance' improvement in all local public services, understood as reflecting both cost consciousness and care quality concerns (against a background of appropriate national standards).
- Second, the goal of managing local stability and continuity, while at the same time encouraging the appropriate adjustment of the balance between community-based and other (especially residential) forms of care.
- Third, because care quality is significantly predicated on the motivations of local actors, the government increasingly recognises that mature social care policy requires the cultivation of conditions under which motivated providers can develop supportive relationships with local purchasers.

The PSSRU Commissioning & Performance (C&P) Programme aims to shed light on these policy priorities. Based at the LSE, the programme draws on a wide and often unique body of evidence (see the box below). Here we note just a few examples of how research has been of direct relevance to these three strands of policy discussion. (See 'References' for further details.)

Best value: the unexploited potential of contingent pricing

Local commissioners make important choices that are highly relevant to the search for 'best value'. The C&P programme has examined such dilemmas as: whether to encourage or suppress competitive pressures; how to involve providers in care review processes; and where to situate care management responsibilities. However, the single issue which most concerns providers is probably pricing policy.

It is now widely accepted that average fee levels paid to providers are low — particularly for residential care for older people — and offer providers little opportunity to generate reasonable surplus or profit. Our evidence confirms this, carefully constructing measures of 'mark-up'. We also provide systematic evidence on how the *distribution* of prices is crucially important but currently insufficiently adapted to providers' situations (particularly to users' needs).

There is significant scope for efficiency improvements within existing budgets through greater use of 'contingent' pricing procedures, which allow for variation in client dependency at admission or subsequently. Flexible contracting of this type can help redistribute risk from providers to purchasers. It also avoids the disadvantages of block contracting, which can

Studies in the Commissioning and Performance Programme

The C&P Programme has included five studies of social care providers — three of residential care for older people, and two of home (domiciliary) care. Each study has been of relevance in its own right, but the series has also allowed changes to be studied over time. The first four of these studies were conducted jointly with the Nuffield Institute, University of Leeds. Currently we are working with about 70 residential home providers — spread across all sectors and across the country — with particular focus on market structure and perspectives, motivations, and the effects of the commissioning environment.

The programme has also included a number of studies of purchasers or commissioners. Recently we completed work on how local authorities and PCTs are going about their commissioning of services for older people, and especially the extent to which they are working closer together.

Complementary research in the programme includes work on home care closures, delayed discharge and the roles of the voluntary social care sector.

undermine valued provider autonomy (particularly where it involves loss of control over admissions) and limit choices available to publicly-funded users.

Social and health care interdependence: discharge delays

These market conditions also have potentially major repercussions for health care system performance. C&P research has quantified the close relationship between variations in social care provision for older people and delays in hospital discharges. Differences in provision of community and residential social care for older people were found to impact significantly on delayed hospital discharges. Other influential factors were the level of community nursing services, number of persons over 75 years of age, size of inpatient care sector and higher unit costs (local wage rates and housing prices).

The costs of reducing discharge delays were associated with whether extra resources were 'ring-fenced' for hospital patients, or distributed between community and hospital cases following current targeting patterns. Home care is a cheaper option than residential care for reducing delays.

Some of our new work is looking at variations in locally purchased services and their relationships to local characteristics, including need, available resources, price levels and political values.

Provider motivation: public purchasers' responsibilities

Because local social care providers pursue both business and care goals simultaneously, they are doubly reliant on public authorities. This is not only because the latter shape providers' business destiny when designing pricing arrangements. Ultimately just as important are the ways in which they recognise and communicate with providers as professionals, and provide opportunities for them to shape the content and quality of care.

The C&P Programme has developed a rich picture of how providers are motivated both by extrinsic and intrinsic factors bound up in their relationships with local purchasers. Our most recent provider study, examining motivations of independent sector domiciliary care providers, found that half the sample could be described as 'satisfied team players', attaching relatively little weight to financial gain, and tending to meet their goals of empathy with users, skills use and supported autonomy in the context of constructive relations with purchasers. At the other end of the spectrum, 13% were identified as 'demoralised isolates', seeking to combine similar aspirations, but unable to do so because of the inability or unwillingness of purchasers to recognise and support them, leaving them deeply unsatisfied. The remaining third of the sample were situated between these two extremes, but tending towards the low satisfaction levels of the latter group.

Taking the programme forward

Our continuing programme builds on these and other studies of commissioning, performance and social care market structures. Further details are available from any of the authors — see page 43 for contact details.

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Coordinated Care, Care Management, Service Integration and Partnerships

David Challis, Jane Hughes, Sally Jacobs and Karen Stewart

Background

The current focus of this core programme, based at PSSRU Manchester, is to evaluate the different forms, types and models of care management which have emerged since the implementation of the NHS and Community Care Act in 1993 for the two major service user groups: older people and adults with mental health problems aged 18 to 65 years. As the policy agenda has evolved over the last five years, the research programme has been adjusted to incorporate the partnership agenda and associated moves towards the greater integration of health and social care. The first three phases of the programme are outlined below:

- In the first phase, three questionnaires relating to assessment and care management were sent to all local authorities in England. The overview questionnaire for all adult service user groups was returned for 85% of these, and 77% returned the separate questionnaires for older people and for those with mental health problems.
- In the second phase, more detailed data were collected in a sub-set of authorities, which were representative of different sets of care management arrangements for the two service user groups.
- In the third phase, it is planned that a small number of different sets of arrangements for these two service user groups will be evaluated, to examine their relative efficiency and effectiveness.

This article describes the process of selecting authorities for inclusion in phase II of the research programme and key findings relating to the quality of records taken from an analysis of case files (the care plan study).

Phase II selection of authorities

Care management arrangements for both user groups were categorised using a limited number of key indicators chosen on an a priori basis from the first phase of the research programme. For pragmatic reasons the number of indicators included was limited to four, allowing a maximum possible number of 16 categories to be developed. Evidence of these indicators was derived from the replies given to key questions by respondents to the overview and specialist questionnaires in phase I of the research. Cells occupied by less than 5% of the respondents to the three questionnaires were excluded. Additional questions were subsequently selected to check whether or not the responses given were robust.

Representative authorities were selected from the most populated categories and asked to participate in the second phase of the research. Data collection took place in 2000. The fieldwork in the authorities involved:

- the collection of background documents and information;
- interviews with a senior manager and a first-line manager;
- a care plan study (analysis of case files); and
- a diary study of staff time use.

Visits were made to 11 authorities. Data were collected on old age services in seven authorities and mental health services in six authorities. In two authorities data were collected in respect of both user groups. The method of selection of case files for the care plan study is shown in box 1. Our aim was to examine a selection of 50 case files for each user group. The number of

Box 1 Method of selection of case files for the care plan study

- Age (mental health 18–65; old age 65 and over).
- Have had an assessment and a care plan and are eligible for review.
- Are in receipt of services for at least two weeks.
- Responsibility for case is within a team providing long-term care.
- As representative as possible.

case files examined ranged from 35 to 53 for mental health, a total of 275. For old age the number examined ranged from 50 to 60, with a total of 367.

Care plan study

Information from the case files was collected in three main areas:

- Service user characteristics of those receiving care management
- The variety and level of services received by individual service users
- Indicators of the care management process

The aims of the care plan study were to address several questions including:

- What is the casemix in different types of care management arrangements?
- Is there a relationship between service user characteristics and level of service provision?
- Do different staff undertake different activities in different care management systems?
- Does the quality of information recorded in case files vary in different care management systems?

Case file quality indicators

Table 1 reveals both similarities and differences between the two user groups. In most (but not all) case files for both groups, a care plan was included. However, this or a similar document was signed by the user in just over a third of the files. In contrast, in both user groups, these documents were signed by an assessor in about three-quarters of cases. More than double the proportion of case files had been reviewed by a person other than the care manager (or equivalent) in old age case files compared with those in mental health, possibly reflecting the greater extent of costing and charging for services. Another interesting difference related to the continuity of care for the user, evidenced by the assessor remaining in contact with them following assessment. This figure was higher in mental health case files, compared with old age (77% and 58% respectively), possibly reflecting the emphasis placed on continuity of care in policy directives relating to mental illness and the absence of such, and the greater volume of referrals, in old age services.

Table 1 Case files: quality indicators

Quality indicators	Old age (%)	Mental health (%)
Care plan in the record	95	87
Care plan/assessment/review form signed by user	39	36
Care plan/assessment/review form signed by assessor	78	73
Evidence of review of record by person other than care manager	69	32
Named person responsible following assessment/review and allocation of service is the assessor	58	77

The findings from phase II have been reported to and discussed with representatives from the participating authorities. Local authority representatives adjudged the quality indicators to be both relevant and practical for current practice. Indeed, it was suggested that they could be used in agencies as the basis for a quality audit of case files.

Costs, Quality and Outcomes

Ann Netten, Jennifer Francis, Andrew Bebbington, Lesley Curtis and Kate Hamilton-West

Costs and outcomes are key aspects of social and health care provision. If we are to make the best use of our resources in the 'production of welfare' we need to know how much services cost and how effective they are in delivering the desired outcomes. The developing Performance Assessment Framework provides a predominantly top-down perspective on monitoring, but the type of data available from this perspective means that inevitably indicators are limited and need further information and interpretation before conclusions are drawn or decisions are made. The objectives of this programme of work are to develop 'bottom-up' information and approaches to measuring costs, quality and outcomes, to investigate cost and quality performance indicator variation and potentially feed into improved indicators.

There are four main strands to the work: estimation and development of national health and social care unit cost information; measurement of quality and costs of home care; exploration of variations of unit costs; and outcome measurement. Here we discuss the early results from the work investigating costs and quality of home care.

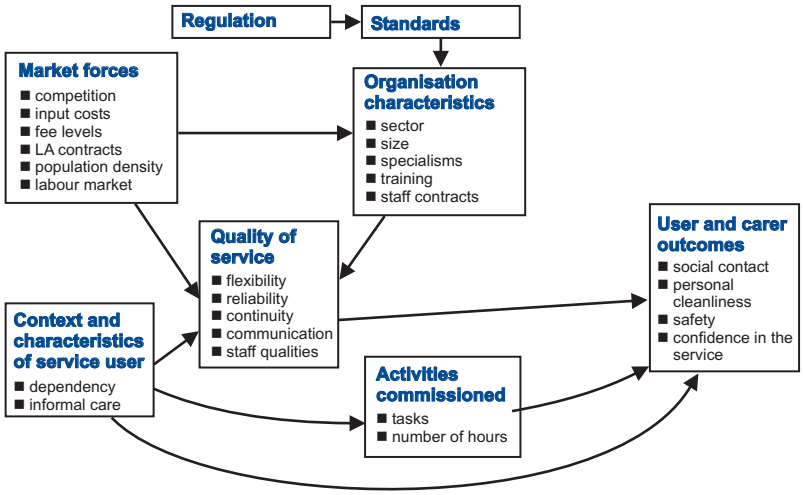
Costs and quality of home care

Home care is the key support service for maintaining people in their own homes. Historically local authorities provided home care, but the proportion of contact hours provided by the independent sector increased from 2% to 60% between 1992 and 2001 (Department of Health, 2002). This trend is set to continue, with government policies focusing on regulating and fostering partnerships with independent sector providers.

Information about the costs of this service is far from straightforward, complicated by the different types of provision, differential prices and costs reflecting the timing of visits and contractual arrangements with providers. The Department of Health estimates, using the PSS-EX1returns, that the average hourly cost of all commissioned home care is £12. When independent provision is excluded the average cost of in-house services is estimated as £16 per hour. Some of the difference between the reported costs of in-house and independent provision can be attributed to the inclusion of overhead costs by in-house services and some to the treatment of travel time. Independent providers and authorities frequently do not allow for this in contractual arrangements, their estimates of home care prices, or their monitoring of care received by clients (Starfish Consulting, 2002). Home care workers for independent providers are often expected to bear the opportunity costs of travel, although in practice this can result in older people receiving less service than has been agreed.

In addition to such estimation issues there are other factors that we would expect to be associated with cost and price differentials. These include local wage rates, characteristics of the service provided and of clients, and characteristics of the provider organisation. Analysis of price variations of a sample of 155 independent providers in 11 local authorities found that nursing qualifications among staff, provision of live-in services, incontinence, special needs and age of clients was associated with price variation (Matosevic et al., 2001). We would expect some of the difference in the costs of in-house provision and prices of independent services to be about equivalent differences in provision and client group. In-house services may be targeted on people recently discharged from hospital or users suffering from dementia.

Figure 1 Quality, standards and outcomes



However, claims are often made that cost differentials are due to higher quality services being provided by in-house providers. This begs the questions:

- What do we mean by quality?
- How can we establish if there are any differences in quality by type of provider?
- What is the relationship between quality and costs and prices?

Figure 1 illustrates the relationship between quality of care, outcomes of care and those factors expected to influence quality of service and outcomes. Provider agencies have control over aspects of quality associated with service delivery, such as staff training and allocation of carers to service users. Providers will be influenced by commissioning arrangements, market factors (such as labour supply) and, from April 2003, regulatory requirements. Outcomes for service users, fundamentally dependent on their own needs related circumstances, will be influenced both by what is commissioned (by care managers) and the quality of the service provided.

This model helps us determine what we mean by and what we expect to influence quality. However, clearly it is the user perspective that is fundamental to defining and measuring service quality. Key aspects of quality of home care identified in previous work were: reliability, flexibility, continuity, communication, care staff attitudes and the knowledge and skills of the care workers (Harding, 1999; Qureshi and Henwood, 2000; Raynes et al., 2001).

An exploratory study was conducted to investigate these issues and to explore whether other aspects of quality were raised. We also investigated how service users interpreted related questions designed for the User Experience Survey that local authorities are required to conduct early in 2003. Interviews were carried out with 25 service users, seven carers and 13 providers.

Most users and carers felt that they received a good quality service overall. Open-ended questions identified that the key aspects of quality for our sample were the attitudes of care workers and reliability of the service. While in confidential open-ended interviews respondents were happy to discuss problems that they encountered from services, when asked the type of closed question typical of those in the User Experience Survey people tended to downplay and excuse poor quality. For example, unreliability was blamed on traffic and workers not being allowed sufficient time to travel, so users expected them to be late. Thus a question asking whether care workers arrived when they were expected received a very positive response. The results of this study have been fed into the next stage of the work: an extension to the User Experience Survey. Details of this are in the panel on this page.

Future work

The extension to the User Experience Survey will explore the measurement of quality and the use of performance indicators in rating the quality of home care services. At the time of writing 43 authorities have agreed to participate in the study. In addition, a detailed investigation of factors underlying variations in unit costs is to be undertaken with a sample of authorities. This will enhance our understanding, and thus potential to influence both costs and quality of provision.

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Economics of Child Social Care

Jennifer Beecham, Andrew Bebbington and Michelle Sleed

In 1999 the government's five-year programme, *Quality Protects*, was introduced to improve outcomes for children in need. This wide-ranging programme sets out eleven national objectives covering attachment to carers, protection from harm, maximising life chance benefits from services used, participation in society, assessment of needs, and user involvement. The final objective is 'to maximise the benefit to service users from the resources available, and to demonstrate the effectiveness and value for money of the care and support provided, and allow for choice and different responses for different needs and circumstances…' Commissioners and planners therefore need information about the way different children use services, the costs of those supports and services, and the outcomes that may be generated.

The PSSRU Economics of Child Social Care research programme is quite new and relatively small but already we have begun to address some of these important cost-related information needs. Here we outline some activities undertaken to develop and apply cost estimation methodologies, to explore variations in costs, and to link costs and outcomes.

Cost estimation

The question 'how much does it cost to provide this service?' is an important one. Apart from the aggregated local authority expenditure accounts and the performance indicator unit costs, there are so few existing unit cost data that new estimations have to be the starting point for many projects, both in research and practice. Methodological work undertaken to support the expenditure component of the Department of Health's Children in Need Census was the first step and made connections between research methodologies and data available to social services (Beecham, 2000). In research with David Berridge from the University of Luton we have applied that methodology to different types of placements for troubled adolescents (see box 1). Other elements of this research mapped the characteristics of young people using these services and investigated organisational aspects of the facilities with a view to developing an overarching methodology to study costs and outcomes further (Berridge et al., 2002). A new study, funded under the *Quality Protects* research initiative, will start in summer 2003.

Box 1

Costs estimation — seven residential schools and seven children's homes

- weekly costs per pupil are lower in residential schools
- the balance between education- and care-related costs was very different
- as children stay much longer at residential schools the 'episode' cost is likely to be far higher for residents of children's homes

Other researchers funded under the Department of Health's *Costs and Effectiveness of Services to Children in Need* research initiative are estimating unit costs for child care events or processes such as reviews or various types of meetings. This cost estimation theme is apparent in another project involving PSSRU researchers, which is jointly funded by the Department of Health and the Treasury's Evidence Based Policy Fund. With colleagues at the Social Policy Research Unit, University of York we will be exploring the cost implications of providing care coordination services to disabled children and their families. Data from a recent national survey have shown that the composition of teams, their size, working patterns, casemix and caseload all vary tremendously. Each of these factors will influence costs. The second stage of this work takes a client perspective — what are the support costs for families who are linked to these schemes? Here we will look at the full range of support services used and the extent to which parents perceive keyworkers as helpful in getting unmet service needs resolved.

Further information

For further information on this programme of work, contact Jennifer Beecham: J.K.Beecham @kent.ac.uk. Alternative contacts for collaborative research projects are David.Berridge@luton.ac.uk; Ps26@york.ac.uk; Admin@prb.org.uk; D.Kirton@kent.ac.uk; and C.McAuley @qub.ac.uk

Box 2

PSSRU analyses of the Children in Need Census 2001

- children with a disability
- ethnicity and service use
- work patterns
- children with autism
- active case rates
- case longevity

For further information see www.doh.gov.uk/cin

Exploring costs variation

All children are different; and just as their situations and characteristics are different so will be the supports they require. If their support needs vary, so will the costs of that support vary. But to what extent do support costs vary in accordance with children's characteristics? Or with their needs or problems? Or with factors beyond the control of local authorities? We are analysing data from a major survey of children supported by social services to examine these issues (see box 2). The Children in Need Census 2001 provides anonymous data on the characteristics and needs of more than 360,000 children alongside information on the resources they received over a one-week period.

This census provides information on the primary reason for children receiving services, for example, abuse and neglect, parental ill-health. There are, however, likely to be many children seen by social services who have underlying mental health problems that may benefit from specialist services. The mental health of children on the child protection register, the service responses and associated costs are explored in research undertaken with the Policy Research Bureau in London. Although this project met considerable challenges in obtaining ethical approval, data collection is now underway. The research is scheduled to report next year and will include an exploration of the way that social services and child and adolescent mental health services work together; information that will be useful as central and local government departments think about ways of promoting looked after children's health and the coordination role of Children's Trusts.

Linking costs and outcomes

In an economic evaluation, the aim is to link cost information with outcomes. In collaboration with Derek Kirton and Kate Ogilvie at Kent, we focus on intermediate outcomes by looking at the links between foster carers' remuneration and agencies' performance. Publicly available data have been analysed to identify associations at the local authority level. More in-depth exploration has been made possible by collecting data and holding focus groups in 16 authorities and four independent sector agencies and then undertaking a survey of almost 2000 foster carers working for these agencies. The second project focuses on the links between costs and *final* outcomes and is funded by the Joseph Rowntree Foundation. In collaboration with researchers at Queen's University, Belfast, this study employs a cross-national comparative design to examine the costs and cost-effectiveness of family support provided by Home-Start volunteers. Both these projects are due to report in the second half of 2003.

Conclusion

These are currently the main project-based elements of the Economics of Child Social Care research programme. However, like many other areas of PSSRU research the programme is not a single entity, nor a stand-alone set of activities. The programme blends proactive and responsive projects, funded from a range of sources. It brings together a range of skills from within the three branches of the unit as well as linking with experienced child care researchers in other institutions, and drawing on the PSSRU's close links with the Centre for the Economics of Mental Health at the Institute of Psychiatry. All these resources are helping to develop and apply economic evaluation techniques to the rather complex area of child social care.

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Financing Long-Term Care for Older People

Raphael Wittenberg, Linda Pickard and Adelina Comas-Herrera

The PSSRU long-term care financing programme is concerned with two related policy issues on the funding of long-term care for older people. The first is whether expenditure, and specifically public expenditure, on long-term care will remain sustainable over the coming decades, despite demographic pressures and potentially rising expectations. The second is what should be the balance between public and private expenditure on long-term care. The programme, which is funded by the Department of Health, aims to contribute analyses to inform discussion of both these important issues.

The aim of the programme is to produce projections to 2031 of three key variables: the numbers of dependent older people likely to require long-term care; the long-term care health and social services that will be required to meet demand; and public and private expenditure on those services. The projections are produced using a cell-based projections model (Wittenberg et al., 2001, 2002). Recent work has concentrated on improving the model, extending the range of scenarios on which the projections are based and developing related models.

We have recently developed a separate but similar model to make projections of future numbers of older people with cognitive impairment. This was funded by the Alzheimer's Research Trust and builds on the earlier model (Comas-Herrera et al., 2003). The team has also constructed a version of the model to make projections comparable with those for three other European countries. This study, which was funded by the European Commission and involved collaboration with research units in three other countries, is discussed in an article on page 28 of this Bulletin. Two other sets of analyses are described in the rest of this article.

Residential care

The Department of Health commissioned projections of future demand in 2010 and 2020 for residential care and nursing home care for older people, on a range of assumptions about factors influencing demand and different patterns of care. This was in the context of the Department's study of residential care supply. Projections of future demand for residential and nursing home care were regarded as an important contribution to consideration of future supply. Falls in supply would constitute a greater cause for concern if demand is projected to expand than if it is expected to contract.

The model projects that, over the period between 2000 and 2020, the number of older people in residential care homes and nursing homes in England would need to rise by around 23%, from around 375,000 to around 460,000, to keep pace with demographic pressures (Comas-Herrera et al., 2001). The projections are on the basis of the Government Actuary's Department (GAD) 2000-based principal population projection and of unchanged dependency rates (by age and gender) and on the assumption of an unchanged probability (by age, gender and household type) of admission to residential care.

The projections of future demand for long-term care services vary under different assumptions about life expectancy and future levels of dependency. If dependency rates fell by 1% per year, for example, the number of older people in institutional care could remain roughly constant between 2000 and 2020 despite the rising numbers of older people. A shift in the balance of care from residential to home care would also reduce the projected increase in demand for residential and nursing home care between 2000 and 2020. Such a shift

Future work

Residential care

The research team plan to extend the range of scenarios on patterns of care including the balance between informal and formal care and the balance between residential and home-based care.

Funding long-term care

We plan to extend this work, in collaboration with NCCSU, by examining a wider range of possible changes to the funding system. They also plan to look at the potential effect if systems operating in other European countries were adopted in the UK.

would be in line with the policy objective of helping older people to live independently in their own homes whenever possible.

Funding long-term care

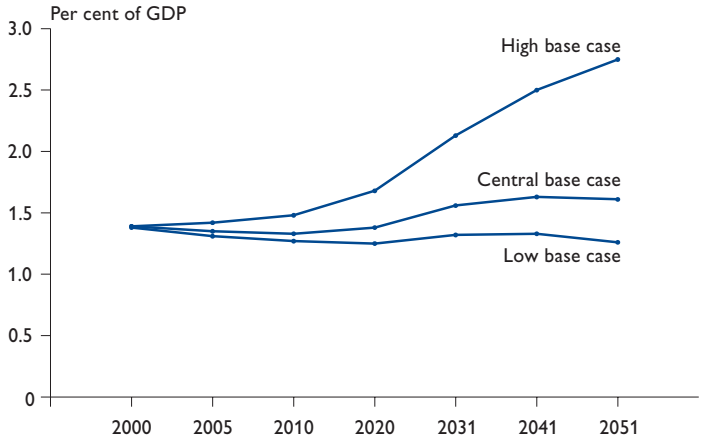
The Institute for Public Policy Research (IPPR) commissioned the research team, in collaboration with the Nuffield Community Care Studies Unit (NCCSU) at the University of Leicester, to make fresh projections of long-term care expenditure for older people in the United Kingdom to 2051. The aim was to investigate the possible future costs of different ways of funding long-term care. This followed earlier analyses produced for the Royal Commission on Long Term Care.

The study involved an innovative linkage between the Unit's cell-based projection model and the NCCSU's microsimulation model of long-term care charges. The latter model simulates the incomes and assets of future cohorts of older people and their ability to contribute toward care home fees.

The study found that long-term care expenditure would need to rise by around 260% in real terms between 2000 and 2051 to meet demographic pressures and allow for real rises in care costs of 1% per year for social care and 1.5% per year for health care. This would involve an increase from around 1.4% of GDP in 2000 to around 1.6% of GDP in 2051, assuming GDP grows by 2.25% per year. The share of long-term care costs met publicly is projected to fall from 68% in 2000 to 66% in 2051, due mainly to increases in home ownership (Wittenberg et al., 2002).

These projections are on the basis of central base case assumptions about life expectancy, dependency rates, patterns of formal and informal care, real rises in unit costs and the current funding system. Sensitivity analyses showed that future demand for long-term care is sensitive to projected life expectancy and dependency rates and that future long-term care expenditure is highly sensitive to assumed real rises in the unit costs of care. Projections under three different sets of assumptions on these three variables are illustrated in figure 1. It shows the degree of uncertainty about future long-term care expenditure even under current patterns of care and current policies.

Figure 1 Projected expenditure as proportion of GDP



The introduction of free personal and nursing care throughout the UK would have an immediate effect in the base year, increasing public expenditure in 2000 from approximately £8.9 billion to approximately £10.5 billion. Public expenditure on long-term care is projected to increase to around £37.5 billion in 2051 (around 1.27% of GDP) under free personal care compared to around £31.2 billion (around 1.06% of GDP) under the current funding system. Public expenditure would constitute some 79% of all long-term care expenditure in 2051 under free personal and nursing care compared with 66% under the current system. If, as expected, the introduction of free personal care had an effect on overall demand for care, projected public expenditure would be somewhat higher than these figures.

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Mental Health Economics and Policy

Martin Knapp, Andrew Healey, David McDaid, Jeni Beecham, Derek King, Claire Curran, Adelina Comas-Herrera, José Luis Fernández, Kate Henderson and Fayaz Aziz

Poor mental health can reduce quality of life in many domains. Social exclusion and family difficulties are common. Mental health problems can also carry considerable costs because of their chronic nature, the early age of onset and their interaction with employment and educational achievements. Depression is probably the most common health-related reason for absence from work, and is a major cause of reduced productivity while in the workplace. At least one pound in every eight spent by the National Health Service is on treating or supporting people with mental health problems.

With these kinds of statistics it is not surprising that economic questions feature prominently in discussions about developing mental health policy and practice. Good quality economic evidence — on, for example, financing, cost-effectiveness, incentives and market governance — is needed, but elusive.

The PSSRU's Mental Health Economics and Policy (MHEP) programme is actively trying to provide such evidence. Currently there are around 25–30 projects underway, falling roughly into seven groups, some described here:

- Older people with mental health problems
- Long-term economic outcomes of childhood problems
- Community-based care
- Learning disability studies
- Medium secure units
- Economics of schizophrenia and its treatment
- International mental health economics and policy

Older people with mental health problems

A study completed in 2003 projected the costs over three decades of supporting older people with dementia, under a variety of assumptions about such factors as the availability of informal care, the structure of formal care systems, unit costs, and prevalence (see page 16 of this Bulletin). Other work, jointly with a team at University College London, points to the considerable variations in access to and utilisation of services by older people with different mental health problems. From a household survey it was possible to estimate the prevalence of mental health problems in old age, their clinical and quality of life consequences, service use patterns, and costs (Nelson et al., 2002). Examination of service utilisation and cost patterns revealed interesting associations with needs and diagnoses (Nelson et al., 2003).

Two ongoing randomised controlled trials (both studies in collaboration with UCL) focus on older people with dementia in care settings. One evaluated a psychological therapy in residential and day care settings and will be reported later this year. The other is evaluating the consequences of providing care staff with comprehensive assessment data on users and is still underway.

Mental Health Research Review issue 9

A new edition of this joint publication with the Centre for the Economics of Mental Health (CEMH) is now available free of charge at the PSSRU website, PSSRU.ac.uk.

This issue runs to 48 pages and reports on a wide range of research projects in this field conducted by both the CEMH and the PSSRU.

Long-term economic outcomes of childhood mental health problems

The economic consequences of psychiatric morbidity in children and adolescents can be traced through to adulthood. This topic has become an important part of the programme in the last two years. A study of a group of ten year olds in inner London, followed up to age 28, revealed the extent of the personal and societal costs of not adequately addressing mental health needs. Children with a clinically diagnosed conduct disorder had hugely greater adulthood costs, particularly linked to crime (Scott et al., 2001).

Other factors predicting high costs in adulthood included gender, parent socio-economic group, reading age, and attendance at more than two primary schools. However, antisocial behaviour at age 10 predicted most public service cost accrued by age 28.

The Cambridge Study in Delinquent Development (led by David Farrington) has explored the relationship between 'troublesome' behaviour in childhood and its consequences. PSSRU work has examined the impact on poor employment experiences at ages 18 and 32 (Healey et al., 2003).

Community-based care

A major systematic review of home treatment (case management, assertive outreach, etc.) for people with mental health problems has been completed, led by Tom Burns (St George's Hospital Medical School). The PSSRU reviewed the economics evidence. A number of completed evaluations of home treatment have included some kind of economics assessment, but quality is generally poor (Catty et al., 2002; Healey et al., 2003).

International mental health economics and policy

Mental health economics and policy is now on the global agenda, as the burden of mental health problems is increasingly recognised by governments across the world. At the PSSRU, international mental health economics and policy research has become a major activity in the non-DH programme. Advisory work has been undertaken for the World Health Organization (WHO); review papers written on equity, finance and economic barriers (McDaid et al., 2003; Dixon et al., 2003); a European network of mental health economics established with EC funding; an edited book on mental health policy and practice in Europe is being prepared with the WHO Observatory on health care systems at LSE; and we are working with Rachel Jenkins (Institute of Psychiatry) to look at profiles of mental health systems in developing countries, focusing on funding, financing mechanisms and their effects on the delivery of suitable mental health services.

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Roles, Quality and Costs of Care Homes

Ann Netten, Robin Darton and Jacquetta Williams

Care homes have a central role in the provision of care for vulnerable older people. Despite long-term policies aimed at maintaining people in their own homes whenever possible, there continues to be a substantial proportion of people for whom admission to long-term care is still seen as the most appropriate option. This programme builds on a series of studies that the PSSRU has undertaken on care homes over a number of years. There are two principal strands to this work: analyses of existing datasets and a series of investigations into the causes, processes and consequences of home closures. Closures due to business failure have received considerable publicity in the last few years. Here we briefly describe some results from our work.

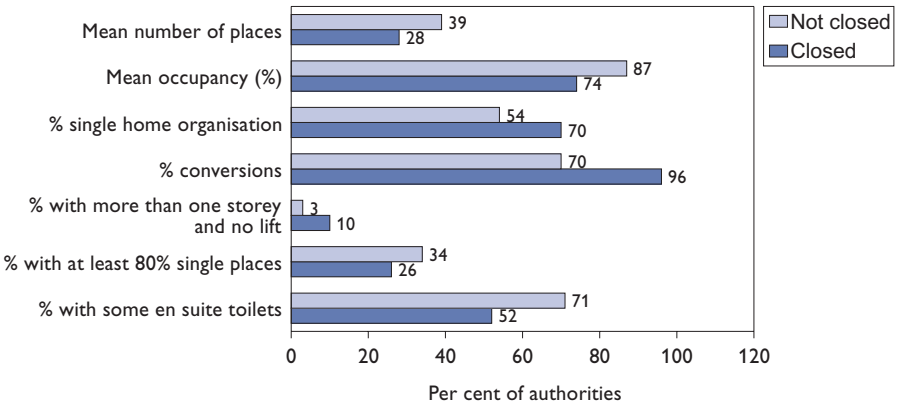
Home closures

The overall number of places available in care homes, particularly those providing nursing care, has been falling since 1998. In order to have an understanding of the policy implications of what is happening in the care home market, we need to know what type of homes are closing, and why.

In order to identify the types of homes that were closing, we collected information on the 2001 status of homes included in a national survey in 1996 (Netten et al., 2001). Home closures were statistically significantly associated with a number of factors (see figure 1): home size; occupancy levels; the number of homes owned by the organisation; whether the home was purpose built; whether the home was on a single storey or had a lift; the proportion of single bedrooms; and the provision of en suite toilets. These factors were inter-related, with purpose-built homes having higher standards of provision. Purpose-built homes were larger, on average, and more likely to be owned as part of a chain. Occupancy levels were also higher for purpose-built homes.

A multivariate analysis of these factors showed that size remained a significant factor, with smaller homes being more likely to have closed. Homes with low levels of occupancy (less than 85%) were three times more likely to have closed. Homes that were converted from another use were 4.5 times more likely to have closed than purpose-built homes. Homes with high proportions of shared bedrooms (60% or more) were 1.7 times as likely to have closed.

Figure 1 Comparison of homes that closed with those that remained open, 1996-2001



Even among the homes that remained open, only one-third provided at least 80% of places in single rooms when surveyed in 1996. Subsequent research has shown that there has been an improvement in the provision of single rooms (Laing & Buisson, 2001a; Netten et al., 2002). Laing & Buisson (2001b) report that market forces, demands from local authority purchasers and the requirements of inspecting authorities have led to steady improvements in standards of provision. Although the national minimum standards have been amended for existing homes, it is quite likely that market pressures will force them to upgrade their facilities to compete with homes that do meet the standards. However, further closures are likely to occur among homes with a high proportion of shared bedrooms, and this will disproportionately affect smaller, owner-managed homes.

A key factor in determining what will happen in the market will be the perspective of providers. Providers of recently-closed private and voluntary care homes, interviewed in 2001, attributed closure to a combination of factors (Williams et al., 2002). The low levels of fees paid for publicly-funded residents and the cost implications of the national minimum care standards were the two factors most commonly identified. Other influential personal and long-standing factors included: the wish to retire; disillusionment with the long-term residential care sector; increases in running costs, such as staffing; an expectation that future local authority fees would not cover costs; and problems recruiting and/or retaining care staff and nursing staff. The providers who had considered diversifying into other service areas said that commissioners' plans were not always clear and that additional funding would need to be available.

Increased funding has been made available to authorities through specific initiatives aimed at building capacity in the care sector and reducing delayed discharges from hospital. Moreover, from 2001 funding of social care was planned to increase at 6% in real terms. However, there are many calls on this funding, not least the demands of home care services that maintain people in their own homes. It is likely that homes will continue to close for the foreseeable future.

Ongoing and future work

Home closures have important consequences, both for those involved in the closures and for the long-term nature and quality of the supply of care home places. Ongoing work is reviewing the prevalence and content of local authority guidelines for managing independent care home closures. The way in which homes close is being examined through a series of case studies, focusing on the experiences and views of residents, their relatives, home staff and care managers. Further analyses of existing data are focusing on the relationship between home characteristics and the factor that has most influence on whether a home is a good place to live: the social climate. In addition, predicted life expectancy is being used to examine the financial implications of different charging arrangements for self-funded residents.

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Bleddyn Davies — a tribute to the founding father of the PSSRU

David Challis and Paul Clarkson

From his early work as an economist at Oxford, examining responses to differences in need across local areas, to his work on care management and his examination of the effect of the community care reforms, Bleddyn Davies has made a central contribution to both UK policy development and the work of the PSSRU over the last quarter century.

A continuous theme in his work has been the desire to move towards optimisation in the relationship between resources, needs and outcomes. This is evident in his first work on territorial justice, now considered an obvious prerequisite in policy development, which influenced central government policy making in the late 1960s and early 1970s. It is later reflected in his work on school meals at the London School of Economics, work which was included in an appendix to the Plowden Report. His ideas on territorial justice also influenced the planning of a more rational allocation of NHS resources based on need with the establishment of the Resource Allocation Working Party. The interdependence of equity and efficiency has long permeated his work.

Bleddyn and the PSSRU

Bleddyn established the PSSRU at the University of Kent in 1974 and his early approach was to combine the techniques of the territorial justice arguments with insights from the Production of Welfare framework in applying academic argument and techniques to the analysis of equity and efficiency in community care. It is a testament to his determination that his ideas are now internationally accepted as providing the questions to ask when seeking to address change in the system of long-term care.

The overarching analytical framework of the PSSRU is the Production of Welfare (POW), which Bleddyn first articulated. The framework asks the core questions: who gets what, with what outcome and at what cost? Bleddyn has applied unrelenting rigour of analysis and a constant search for the most illuminating analytical techniques to the effort to give answers to these questions and so move towards equity and efficiency in care. These questions and this approach have helped to guide the most important PSSRU evaluations and assisted in directing attention to the most pressing issues for policy development.

With the Kent Community Care Project came the development of an approach where incentives could shape practice. This led to improvements in the quality of care at a level where the relative costs and benefits of alternative provision could be best seen. The devolution of budgets within a coherent framework for care delivery led to improvements for older people and their carers and also offered policy makers a coherent and logical mechanism for achieving their policy aims. Sir Roy Griffiths and others recognised the strength of the project's framework when reforming the community care system in the early 1990s. In this way the project, with its subsequent developments, achieved an influence far outweighing its original impact as a field experiment in the home care of older people.

In considering the impact of the community care reforms for elderly people — reforms for which Bleddyn and PSSRU provided much of the intellectual argument — the POW questions have shaped analysis relating to the impact of the reforms, long-stay hospital closures and the impact of intensive care management.

A Festschrift

Bleddyn's career, influence and achievements were celebrated in September 2002, when a Festschrift day was held at the LSE to celebrate his work. Contributors included colleagues from the USA, Sweden, Australia, a number of UK universities, the NHS, and local and central government.

The Festschrift itself is being edited by Martin Knapp, José Luis Fernández, David Challis and Ann Netten. It will include versions of the papers given on the day as well as other contributions, reflecting the wide range of Bleddyn's impact and interests. The working titles and contributors include:

John Baldock (University of Kent):
Deficiencies of British social care services and the (efficiency) consequences of an administrative rather than a democratic politics of community care

Mats Thorslund (University of Stockholm):
The Swedish model: current trends and challenges for the future

David Challis (PSSRU):
Care management in long term care of older people

Dennis L. Kodner (Institute of Applied Gerontology, New York):
Beyond care management: the logic and promise of vertically integrated systems of care for the frail elderly

Elaine Murphy (Chair, City and Hackney Community Services NHS Trust):
Long-term care, politics and resources

Sarah Curtis (Queen Mary, University of London) and Andrew Bebbington (PSSRU):
Geographical variations in health and welfare and their significance for equity and efficiency in resource allocation

Julia Twigg (University of Kent):
The medical/social boundary and the rival discourses of the body

Bleddyn's influence

The impact of the PSSRU and Bleddyn's work can be seen in the influence of the research which it has produced. However, there is another form of impact reflected in his concern for the development of many staff who have passed through the Unit. This was very evident in the contributors to the Festschrift and the number of former staff now occupying a wide range of influential positions: local authority chief executive, the Audit Commission, central government and academic positions. Two of the professors presenting papers were recruited to the PSSRU as newly qualified PhDs.

Although Bleddyn retired from the PSSRU Directorship in 1999, having in 1996 succesfully overseen the extension of the Unit to two additional locations, Manchester and the LSE, the key questions he formulated continue to exert influence on the Unit's work and the work of institutions worldwide. The questions of what kinds of difficulties merit the attention of health and social care agencies, what are the outcomes of intervention and what are the costs still demand the attention of policy makers and the academic community. These questions are being addressed in new ways by PSSRU researchers and others who have been influenced by Bleddyn's work.

Bleddyn's international profile reflects this wide influence. In 1993 he was elected a Fellow of the Gerontological Society of America, one of only a handful of Europeans to be honoured in this way. At the 5th International Care Management Conference of the American Society on Aging in Vancouver in the summer of 2001, a number of distinguished contributors from the US, Hong Kong and Australia paid tribute to the impact of his work.

Bleddyn Davies: shown 'arguing but listening; the model of the sceptical social policy researcher' (as Professor Mats Thorslund put it on the Festschrift day)

In 2000 he was elected as an Academician of the Academy of Learned Societies for the Social Sciences and in 2002 made OBE.

The wide range of work of the PSSRU at its three branches (summarised in this Bulletin) continues to build upon the firm foundations and clear sense of direction which Bleddyn provided. Bleddyn himself, now Professor Emeritus at Kent and the LSE, is as productive as ever, as page 27 on his current research shows.

Roger Hampson (Corporate Director and Director of Social Services, London Borough of Redbridge):
The reason why: a view from local government

Joshua Wiener (Urban Institute, Washington):
Home and community-based services in the USA

Naoki Ikegami (Keiô University, Japan):
Opening the Pandora's box of making long-term care an entitlement — the case of Japan

Ken Judge and Linda Bauld (University of Glasgow):
Learning about complex community-based social interventions: the practical value of theory-based approaches

Ann Netten (PSSRU):
The Social Production of Welfare

Elizabeth Ozanne (University of Melbourne):
Old verities and new possibilities: shifting configuration and funding of long-term care for the aged in Australia

David Plank (former Chief Executive — London Borough of Enfield Council):
The art and science of implementation — some reflections of a practitioner

Iris Chi (University of Hong Kong)
Developments in long-term care for the frail elderly in Hong Kong

Adelina Comas-Herrera, Raphael Wittenberg and Linda Pickard (PSSRU)
Long-term care for older people in the United Kingdom: structure and challenges

Asking the key questions … Bleddyn Davies with Tilda Goldberg

Assessing the Needs of Older People in Care Homes: Use of the Minimum Data Set/ Resident Assessment Instrument (MDS/RAI)

David Challis, Karen Stewart and Angela Worden

Assessment is the key to good practice in long-term care. The Department of Health has recognised the importance of assessment in care homes through its citation of two such approaches on its website, as part of the single assessment process (Department of Health, 2002). One of these recommended approaches is the MDS/RAI.

The MDS/RAI

The MDS/RAI was developed in the US in the late 1980s, in response to concerns about a series of scandals relating to quality of care. The MDS/RAI consists of the Minimum Data Set, a structured assessment tool, and Resident Assessment Protocols (RAPs), which guide the assessor through areas of potential need so as to ascertain whether further action is required. These are shown in boxes 1 and 2.

Thus, the MDS is a collection of items covering the range of domains of need appropriate for assessing the needs of vulnerable older people in care homes, and for developing required care plans. It is completed as an admission assessment and then periodically during the course of care in a residential or nursing home, providing a baseline assessment and regular review. The RAPs are a series of protocols, which are designed to guide the assessor through good practice in ascertaining whether a potential problem is in fact real, and then in care planning for addressing the more common problems faced by older residents such as vision difficulties or depression. The RAPs are triggered by responses to individual items or sets of items within the MDS assessment tool, thereby identifying areas of risk and potential need.

The primary role of the MDS/RAI is, of course, the assessment of residents on admission to a home and their reassessment at regular intervals, or where a significant change occurs in a resident's status. However, information collected from the use of the instrument also has value in a wide range of other areas. These include resource use and casemix analysis, monitoring quality of care and assessment of risk, training and comparative research and monitoring.

The MDS/RAI in the UK

A pilot study of the assessment tool in the UK found that 78% of staff reported that they had learned new information about the resident. In general it was seen as a good comprehensive assessment document, which had the potential to indicate changes in residents' needs through time. It also improved staff perceptions about the need for rehabilitation and other possible interventions to improve care (Challis et al., 1999).

Following the pilot study, the Joseph Rowntree Foundation commissioned the PSSRU to produce a full UK version of the MDS manual for use in care homes, which has been published as: *UK Long Term Care Resident Assessment Instrument User's Manual, MDS/RAI UK* by D. Challis, K. Stewart, D. Sturdy and A.Worden, interRAI UK, York, 2000. This is available from York Publishing Services Limited, 64 Hallfield Road, York YO31 7ZQ, or can be ordered online at www.jrf.org.uk.

Box 1
The MDS/RAI assessment domains

- Identification and background information
- Cognitive patterns
- Communication/ hearing patterns
- Vision patterns
- Mood and behaviour patterns
- Psychosocial well-being
- Mobility and activities of daily living
- Continence in last 14 days
- Disease diagnoses
- Health conditions
- Oral/nutritional status
- Oral/dental status
- Skin condition
- Activity pursuit patterns
- Medications
- Special treatments and procedures
- Discharge potential/overall status
- Assessment information

Box 2
The MDS/RAI Resident Assessment Protocols (RAPs)

- Acute confusional state
- Cognitive loss/dementia
- Visual function
- Communication
- ADL function/rehabilitation potential
- Urinary incontinence and indwelling catheter
- Psychosocial well-being
- Mood state
- Behavioural symptoms
- Activities
- Falls
- Nutritional status
- Feeding tubes
- Dehydration/fluid maintenance
- Dental care
- Pressure sores
- Psychotropic drug use
- Physical restraints

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Department of Health (2002) *Guidance on the Single Assessment Process for Older People*, HSC 2002/001, LAC (2002)1, Department of Health, London.

Implementing the National Service Framework for Older People: looking at older people and carer involvement

Judy Scott

The National Service Framework for Older People refers to the importance of involvement of older people and their carers in the planning and implementation of health and social care. Local implementation teams made up of representatives from local primary care trusts, hospital trusts, social services departments, borough councils, the private sector, voluntary organisations and older people and carer representatives have been set up to take this forward.

It is anticipated that different approaches to involvement and outcome will be discernable, which the study will attempt to identify and categorise. In addition, it will examine the perceptions of older people and carers involved in the work of the local implementation teams and whether different approaches to involvement lead to different outcomes. The study also aims to assist in the development of user and carer participation in policy implementation at a local level. To this end, it is planned to produce a good practice guide to user and carer participation and a self-evaluation tool to enable local implementation teams to monitor their performance.

This research is being conducted in the North West of England. The study has three stages:

- Detailing and analysis of the ways in which local implementation teams are currently involving older people and carers.
- Examination of whether different approaches lead to different outcomes.
- Translation of evidence about effective involvement from local implementation teams into a good practice guide.

The study has been predicated by the development of standards of practice. These have been validated by user groups who have also contributed to the formulation of desired outcomes in respect of each standard.

The study will attempt to typologise approaches to consultation and examine the relationship if any between strategy, emergent priorities, satisfaction and outcome. In this way, it aims through systematic investigation to provide better evidence about effective involvement and consultation. Dissemination of the findings will include a good practice guidance, relating to the involvement of users and carers in the strategic planning and commissioning of services.

Further information

This two-year evaluation is being conducted by Andrew Bebbington, Judith Unell and Susan Downey. For further information and a biannual newsletter, see the PSSRU website.

Evaluating the Care Direct Programme

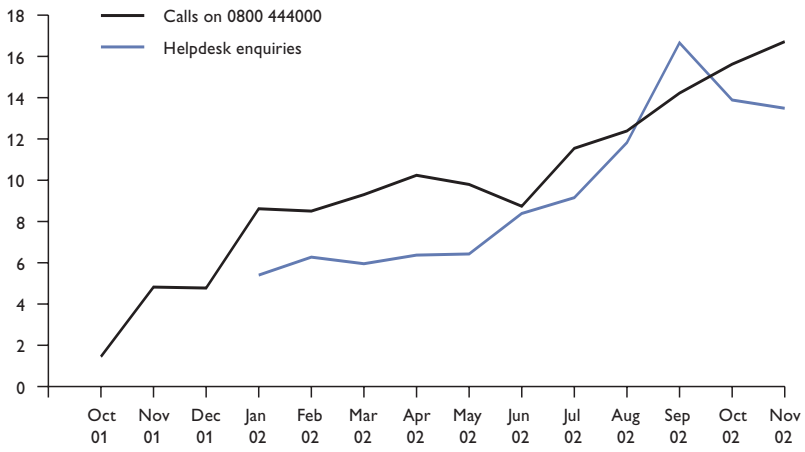
Andrew Bebbington, Judith Unell and Susan Downey

The pilot Care Direct programme had completed its first year of operations at the time of writing. Care Direct was launched by the Department of Health in the autumn of 2001 as a single gateway or 'one-stop shop', offering information and support to older people and their carers, based loosely on the model of NHS Direct. It is primarily a telephone-based service, accessed through a freephone number, though with outreach and other means of contact being developed. Care Direct helpdesks have been set up in six local authorities in South West England, staffed by trained advisers, including seconded workers from the Pensions Service. Information about social care, housing, health and social security benefits has been at the core of the service from the beginning but the helpdesks have sought to be responsive to the needs of users rather than work within tightly defined parameters so other areas, such as leisure and transport, are being considered.

Using a mixed strategy, the first year evaluation focused primarily on the impact of the new service upon users and upon agencies within the localities. The costs of the service have also been investigated. Results at the end of the first year indicated that the Care Direct approach has a number of strengths. After a slow start, use has steadily increased, well ahead of the first-year target of ten calls per 100 people aged 65+ (figure 1). With a median age among callers of 80, and nearly half of callers using the service to address their own needs, it has quashed initial doubts about the willingness of older people to use a telephone-based service. Notably, the service has achieved high levels of satisfaction among users — 94% were 'reasonably' or 'completely' satisfied when asked in a follow-up.

Launched as a partnership initiative across the local statutory and voluntary sectors, Care Direct has made uneven progress in creating constructive working relationships with other agencies. Links with social services and with the pensions service have been strong, reflecting the close involvement of both agencies in the development of the helpdesks. But relationships with housing and community health services have been slow to get established, and there have been difficulties engaging with established local information and advice agencies, most of which are based within the voluntary sector. Care Direct has had a significant impact in some areas upon enquiries to social services but less so for other agencies.

Figure 1 Call rates of answered calls to Care Direct on the freephone number, by month, calculated on an annual basis (per 1,000 population aged 65+)



Central management of the programme has recently been transferred from the Department of Health to the Department for Work and Pensions (DWP), and after the second year the local helpdesks will be incorporated into the planning of a new Third Age Service to be developed by the DWP in the South West Region as the first stage of a national development. Care Direct may not continue in its present form, but the service has been well received and has influenced thinking about the delivery of accessible information and support in the age of e-government.

Further information

Publications include two books (a third in advanced draft), journal papers, and several papers in the professional press. Details of these can be found on the PSSRU website, which also has two downloadable bulletins on the programme.

Evaluating Community Care for Elderly People

Bleddyn Davies and José Luis Fernández

Evaluating Community Care for Elderly People (ECCEP) is the second stage of a multi-faceted before-after study of community social services for older people, the first stage collection having commenced in 1983. Collection and analysis foci have been user and carer needs, utilisation and costs, benefits of services for persons in different circumstances; costs of outcomes, service productivities and efficiencies. The policy argument has been about influences on fairness, effectiveness and efficiency, and how to improve outcomes.

Publications (including Bulletins 12 and 13) illustrated how community services are achieving substantial impacts on important goals, such as preventing institutionalisation, reducing caregiver burden or improving user satisfaction. They illustrate how the impacts of services (including carer inputs) differ between outcomes and depend on user and carer circumstances. Service contributions are particularly large for the most dependent users, many of whom received more intensive service packages than pre-reform.

Findings about the effects of community service inputs on health care utilisation have not previously been reported. Here we describe service productivities for the reduction in the demand for inpatient care.

The results suggest community care services are having a significant impact. Overall, the cost-reducing effect of community-based services is estimated to account for approximately a fifth of community package costs and in excess of one half of inpatient care costs in the two years following assessment by social services. As in previous analyses, the intensity of the effect has been found to vary considerably with the characteristics of the recipients of the services, the most dependent cases exhibiting the greatest potential for substitution in both absolute terms and relative to the cost of community care packages.

The analysis investigated separately service effects on the probability of admission and on the length of stay. Not surprisingly, the effects of community services on inpatient care were found to be, although substantial, less important than that of the characteristics of older persons.

The main service effects on admissions to inpatient care were that:

- Home care reduces admissions for stroke victims and for users with significant problems undertaking IADL tasks.
- Although day care services lower the probability of admission for all recipients, they are most effective for users living alone.
- Respite care reduces the probability of admission for older people who had come into contact with social services following an inpatient care episode.
- Community nursing inputs reduce admissions for users with informal care.

Overall, the combined effect of all services for the average case in the sample was estimated to reduce the probability of admission into hospital in the two years subsequent to assessment by over 20%. Unsurprisingly, few service effects on the length of stay were identified. Only respite care reduced how long users stayed in hospital.

These results illustrate the importance of designing financing mechanisms for inpatient care on the one hand and home and community social and nursing services on the other which create incentives that secure the most effective and efficient balance of resources to the two sectors. However, they beg important questions. In particular, how do the patterns differ between disease and ward types? What process features affect them? For instance, what are the effects of different arrangements for hospital discharge and health/social care coordination?

European Study of Long-Term Care Expenditure

Adelina Comas-Herrera, Raphael Wittenberg, Linda Pickard and European long-term care finance study team*

* Adelina Comas-Herrera, Linda Pickard and Raphael Wittenberg at the PSSRU, London School of Economics (UK); Joan Costa-Font and Concepcio Paxtot at the Research Group on the Economics of Social Policy, Universitat de Barcelona (Spain); Cristiano Gori, Alessandra di Maio and Alessandro Pozzi at the Istituto per la Ricerca Sociale (Italy); Heinz Rothgang at the Centre for Social Policy Research, Bremen University (Germany).

The PSSRU has participated in a European study of long-term care expenditure in collaboration with research units in Germany, Spain and Italy. This collaborative study was funded by the European Commission. The key objective was to investigate the sensitivity of projections of long-term care for older people to assumptions on trends in the key drivers of demand for care.

The European Union's Economic Policy Committee (EPC) had conducted a study of the impact of ageing on health and long-term care expenditure (Economic Policy Committee, 2001). This was in the context of concerns about the future affordability of long-term care in view of demographic trends, potentially declining family support for frail older people, and potentially rising expectations among older people. It was part of a wider EU analysis of the fiscal sustainability of public expenditures on pensions, health, long-term care and other services.

This new comparative study of long-term care expenditure investigated the key factors that are likely to affect future expenditure on long-term care services in Germany, Spain, Italy and the United Kingdom. The approach involved investigating how sensitive long-term care projections are to assumptions made about future trends in different factors, using comparable projection models. The main factors investigated include demographic changes, trends in functional dependency, future availability of informal care, the structure of formal care services and patterns of provision, and the future unit costs of services.

The study posed a variety of challenges. The first of these was how to produce comparable analyses for four countries with different patterns of long-term care and different funding arrangements. Germany has introduced a social insurance scheme for long-term care, which provides specified benefits for people assessed as meeting national eligibility criteria. The United Kingdom (UK) funds long-term care from a combination of central and local taxation and user charges levied under a means test. (In Scotland personal care and nursing care have been free since July 2002. In England, Wales and Northern Ireland there continues to be a means test for personal care but not for nursing care.) Spain and Italy have decentralised arrangements for formal care and greater reliance on informal care.

A second challenge was how to produce comparable analyses for countries with different data and different existing projections models. A substantial part of the study was devoted to making the long-term care projection models available in each of the four countries as comparable as possible. The main adjustments to the models were to their coverage, to ensure that all the models covered the same population group and included both public and private long-term care services.

A further challenge was how to develop a common set of base case scenarios on trends in the key drivers of demand for long-term care. There are two main reasons for using a common core set of assumptions. The first is to provide a plausible central projection that can be used to compare the likely impact of demographic and other pressures between countries. The second is to have a core set of projections that can act as a reference case against which the effect of changes in the different assumptions can be investigated. The key base case assumptions are set out in the box.

Central base case assumptions and variants

Numbers of older people and their characteristics

Older population by age and gender changes in line with Eurostat 1999-based central population projections. *Variants test Eurostat high and low projections.*

Prevalence rates of dependency by age and gender remain unchanged. *Variants test declining prevalence rates.*

Demand for services

The proportion of older people receiving informal care, formal community care services and residential and nursing home care remains constant for each sub-group by age, gender and dependency. *Variants test changes in the balance between formal and informal care and between community care and residential care.*

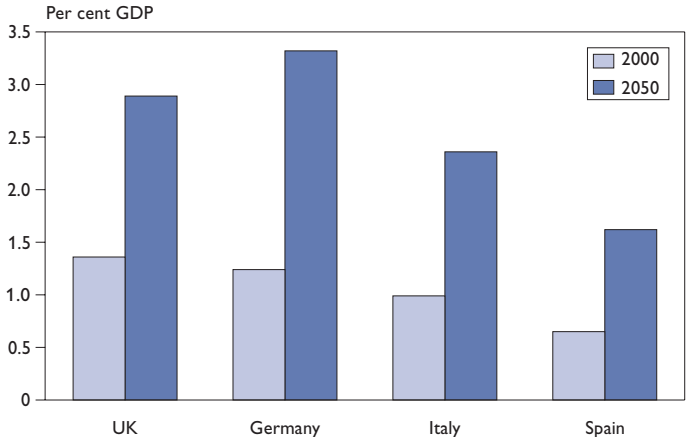
Supply of services

The supply of formal care will adjust to match demand, such that demand will be no more constrained by supply in the future than in the base year.

Expenditure and economic context

The unit costs of care rise in line with the EPC's assumption for the growth in productivity in each country, while GDP also rises in line with the EPC's assumptions. *Variants test higher and lower rises in unit costs.*

Figure 1 Base case projections of long-term care expenditure as a proportion of GDP



The four models project that, under these base case assumptions, the proportion of Gross Domestic Product (GDP) spent on formal long-term care services for older people would more than double between 2000 and 2050. The chart shows that the highest increase in expenditure as a proportion of GDP would be in Germany, followed by Spain, Italy and the United Kingdom.

It should be stressed that these projections are projections on the set of assumptions described: they are not forecasts. They take no account of possible policy changes or of the potential impact of rising expectations. They are rooted in current patterns of care and current policies.

The key aim of this study was to investigate how these base case projections varied under alternative assumptions about the key drivers of demand. This meant that a further challenge was to develop a set of comparable scenarios that could be investigated for all four countries. The range of scenarios is outlined in the box.

The sensitivity analysis showed that projections of long-term care expenditure are sensitive to assumptions about future mortality and dependency rates. They are also highly sensitive to assumptions about future real rises in the unit costs of care (such as the cost of an hour's home care). They are sensitive to scenarios involving a relative decline in informal care where this results in greater use of residential care. They are somewhat less sensitive to assumptions about changes in the patterns of formal care.

A final challenge was to draw implications for policy from these projections that would be relevant for European Union countries. One key implication is that policy makers need to recognise that there is a wide degree of uncertainty about future demand for long-term care services.

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Criminal Justice Research

The Kent Criminal Justice Centre (KCJC) has a national and international reputation for interdisciplinary research in the field of criminal justice. During recent years the Centre has responded to a high level of demand from the Home Office for evaluative research that incorporates a cost-effectiveness dimension, while still ensuring responsiveness to local and regional needs and opportunities.

Many projects have focused on initiatives aimed at preventing crime through various means. One approach that is intended to reduce re-offending among young offenders is the introduction of referral orders.

Referral orders

The Youth Justice and Criminal Evidence Act 1999 introduced a new primary sentencing disposal — the referral order — for 10–17 year olds pleading guilty and convicted for the first time by the courts. The disposal involves referring the young offender to a youth offender panel (YOP). The work of YOPs is governed by the principles 'underlying the concept of restorative justice', defined as 'restoration, reintegration and responsibility' (Home Office, 1997, 31–2). Referral orders were piloted in eleven areas in England. As part of the collaborative evaluation (Newburn et al., 2001) of this pilot we investigated the comprehensive resource implications of implementing referral orders and the funding implications.

The introduction and administration of referral orders required a considerable investment on the part of the participating authorities. Funding was provided by the Home Office to meet most of the costs incurred in terms of professional and administrative staff time in the implementation of referral orders. Additional funding was provided in some areas for Victim Support and other specific requests. To a greater or lesser degree each area also contributed resources to this process.

The costs of referral orders encompassed:

- the initial set-up costs to get the system up and running and the initial recruitment and training of volunteer community panel members;
- the running of the panels themselves (each order would have an initial panel to agree the contract; longer orders would include a review panel and in some areas a final panel was held to sign off the order);
- the agreed activity as part of the contracts with the offender; and
- management of the process and support of community panel members.

On average estimated set up costs were £38,180 per authority. Costs in all of the areas were in excess of £20,000, with authorities in rural areas incurring noticeably higher costs.

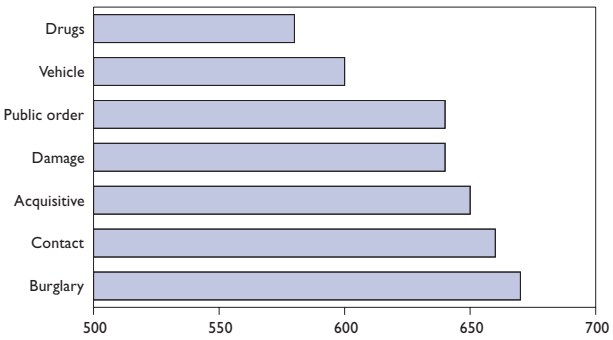
- Average panel costs varied between £130 and £350 for initial panels and £50 to £130 for review or final panels.
- The average cost of contracts varied from under £100 to over £400 across the pilot areas, with an overall average of £110.
- The mean cost per referral order was £630 outside London. Including London the average cost was £690 per order.
- Higher costs were associated with longer referral orders, victim involvement in the process, and particular types of offence (see figure 1).

Ongoing work

Current work at KCJC includes:

- a national evaluation of the effects and costs of innovative practice in approved probation hostels;

Figure 1 Referral order cost (£) and offence type



- evaluation of the impact of the introduction of a rural partnership on anti-social behaviour, crime, and fear of crime, social inclusion and access to local authorities services in one local authority;
- a review and analysis of existing approaches to crime forecasting; and
- an evaluation of the introduction of visual recording of police interviews with suspects.

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Substance use amongst young homeless people

Emma Wincup and Gemma Buckland of KCJC have recently completed a study of substance use among young homeless people, in collaboration with Rhianon Bayliss (Cardiff University). The research examined the prevalence and patterns of use of alcohol, tobacco and drugs, including illegal drugs and illicit use of prescribed medication by 160 young people (25 and under) who were accessing homelessness services. The consequences of homelessness and drug use and access to substance misuse services were also explored. The young people reported high lifetime, last year and last month prevalence rates for drug use in comparison with the 'housed' population.

This was one of a number of studies within the Home Office Drug Research Programme on patterns of drug use among vulnerable groups, funded by the Drug and Alcohol Research Unit. The report 'Youth homelessness and substance use' was launched at the 2nd National Conference on Young People and Substance Misuse in February 2003.

Towards Quality Care: Outcomes for Older People in Care Homes

This book, which will be published by Ashgate later this year, is the culmination of the Quality of Life Study, funded by the NHS Executive and based at the University of Manchester.

The study's aims were to identify the particular characteristics of care associated with a good outcome for residents in nursing and residential homes and to investigate whether outcome was related to aspects of the care environment. Over 300 newly-admitted residents in 30 homes in North West England were interviewed over a nine month period. Resident characteristics were defined using measures of cognitive impairment, depression, quality of life and physical functioning. The characteristics of the care environment were measured using tools relating to the physical and social environment of the homes and from questionnaires sent to staff members and residents' relatives.

It was shown that depressed mood or loneliness was experienced by substantial numbers of residents. However, there was a low level of recognition of depression by care staff, of whom few had received training in aspects of its recognition or management. Some of the individual quality of life questions were powerful predictors of outcome. Satisfaction with the amount of pleasure from things done in the home was related to survival, suggesting that where residents experienced less pleasure in their daily lives, the outlook for them was poor.

The conclusions drawn from this study and reported in the book are particularly relevant since quality of life and quality of care are areas of concern in view of the focus on quality in recent government policy. The introduction of the Care Standards Act (2000) and subsequent national minimum standards for care homes empahsises the need to identify and promote the characteristics of the care environment that are associated with the best possible outcome for residents.

Social Services in Europe: Annotated Bibliography (2nd Edition)

Kate Henderson and Martin Knapp have contributed the UK chapter to this volume, edited by Helmut Anheier, to be published later in 2003 by the ISS Observatory for the Development of Social Services in Europe.

Community Care for the Elderly in Lombardy: Needs, Resources and Outcomes

This thesis by Cristiano Gori, for which he was awarded his PhD degree from the LSE in 2003, discusses the provision of community care for the elderly in Lombardy, a region of northern Italy. The main part consists of an original analysis of quantitative data gathered in the study, focusing on issues concerning service utilisation, outcomes and costs.

The thesis is conducted using several tools and logics of the 'production of welfare' approach, developed in the PSSRU since the 1970s. It deals with three topics. The first concerns service utilisation: the process through which care resources are allocated, their comparison with users' and carers' needs and the geographical differences. The second concerns outcomes: the aim is to highlight the connections between inputs and outcomes (concerning hospitalisation, impact on users' health and dependency, and other domains) and to understand the impact of the former on the latter. The third topic concerns costs: the thesis analyses different kinds of costs (direct, indirect and intangible) borne by different stakeholders in the system (users in various conditions, informal carers, public services and private professionals).

The thesis is divided into two parts. The first part discusses the policy towards frail elderly people in Italy and Lombardy in particular, and the debate surrounding it. It then illustrates the methodology used in the empirical part of the work. The first part provides a background for the second, which presents the original research findings. After presenting the research design, the second part of the thesis examines the overall context of community care in Lombardy and then focuses on three major themes: the utilisation of services, their outcomes and their costs.

French disability policy

At the request of the Social Affairs office of their Embassy in London, Robin Saunders met with members of the French social services inspectorate (IGAS) in November 2002.

French disability policy rests on a law of 1975 providing the global framework for evaluating and meeting the needs of disabled people. This is now being reviewed in the light of not only the changed general economic and social context but also different aspirations and approaches. The team from the inspectorate looked in detail at the situation in three other EU countries, and what they considered them to offer:

- Sweden, with its decentralised model, where a mainstreaming approach is combined with personalised support to people with disabilities of any kind;
- The UK, for its general non-discrimination framework, and for support schemes which favour aid in cash and which take the family into account (right to respite); and
- Italy, for its general policy of desegregation, with emphasis on support and compensation to families, whose children with disabilities are integrated in mainstream schools.

In the UK they met with, among others, social services and disability groups, and in the case of PSSRU their interest was in our research in the areas of care management and direct payments.

The Centre for the Economics of Mental Health, Institute of Psychiatry, London

The CEMH was established at the Institute of Psychiatry in November 1993 and undertakes, promotes, conducts and disseminates health economics research in the field of mental health, broadly defined.

Research undertaken at the PSSRU complements topic areas studied at CEMH, particularly those in the Economics of Child Social Care and Mental Health Economics and Policy programmes. The current CEMH programme in child and adolescent services includes economic evaluations of interventions for children who harm themselves, who have challenging behaviours, who have complex health and social care needs, and who have eating disorders. The scope of evaluations in adult mental health care are similarly wide-ranging and explore the cost and outcome implications of both new and existing interventions for people with many different mental health problems.

PSSRU and CEMH co-publish the annual *Mental Health Research Review*. Issue 9 is available to download at the PSSRU website. For more information on the CEMH, visit http://www.iop.kcl.ac.uk/CEMH/

The North West Dementia Centre

Formally launched in September 1999, The North West Dementia Centre (NWDC) is hosted within PSSRU at the University of Manchester. The aim of the centre is to promote awareness of dementia, its consequences and effective management to professionals and others through research and development. The centre has as its prime focus services for people with dementia in the North West and, as such, complements the work of other centres within the dementia services development centres network. NWDC is active in three areas: research, dissemination of information to colleagues specialising in dementia care and training.

Research

The current research portfolio is described in more detail on page 36 and comprises three studies:

- Mapping Specialist Dementia Services in the North West of England;
- Services for Older People with Mental Health Problems: The Balance of Care in Cumbria; and
- Changing Patterns of Old Age Psychiatry: Impact of the NSFOP.

Information and library

The information and library function of NWDC is available to front-line staff, managers and service commissioners specialising in the care of older people with dementia.

It has three components:

- Information for health and social care professionals, predominantly in the North West of England.
- A series of fact sheets, focusing on dementia-related subjects of particular relevance to the information needs of health and social care professionals. These are available in hard copy and downloadable from the website: www.pssru.man.ac.uk/nwdc.htm
- A web-based bulletin for specialist clinicians, TALKCNS.com accessed through registration with the funder of the service, Novartis Pharmaceuticals.

For further information about these initiatives, please telephone 0161 275 5682, fax 0161 275 5790, or email nwdc@man.ac.uk.

Current Research Projects and Recent Publications

These pages give a brief listing of most work current at May 2003, categorised by programme (groups of related studies, shown as boxed titles) and individual projects. Staff working on these projects are listed, and they can be contacted at one of the PSSRU's branches (see page 43 for further details). The PSSRU website – www.pssru.ac.uk – gives more information.

Also listed under each programme of work are relevant publications by PSSRU authors (often in collaboration with colleagues at other institutions) during 2002 and 2003 to date. Articles are arranged in alphabetical order of title.

Books and monographs

Most PSSRU books and monographs are available (post free) direct from the PSSRU in Canterbury and can be obtained through bookshops. An order form with a complete listing can be found on the PSSRU wesite.

Newsletters

The *Mental Health Research Review 9* (a joint production with the Centre for the Economics of Mental Health at the Institute of Psychiatry) was published in May 2003. Back issues of some editions of the PSSRU Bulletin, the *Mental Health Research Review*, and the *Mixed Economy of Care Bulletin* are available. All these can be accessed at the PSSRU website and are available free of charge from the PSSRU in Canterbury.

Discussion papers

All recent PSSRU discussion papers (DPs) are available from the PSSRU website, and we are regularly adding downloadable versions from the previous 25 years' output. DPs are also available through the inter-library loan system: you will need to provide your library with full details of the DP and the address of the PSSRU.

Further details, enquiries and orders

Fuller details of all PSSRU books in print, as well as of journal articles by PSSRU authors and discussion papers, can be viewed on the Unit's website at http://www.pssru.ac.uk/. The website also includes text of shorter publications such as this and previous Bulletins, outlines of current research, summaries of findings, details of staff, announcements of seminars and other news about the Unit. Orders and enquiries should be sent to the librarian at the PSSRU in Canterbury (01227 827773, email pssru_library@ukc.ac.uk).

Assessment, Performance Measurement and User Satisfaction in Older People's Services

Towards a national standard asssessment instrument in continuing care homes: the MDS/RAI

The study involved the possibility of develpment of a standard assessment instrument for residents in care homes, to assess care needs, assist in care planning and provide information to permit costing of the level of care provided. Stage one involved a review of assessment systems. Stage two involved a pilot study in eight care homes to address issues of staff training, the instrument format, staff time and uses of the data. The third stage involved creating a UK version of the Minimum Data Set/Resident Assessment Instrument.

Funded by: Joseph Rowntree Foundation

David Challis, Karen Stewart, Angela Worden.

Assessment approaches in residential and nursing homes

This study involves a survey of homes in the North West. It examines assessment tools in use in care homes, how these are used and how they compare both with the MDS/RAI and the National Service Framework for Older People.

Funded by: South Manchester NHS Primary Care Trust

David Challis, Angela Worden, Karen Stewart, Irene Pedersen.

A randomised controlled study to meet the needs of older people with dementia in residential care

The Audit Commission has highlighted shortcomings in the care of older people with dementia in residential or nursing home care and recommended that specialist mental health professionals provide this expertise to residents. This study seeks to provide an evaluative framework to maximise the effectiveness of their input. It is designed to assess the met and unmet health and social care needs of older people with dementia resident in care homes. The study is being undertaken in three areas in the UK: London and the south-east, Bangor and Manchester, with the lead researcher based at University College, London.

Funded by: the Wellcome Trust

David Challis, Bridie Baines, Martin Knapp (LSE). With staff at other organisations: Project leader: Martin Orrell (UCL), Bob Woods, Geraldine Hancock.

Performance indicators in social care for older people

Project commissioned by a social services department with assistance from the Social Services Inspectorate with the aim of developing, implementing and monitoring a set of performance indicators for services to older people.

Funded by: local authority

David Challis, Paul Clarkson.

The quality of life study

An outcome study of a cohort of elderly people in residential or nursing home care in three areas of North West England, assessing maintenance of physical and mental functioning and quality of life (subjectively and objectively perceived).

Funded by: NHS Executive (Northern and Yorkshire Region)

David Challis, Caroline Sutcliffe, Alistair Burns. With staff at other organisations: Lis Cordingley, Caroline Mozley, Heather Bagley and Peter Huxley.

Implementing the National Service Framework for Older People: Looking at older people and carer involvement

The study has three stages. In the first stage, the ways in which local implementation teams are currently involving older people and carers will be detailed and the different approaches analysed. The second stage will examine whether different approaches lead to different outcomes. The final stage will translate evidence about effective involvement from local implementation teams into a good practice guide.

Funded by: North West NHS Executive

David Challis, Jane Hughes, Judy Scott, Reba Bhaduri.

Recent publications from this programme

A thread from many strands: assessment, the InterRAI MDS system and health and social care policy in England and Wales
Carpenter, G.I. and Challis, D. (2003)
in B. Fries, and C. Fahey (eds) http://www.milbank.org/reports/interRAI/030222interRAI.html

Assessing the needs of older people in care homes
Stewart, K., Worden, A. and Challis, D. (2003)
Nursing and Residential Care, 5, 1, 22-25.

Developing and implementing a local performance measurement system in older people's services
Clarkson, P. and Challis, D. (2002)
Research, Policy and Planning, 20, 3, December, 3-16.

Developing performance indicators for mental health care
Clarkson, P. and Challis, D. (2002)
Journal of Mental Health, 11, 3, 281-293

Identification of registered nursing care of residents in UK nursing homes using the Minimum Data Set Resident Assessment Instrument (MDS/RAI) and resource utilisation groups version III (RUG-III)
Carpenter, G.I., Perry, M., Challis, D. and Hope, K. (2002)
Age and Ageing, 32, 279-285.

Issues and challenges in long term care - an international perspective
Challis, D. and Hughes, J. (eds) (2003)
International Journal of Geriatric Psychiatry, 18, 3, special edition.

Performance Indicators in Social Care of Older People
Challis, D., Clarkson, P. and Warburton, R. (forthcoming)
Ashgate, Aldershot.

Quality assurance practices in care management: a perspective from the United Kingdom
Clarkson, P. and Challis, D. (forthcoming)
The Care Management Journals.

Residential and nursing home care — issues of balance and quality of care
Challis, D. and Hughes, J. (2003)
International Journal of Geriatric Psychiatry, 18, 3, 201-204.

Towards Quality Care: Outcomes for Older People in Care Homes
Godlove Mozley, C., Sutcliffe, C., Bagley, H., Cordingley, L., Challis, D., Huxley, P. and Burns, A. (forthcoming)
Ashgate, Aldershot.

Understanding the roles of registered general nurses and care assistants in UK nursing homes
Perry, M., Carpenter, G.I., Challis, D. and Hope, K. (2003)
Journal of Advanced Nursing, 42, 497-505.

Commissioning and Performance

Commissioning and performance (the mixed economy of care)

A long-running programme of research focusing on purchasing strategies, commissioning, providers and markets for social care services in England.

Funded by: Department of Health

Martin Knapp, Julien Forder, Jeremy Kendall, Tihana Matosevic, Kate Henderson, Vanessa Davey, José Luis Fernández and Melanie Henwood.

Recent publications from this programme

Commissioning care services for older people: the view from care managers, users and carers
Ware, P., Matosevic, T., Hardy, B., Knapp, M., Kendall, J. and Forder, J. (2003)
Ageing and Society, forthcoming.

Loose connections
Davey, V. and Henwood, M. (2003)
Community Care, 15 May.

Prices, contracts and motivations: institutional arrangements in domiciliary care
Forder, J., Kendall, J., Knapp, M., Matosevic, T., Hardy, B. and Ware, P. (2003)
Policy and Politics, forthcoming.

Regulating entrepreneurial behaviour in social care
Forder, J. (2002)
in R. Saltman, R. Busse and E. Mossialos (eds) *Regulating Entrepreneurial Behaviour in European Health Care Systems*, Open University Press, Buckingham.

Social care and the nonprofit sector in the western developed world
Kendall, J., Knapp, M. and Forder, J. (2003)
in W.W. Powell and R. Steinberg (eds), *The Nonprofit Sector: A Research Handbook*, Yale University Press, New Haven, Connecticut, forthcoming.

The challenge of integrating health and social care: the economist's perspective
Knapp, M. and Netten, A. (2002)
in D. Kernick (ed.) *Getting Health Economics Into Practice*, Radcliffe Medical Press, Abingdon, 55-66.

The motivations of domiciliary care providers in England: new concepts, new findings
Kendall, J., Matosevic, T., Forder, J., Knapp, M., Hardy, B. and Ware, P. (2003)
Journal of Social Policy, forthcoming.

The state of residential care supply in England: Lessons from PSSRU's mixed economy of care (commissioning and performance) research programme
Kendall, J., Knapp, M., Forder, J., Hardy, B., Matosevic, T. and Ware, P. (2003)
LSE Health and Social Care Discussion Paper 6.

The voluntary sector: comparative perspectives on the UK,
Kendall, J. (forthcoming)
Routledge, London.

Trust and voluntary organizations: three theoretical approaches
Anheier, H. and Kendall, J. (2002)
British Journal of Sociology, 53, 3, 343-362.

What type of social services for the future?
Knapp, M. (2002)
Die Zukunft der sozialen Dienste in Europa, Observatory for the Development of Social Services in Europe, Frankfurt, 68-72.

Coordinated Care, Care Management, Service Integration and Partnerships

Mapping and evaluation of care management arrangements for older people and those with mental health problems

This project aims to identify the distinctive characteristics of different care management arrangements and discriminate between these in terms of their structures, processes and outcomes, in order to identify differences in their relative costs and benefits.

Funded by: Department of Health

David Challis, Jane Hughes, Sally Jacobs, Siobhan Reilly, Karen Stewart, Dan Venables.

Evaluation of Lewisham care management scheme for the cognitively impaired

Evaluation of a care management service for elderly people suffering from dementia, based in a multidisciplinary community mental health team.

Funded by: Department of Health

David Challis, Jane Hughes, Caroline Sutcliffe.

Eligibility criteria in local authority services for older people

National study of eligibility criteria for social services, looking at the different forms of eligibility criteria used by local authorities for different service sectors; the link between eligibility criteria and assessment systems; and the utility of the systems of

eligibility and assessment which are in operation and the difficulties associated with their implementation.

Funded by: CCC/Age Concern

Jane Hughes, David Challis.

The value of specialist clinical assessment of older people prior to placement in care homes

The aims of the project were to evaluate the effect of provision of a clinical contribution to the assessment process and to examine the costs and benefits of this multi-disciplinary process of assessment for older people and their carers, and also for health and social services. This randomised controlled trial examined referrals to two social services departments for older people considered at risk of placement in residential and nursing home care. Data were collected from older people and their carers, specialist clinicians, care managers and general practitioners.

Funded by: Department of Health

David Challis, Paul Clarkson, Jane Hughes, Alistair Burns. With staff at other organisations: Ray Tallis, Ashley Weinberg and Janine Williamson.

Social care services before the infuence of modernisation: a review of the state of service delivery, commissioning and service impact

The aim of this study is to clarify the nature of the current service system, from access to services, through models of service provision to processes of commissioning, so as to establish a baseline from which to measure changes arising from the modernisation process.

Funded by: Department of Health

Cheng-qiu Xie, David Challis, Jane Hughes, Siobhan Reilly.

Mapping specialist dementia services in North West England

Explores the existing configuration of services and particularly the opportunities for service substitution within and between providers of health and social care.

Funded by: North West NHS Executive

Siobhan Reilly, Michele Abendstern, Dan Venables, David Challis, Jane Hughes, Alistair Burns.

Study of old age psychiatry services in England

Aims to identify the patterns of organisation and working of old age psychiatry services in England, as a key component of integrated care for older people with mental health problems. Three main features evaluated are patterns of professional roles, community orientation and degree of service integration.

Funded by: North West NHS Executive

David Challis, Siobhan Reilly, Jane Hughes, Alistair Burns. With staff at other organisations: Ken Wilson.

Training requirements of care staff in nursing and residential care homes

The study had two stages: first, a training needs analysis of care staff in residential and nursing homes; second, the creation of an evidence-based handbook for training in dementia care for nursing and care assistants in continuing care homes.

Funded by: North West NHS Executive

David Challis, Reba Bhaduri, Jane Hughes, Siobhan Reilly, Alistair Burns. With staff at other organisations: Heather Bagley, Ken Wilson.

Changing patterns of old age psychiaty: the impact of the National Service Framework for Older People

This study has been commissioned by the Royal College of Psychiatrists and will incorporate a survey of clinicians specialising in the mental health of older people. It is designed to provide a view of the way in which mental health services for older people have responded to the proposals for change outlined in the NSFOP. The aim of the study is to explore developments in three areas: first, the nature of the work undertaken by staff in mental health services for older people; second, the range of services available to older people with mental health problems in other sectors of the NHS; and third, the pace of service development.

Funded by: Royal College of Psychiatrists

Sue Tucker, David Challis, Jane Hughes, Alistair Burns. With staff at other organisations: Bob Baldwin, Susan Benbow.

Estimating the effects of proposals to change the residential allowance in services for older people (Study one: Estimates of managers)

This study was commissioned by the Department of Health as part of the implementation schedule of the White Paper *Modernising Social Services*. Its purpose was to explore the potential impact of plans to abolish the residential allowance and replace it by a special grant to local authorities, using estimates obtained from local authority managers.

Funded by: Department of Health

Jane Hughes, Paul Clarkson, David Challis.

The effect of changes in the residential allowance: potential effect from local simulations applied to the national picture (Study two: Estimates of practitioners)

This study was commissioned by the Department of Health to further explore the likely impact of the proposals to abolish the Residential Allowance (RA). It was designed to examine the impact of the change at the micro level — the effect upon the placement decisions made by frontline staff — and the extent to which their decision thresholds might be influenced by the apparent change in the cost of placement arising from the financial transfer.

Funded by: Department of Health

Jane Hughes, Paul Clarkson, David Challis.

Services for older people with mental health problems: the balance of care in Cumbria

This locally funded project seeks to inform the re-configuration of services for people with mental health problems in North Cumbria and commenced in January 2003. It is concerned to achieve a better balance of care.

Funded by: Eden Valley NHS Primary Care Trust

Sue Tucker, David Challis, Jane Hughes.

North West Region Dementia Services Research and Development Centre

Funded by: NHS Executive (North West)

Alistair Burns, David Challis, Jane Hughes.

Recent publications from this programme

Achieving co-ordinated and integrated care among long term care services: the role of care management
Challis, D. (2002)
in J. Brodsky, J. Habib and M. Hirschfeld (eds) *Key Policy Issues in Long Term Care*, World Health Organisation, Geneva.

Care management, dementia care and specialist mental health services: an evaluation
Challis, D., von Abendorff, R., Brown, P., Chesterman, J. and Hughes, J. (2002)
International Journal of Geriatric Psychiatry, 17, 4, April, 315-325.

Care Management in Social and Primary Health Care: The Gateshead Community Care Scheme
Challis, D., Chesterman, J., Luckett, R., Stewart, K. and Chessum, R. (2002)
Ashgate, Aldershot.

Care management: who needs it? What makes it work? Lessons from international experience
Challis, D. (2002)
in S. Quill (ed.) *Towards Care Management in Ireland*, Report no. 71, National Council on Ageing and Older People, Dublin.

Care management arrangements for older people in England: key areas of variation in a national study
Weiner, K., Stewart, K., Hughes, J., Challis, D. and Darton, R. (2002)
Ageing and Society, 22, Part 4, 419-439.

Care management for older people: access, targeting and the balance between assessment, monitoring and review
Stewart, K., Hughes, J., Challis, D., Darton, R. and Weiner, K. (forthcoming)
Research Policy and Planning.

Caring with Confidence. A handbook for training in dementia care for nursing and care assistants in continuing care homes
Bhaduri, R. (2002)
PSSRU, University of Manchester, Manchester.

Does integration really make a difference?: A comparison of old age psychiatry services in England and Northern Ireland
Reilly, S., Challis, D., Burns, A. and Hughes, J. (forthcoming)
International Journal of Geriatric Psychiatry.

Frail older people at the margins of care: some recent research findings
Challis, D. and Hughes, J. (2002)
British Journal of Psychiatry, 180, 126-130.

Integrating health and social care at the micro level: health care professionals as care managers for older people,
Weiner, K., Hughes, J., Challis, D. and Pedersen, I. (forthcoming)
Social Policy and Administration,

Policy, organisation and practice of specialist old age psychiatry in England
Challis, D., Reilly, S., Hughes, J., Burns, A., Gilchrist, H. and Wilson, K. (2002)
International Journal of Geriatric Psychiatry, 17, 315-325.

Public funding for residential and nursing home care: projection of the potential impact of proposals to change the residential allowance in services for older people
Clarkson, P., Hughes, J. and Challis, D. (2003)
International Journal of Geriatric Psychiatry, 18, 3, 211-216.

The use of assessment tools in old age psychiatry services in England and Northern Ireland
Reilly, S., Challis, D., Burns, A. and Hughes, J. (forthcoming)
Aging and Mental Health.

The value of specialist clinical assessment of older people prior to entry to care homes
Challis, D., Clarkson, P., Williamson, J., Hughes, J., Venables, D., Burns, A. and Weinberg, A. (forthcoming)
Age and Ageing.

What do care managers do? A study of modern working practice in older people's services
Weinberg, A., Williamson, J., Challis, D. and Hughes, J. (forthcoming)
British Journal of Social Work.

Costs, Quality and Outcomes

Unit costs of health and social care

The primary aims of the programme are to collate state of the art unit costs research; to identify important gaps in knowledge about unit costs; and to contribute to the discussion about an agreed approach to costs estimation and standard of costing which could prove of value to local and health authorities. Unit Cost reports have been published annually since 1993.

Funded by: Department of Health

Ann Netten, Lesley Curtis.

Variations in costs and quality

The overall aim is to investigate variations in and predictors of cost, quality and efficiency. Over the course of the programme we intend to address a variety of services, guided by policy and practice requirements. Our first priority is to address quality and efficiency in home care services. As part of this work we have undertaken an extension to the User Experience Survey conducted by all local authorities. This work is linked with the investigation of trends and variations of unit costs.

Funded by: Department of Health

Ann Netten and Jennifer Francis.

Investigation of trends and variations in unit costs

The aim of this work is to analyse unit cost information relevant to the measurement of cost-efficiency and value for money, with a view to identifying potential sources of avoidable inefficiency; and to contribute to the development of routine methods of monitoring cost-efficiency that will be useful to both central and local government. Our first priority is to address efficiency in home care services, as a number of related indicators are included in the Performance Assessment Framework (PAF).

Funded by: Department of Health

Andrew Bebbington and Kate Hamilton-West.

Home care worker motivation and quality of care

A small-scale in depth study is being undertaken with 30 care workers in order to identify their employment history and attitudes to their work, employing organisation and to the provision of quality care.

Funded by: Department of Health and local authority

Ann Netten, Jennifer Francis and Pamela Brown.

Cost and quality of regulation

In 2003 the National Care Standards Commission (NCSC) commissioned the first phase of a study into the costs and quality of regulation that builds on previous studies of the costs of regulation conducted under the previous regime. The aim is to compare resource requirements of regulation now with the requirements under previous arrangements and to investigate approaches to evaluating quality in the regulatory process.

Funded by: National Care Standards Commission

Ann Netten, Jacquetta Williams, Jane Dennett and Janet Wiseman.

Recent publications from this programme

A methodological framework to derive the cost of the GP consultation
Kernick, D. and Netten, A. (2002)
Family Practice, 19, 5, 500-503.

Costing interventions in healthcare
Netten, A. and Kernick, D. (2002)
in D. Kernick (ed.) *Getting Health Economics Into Practice*, Radcliffe Medical Press, Abingdon, 89-100.

Evaluation of health and social care
Netten, A. (2002)
in A. Jamieson and C.R. Victor (eds) *Researching Ageing and Later Life*, Open University Press, Buckingham, 175-194.

Quality in home care: Client and provider views
Francis, J. and Netten, A. (2003)
PSSRU Discussion Paper 1795/4

The challenge of integrating health and social care: the economist's perspective
Knapp, M. and Netten, A. (2002)
in D. Kernick (ed.) *Getting Health Economics Into Practice*, Radcliffe Medical Press Ltd., Abingdon, UK, 55-66.

Unit Costs of Health and Social Care 2002
Netten, A. and Curtis, L. (2002)
PSSRU, University of Kent.

Unit Costs of Health and Social Care 2003
Netten, A. and Curtis, L. (2003)
PSSRU, University of Kent.

Criminal Justice

Evaluation of pathfinder approved premises

An evaluation of the introduction of new regimes based on pro-social modelling and cognitive motivational case management in

approved probation hostels.

Funder: Home Office

Gemma Buckland, Elizabeth Gilling, Ann Netten and Robin Saunders. With staff at other organisations: Mark Oldfield, Jane Wood

Problematic substance misuse and the young homeless

The aim is to map out patterns of substance use among young homeless people, focusing on those under 25, to inform future prevention and treatment activity. Users' involvement in substance use will be analysed against a backdrop of their involvement in other risky behaviours which may impact on health.

Funded by: Home Office

Gemma Buckland. With staff at other organisations: Emma Wincup.

Research on the implementation of referral orders for juvenile offenders

Aims to identifiy the most effective ways of implementing referral orders and in the longer term to evaluate the effectiveness of the orders.

Funded by: Home Office

Ann Netten. With staff at other organisations: Tim Newburn, Adam Crawford, Chris Hale, Steve Uglow.

Evaluation of pilot schemes for the visual recording of police interviews with suspects

The main objective of this research is to evaluate the impact of the introduction of visual recording of police interviews with suspects in police stations in five forces during a pilot period. The ongoing findings of the evaluation will be used to inform the planning and management of national roll-out.

Funder: Home Office

Louise Barnard, Tom Cockcroft, Elizabeth Gilling and Ann Netten. With staff at other organisations: Rod Earle, Stephanie Hayman, Tim Newburn and Steve Uglow.

Recent publications from this programme

Theory into practice: implementing a market reduction approach to property crime
Harris, E.C., Hale, C. and Uglow, S.P. (forthcoming 2003) in K. Bullock and N.Tilley (eds) *Crime Reduction and Problem-Oriented Policing*, Willan Publishing, Cullompton.

An exploratory evaluation of restorative justice schemes
Miers, D., Maguire, M., Goldie, S., Sharpe, K., Hale, A., Netten, A., Uglow, S., Doolin, K., Hallam, A., Enterkin, J. and Newburn, T. (2001), Home Office, London.

The introduction of referral orders into the youth justice system: first interim report
Newburn, T., Crawford, A., Earle, R., Goldie, S., Hale, C., Masters, G., Netten, A., Saunders, R., Sharpe, K. and Uglow, S. (2001)
RDS Occasional paper No. 70, Home Office, London.

The introduction of referral orders into the youth justice system: second interim report
Newburn, T., Crawford, A., Earle, R., Goldie, S., Hale, C., Masters, G., Netten, A., Saunders, R., Sharpe, K. and Uglow, S. (2001)
RDS Occasional paper No 73, Home Office, London.

The introduction of referral orders into the youth justice system
Newburn, T., Crawford, A., Earle, R., Goldie, S., Hale, C., Masters, G., Netten, A., Saunders, R., Sharpe, K., and Uglow, S. (2002)
Home Office Research Study No. 242, Home Office, London.

Evaluating Community Care for Elderly People (ECCEP)

ECCEP is the most recent phase of a programme launched in 1982, designed to evaluate the effects of the UK community care reforms. This programme of work is now coming to a conclusion.

Funded by: Department of Health

Bleddyn Davies, Robin Saunders, José Luis Fernández.

Describing post-reform community care for elderly people

Funded by: Department of Health

Bleddyn Davies, Robin Saunders, José Luis Fernández.

Evaluating the defensibility of allocating SSD resources

Funded by: Department of Health

Bleddyn Davies, Robin Saunders, José Luis Fernández.

Economics of Child Social Care

Childcare costs: variations and unit costs

Using data from the new Children in Need Data Collection and other national sources, this project aims to explore why child care costs and unit costs vary between local authorities. Such data will contribute to improving efficiency in the delivery of services by providing a better understanding of cost variations.

A series of focused reports is available.

Funded by: Department of Health

Jennifer Beecham, Andrew Bebbington.

Meeting the mental health needs of children in the child protection system

High proportions of children whose first contact with services is through the child protection system are likely to need specialist mental health services. This project will track how teams identify and deal with at-risk children with mental health needs and will describe or develop models for good and cost-effective practice.

Funded by: Department of Health via the Policy Research Bureau

Jennifer Beecham. With staff at other organisations: Ann Hagell, Deborah Ghate and Patricia Moran (Policy Research Bureau, London).

Educating difficult adolescents

Following an earlier successful collaboration, this work will evaluate the costs, and educational and other outcomes for children living in residential schools, children's homes and foster homes.

Funded by: Department of Health (Quality Protects)

Jennifer Beecham in collaboration with David Berridge (University of Luton) and Ted Coles (University of Birmingham).

Key worker services for disabled children

This research will explore the different ways that multi-agency key worker services are provided, their funding and associated costs, and the unmet needs of children and their families. The aim is to inform standard of good practice in these services.

Funded by the Treasury Evidence-based Policy Fund and Department of Health

Jennifer Beecham in collaboration with Tricia Sloper at SPRU, University of York.

Remuneration and performance in foster care

The principal aim of the project is to explore in-depth the relationship between remuneration and other resources available to foster carers and the performance of fostering services.

Funded by: Department of Health

Jennifer Beecham. With staff at other organisations: Derek Kirton, Catherine Ogilvie.

Recent publications from this programme

The following four papers from the Children in Need 2001 survey, with a brief Department of Health commentary, are available at www.doh.gov.uk/qualityprotects/work_pro/analysis1.htm

Children in need 2001: active case rates during the census week
Bebbington, A. and Beecham, J. (2003)

Children in need 2001: funding and income
Beecham, J. and Bebbington, A. (2003)

Children in need 2001: workers' time and non-child time
Bebbington, A., Beecham, J. and Fenyo, A. (2003)

Ethnicity and service use
Bebbington, A. and Beecham, J. (2003)

Children with severe learning disabilities: needs, services and costs
Beecham, J., Chadwick, O., Fidan, D. and Barnard, S. (2002)
Children and Society, 16, 168-181.

Respite care for children with severe intellectual disability and their families: who needs it? Who receives it?
Chadwick, O., Beecham, J., Piroth, N., Bernard, S. and Taylor, E. (2002)
Child and Adolescent Mental Health, 7, 2, 66-72.

Long-Term Care Finance

Long-term care demand and finance for elderly people

The aim of this project is to make projections to 2031 of demand for long-term care services for older people in England and of associated public and private expenditure under different assumptions about key factors affecting demand. This study is the core of the programme, around which it has been possible to arrange other projects.

Funded by: Department of Health

Bleddyn Davies, Raphael Wittenberg, Linda Pickard, Robin Darton, Adelina Comas-Herrera.

Cognitive impairment study

The aim of this study was to make projections, for the next 30 years, of future numbers of older people with cognitive impairment in England, their demand for long-term care services and the future costs of their care under a range of specified assumptions.

Funded by: Alzheimer's Research Trust

Reform of the funding system

The aim of this study, conducted jointly with the Nuffield Community Care Studies Unit at the University of Leicester, was to investigate the possible future costs to 2051 of different ways of funding long-term care for older people in the UK and the distributional effects of those different funding arrangements.

Funded by: Institute for Public Policy Research

European long-term care study

The aim of this study, conducted jointly with research units in Germany, Spain and Italy, was to produce comparable projections to 2050 for four European Union countries of future demand for long-term care for older people and associated public expenditure and to investigate the sensitivity of those to assumptions about key drivers of demand.

Funded by the European Commission

Literature review of informal care for older people

This review is concerned with the effectiveness and cost-effectiveness of support and services to carers and employment policies relating to informal carers.

Funded by the Audit Commission

Recent publications from this programme

Future demand for long-term care, 2001 to 2031: projections of demand for older people in England
Comas-Herrera, A., Pickard, L., Wittenberg, R., Davies, D. and Darton, R. (2003)
PSSRU Discussion Paper 1980.

Cognitive impairment in older people: its implications for future demand for services and costs
Comas-Herrera, A., Wittenberg, R., Pickard, L., Knapp, M. and MRC-CFAS (2003)
PSSRU Discussion Paper 1728.

European study of long-term care expenditure
Comas-Herrera, A. and Wittenberg, R. (eds) (2003)
Report to the European Commission, Employment and Social Affairs DG, PSSRU Discussion Paper 1840.

The effectiveness and cost-effectiveness of support and services to informal carers of older people. A review of the literature prepared for the Audit Commission
Pickard, L. (2003)
PSSRU Discussion Paper 2015.

Who will pay for long-term care in the UK? Projections linking macro- and micro-simulation models
Hancock, R., Comas-Herrera, A., Wittenberg, R., and Pickard, L. (2003)
Fiscal Studies, forthcoming.

The decline of intensive intergenerational care of older people in Great Britain, 1985-1995
Pickard, L. (2002)
Population Trends, 110, 31-41.

Demand for long-term care in the UK: Projections of long-term care finance for older people to 2051
Wittenberg, R., Hancock, R., Comas-Herrera, A., Pickard, L. (2002)
in R. Brooks, S. Regan and P. Robinson, *A New Contract for Retirement. Modelling Policy Options to 2050*, Institute for Public Policy Research, London, 65-120.

Funding long-term care: the public and private options
Wittenberg, R., Sandhu, B. and Knapp, M. (2002)
in E. Mossialos, J. Figueras and A. Dixon (eds), *Funding Health Care: Options for Europe*, Open University Press, Buckingham, 226-249.

Mental Health Economics and Policy

The primary aim of the Mental Health programme is to conduct inter-disciplinary research on mental health policy and practice, built particularly on the theoretical constructs and empirical tools of economics.

The programme comprises a number of inter-linked research activities. The main current activities are:

- economic evaluations of treatment for schizophrenia
- the impact of mental illness on employee absenteeism
- mental health care financing arrangements and incentive mechanisms
- long-term follow-up studies of children with mental health problems
- resource and need threshold consequences of treatment-induced reductions in in-patient service utilisation
- the support and treatment of older people with cognitive disabilities, evaluations and policy options.

The PSSRU Mental Health Programme is closely linked to the work of the Centre for the Economics of Mental Health, Institute of Psychiatry, King's College London.

Martin Knapp, Andrew Healey, David McDaid, Jeni Beecham, Derek King, Claire Curran, Adelina Comas-Herrera, José Luis Fernández, Kate Henderson and Fayaz Aziz.

Adulthood follow-up of childhood problems

A series of studies looking at the economic consequences in adulthood of problems in childhood (conduct disorder, emotional problems, antisocial behaviour).

Funded by: DH

Andrew Healey and Martin Knapp.

Mental health economics in global context

A collection of studies looking at mental health economic issues (finance, equity, cost-effectiveness evaluation, cost-of-illness) in the international context, particularly in low- and middle-income countries.

Funded by: WHO; Department for International Development

Claire Curran, Martin Knapp and David McDaid.

Mental health economics European network

17-country network in Western Europe to explore economic issues and build comparative information sets.

Funded by: European Commission

Claire Curran, Martin Knapp and David McDaid.

Mental health and social exclusion

Systematic review of employment, poverty and social exclusion more generally, and their associations with mental health

Funded by: Gatsby Charitable Trust; Office of the Deputy Prime Minister

Claire Curran and Martin Knapp. With staff at other organisations: Tania Burchardt and Bingqin Li (CASE, LSE).

Schizophrenia, adherence and costs

Collection of secondary analyses of UK data exploring the links between medication adherence, service use patterns and costs.

Funded by: Bristol Myers Squibb

Derek King and Martin Knapp.

Child and adolescent mental health — economic dimensions

Analyses of ONS survey data on children and adolescents with mental health problems.

Funded by: Department of Health

Jennifer Beecham, Andrew Healey and Martin Knapp.

With staff at other organisations: Robert Goodman and Tamsin Ford (Institute of Psychiatry).

Psychological therapy package for dementia

An NHS-funded evaluation of a psychological intervention for older people with dementia in day and residential care settings.

David Challis, Martin Knapp. With staff at other organisations: Project leader: Martin Orrell, University College London.

Secure units: long-term outcomes and costs

An economic evaluation of forensic psychiatric services based on data from over 1000 offenders with mental health problems discharged from medium secure units.

Andrew Healey, Martin Knapp. With staff at other organisations: (project leader: Jeremy Coid, Barts).

Twelve years on: outcomes and costs of community care for people with learning disabilities and mental health problems

Twelve-year study of community-based care for two groups of people — one with mental health problems and one with learning difficulties — who left long-term hospital care for carefully planned community accommodation.

Funded by: Department of Health

Martin Knapp, Jennifer Beecham, Angela Hallam. With staff at other organisations: John Carpenter (Durham), Paul Cambridge (Kent), Rachel Forrester-Jones (Kent), Alison Tate (Durham).

Recent publications from this programme

A randomized controlled trial to evaluate the effectiveness and cost-effectiveness of psychodynamic counselling for general practice patients with chronic depression
Simpson, S., Corney, R., Fitzgerald, P. and Beecham, J. (2003)
Psychological Medicine, 33, 2, February, 229-239.

Because it's worth it. A practical guide to conducting economic evaluations in the social welfare field
Byford, S., McDaid, D. and Sefton, T. (2002)
Joseph Rowntree Foundation, York.

Choosing the method to match the perspective: economic assessment and its implications for health-services efficiency
Oliver, A., Healey, A. and Donaldson, C.(2002)
The Lancet, 359, 9319, May, 1771-1774.

Comparing patterns and costs of schizophrenia care in five European countries: the EPSILON study
Knapp, M., Chisholm, D., Leese, M., Amaddeo, F., Tansella, M., Schene, A., Thornicroft, G., Vázquez-Barquero, J., Knudsen, H., Becker, T. and the EPSILON Study Group (2002)
Acta Psychiatrica Scandinavica, 105, 1, 42-54.

Costs and cognitive disability: modelling the underlying associations
Kavanagh, S. and Knapp, M. (2002)
British Journal of Psychiatry, 180, 2, 120-125.

Economics of schizophrenia. A review
Knapp, M., Simon, J., Percudani, M. and Almond, S. (2002)
in M. Maj and N. Sartorius (eds) *WPA Series in Evidence-Based Psychiatry: Schizophrenia*, second edition, John Wiley and Sons, Chichester.

European Union enlargement. Will mental health be forgotten again?
Mossialos, E., Murthy, A. and McDaid, D. (2003)
European Journal of Public Health, 13, 1, 2-3.

Hidden costs of mental illness (editorial)
Knapp, M. (2003, forthcoming)
British Journal of Psychiatry.

Home treatment for mental health problems: a systematic review
Catty, J., Burns, T., Knapp, M., Wright, C., Henderson, J. and Healey, A. (2002)
Psychological Medicine, 32, 3, 383-401.

International differences in home treatment for mental health problems. Results of a systematic review
Burns, T., Catty, J., Watt, H., Wright, C., Knapp, M. and Henderson, J. (2002)
British Journal of Psychiatry, 181, 375-382

Making use of economic evaluation
McDaid D., Mossialos E. and Mrazek, M.F. (2002)
International Journal of Risk and Safety in Medicine, 15, 67-74.

Modelling the impact of clozapine on suicide in patients with schizophrenia in the UK
Warner, J., Knapp, M. and Kerwin, R. (2003)
British Journal of Psychiatry, 182, 505-508.

Pathways to care in children at risk of attention-deficit hyperactivity disorder
Sayal, K., Taylor, E., Beecham, J. and Byrne, P. (2002)
British Journal of Psychiatry, 181, 43-48.

Pharmacoeconomics in Psychiatry
Taylor, D., Knapp, M. and Kerwin, R. (editors)(2002)
Martin Dunitz, London.

Residential care for mentally ill people in Andalucia and London — a comparison of care environments, users' attitudes and cost of care
Rickard, C., Trieman, N., Torres Gonzales, F., Laviana, M., Maestro, J., Moreno-Kustner, B., Comas-Herrera, A. and Emmett, C. (2002)
Journal of Mental Health, 11, 3, 327-337.

Respite care for children with severe intellectual disability and their families: who needs it? Who receives it?
Chadwick, O., Beecham, J., Piroth, N., Bernard, S. and Taylor, E. (2002)
Child and Adolescent Mental Health, 7, 2, 66-72.

Slicing the health service cake: the Islington study
Nelson, T., Livingston, G., Knapp, M., Manela, M., Kitchen, S. and Katona, C. (2002)
Age and Ageing, 31, 445-450.

The costs of village community, residential campus and dispersed housing provision for people with intellectual disability
Hallam, A., Knapp, M., Järbrink, K., Netten, A., Emerson, E., Robertson, J., Gregory, N., Hatton, C., Kessissoglou, S. and Durkan, J. (2003)
Journal of Intellectual Disability Research, forthcoming.

The economic consequences of social phobia
Patel, A., Knapp, M., Henderson, J. and Baldwin, D. (2002)
Journal of Affective Disorders, 68, 2-3, 221-233.

The European Schizophrenia Outpatient Health Outcomes (SOHO) Study: rationale, methods and recruitment
Haro, J., Edgell, E., Jones, P., Alonso, J., Gavart, S., Gregor, K., Wright, P. and Knapp, M. (2003)
Acta Psychiatrica Scandinavica, 107, 222-232.

The usefulness and use of second-generation antipsychotic medications. Review of evidence and recommendations by a Task Force of the World Psychiatric Association
Sartorius, N., Fleischhacker, W., Gjerris, A., Kern, U., Knapp, M., Leonard, B., Lieberman, J., López-Ibor, J., van Raay, B. and Twomey, E. (2002)
Current Opinion in Psychiatry, 15, Supplement 1, March, S1-S51.

Twelve years on: the long-term outcomes and costs of deinstitutionalisation and community care for people with learning disabilities
Cambridge, P., Carpenter, J., Beecham, J., Hallam, A., Knapp, M., Forrester-Jones, R. and Tate, A. (2002)
Tizard Learning Disability Review, 7, 3, July, 34-42.

Needs-Based Planning

Continuation and development of a long stream of PSSRU work on this subject, including work concerning output-based needs formulae, healthy life expectancy and informal care, particularly in the contexts of the evolution of the National Carers' Strategy and the PSSRU long-term care finance project.

Funded by: Department of Health

Andrew Bebbington.

Evaluation of Care Direct

Care Direct is intended to improve the access of users and carers to information and advice about services for older and disabled people by providing a single gateway. The PSSRU will study and evaluate the pilot implementation and operation of the new single service in six areas of south-west England and then in twenty-four areas nationally over a period of three years.

Funded by: Department of Health

Andrew Bebbington, Ann Netten, Judith Unell, Sarah Lawrence.

Resource allocation methodology

Funded by: Department of Health

Andrew Bebbington.

Recent publications from this programme

Care Direct: an integrated route to help for older people
A.C.Bebbington and Unell, J. (2003)
Generations Review, forthcoming.

Care Direct Newsletter 1

Care Direct Newsletter 2

Care Direct Newsletter 3
Available on the PSSRU website.

Healthy life expectancy and survival following admission to care homes
Bebbington, A. (2003)
Health Reports (Statistics Canada) forthcoming.

Interim Report of the Evaluation of Care Direct
Bebbington, A., Unell, J. and Lawrence, S. (2002) Available via the PSSRU website and the Care Direct website: www.caredirect.gov.uk/about.htm

Sub-national variations in health expectancy
Bebbington, A. and Bajekal, M. (2003)
in J. Robine, C. Jagger, C. Mathers, E. Crimmins and R. Suzman (eds) *Determining Health Expectancies*, John Wiley, London, 127-148.

Roles, Quality and Costs of Care Homes

Care homes and their residents

The principal aims of this strand of work are to establish a comprehensive picture of care homes for older people and residents of these homes and to explore the implications of these characteristics. The work draws on cross-sectional of homes, residents and self-funded admissions and a longitudinal database of publicly funded admissions.

Funded by: Department of Health

Ann Netten, Robin Darton and Andrew Fenyo.

Causes, processes and consequences of home closures

The aims of this stream of activity were to explore the causes, processes and consequences of home closures and evidence that closures themselves and adverse consequences were preventable or could be mitigated. The work includes a national postal survey of registration and inspection units and telephone survey of a sub-sample of these units, a follow-up study of care homes in a 1996 survey, interviews with owners and managers of homes that have closed and nine case studies of closures including interviews with residents and relatives.

Funded by: Department of Health

Ann Netten, Robin Darton and Jacquetta Williams.

Recent publications from this programme

Comment on Karen Glaser and Cecilia Tomassini, "Living arrangements, receipt of care, residential proximity and housing preferences among older people in Britain and Italy in the 1990s: an overview of trends"
Darton, R. (2002)
in K. Sumner (ed.) *Our Homes, Our Lives: Choice in Later Life Living Arrangements*, Centre for Policy on Ageing, London, 99-104.

Nursing home closures: effects on capacity and reasons for closure
Netten, A., Darton, R. and Williams, J. (2003)
Age and Ageing, 32, 332-337.

Self-funded admissions to care homes
Netten, A., Darton, R. and Curtis, L. (2002)
Department for Work and Pensions Research Report No. 159, Corporate Document Services, Leeds.

The cost implications of the changing population and characteristics of care homes
Darton, R., Netten, A. and Forder, J. (2003)
International Journal of Geriatric Psychiatry, 18, 3, 236-243.

The effect of financial incentives and access to services on self-funded admissions to long-term care
Netten, A. and Darton, R. (2003)
Journal of Social Policy and Administration, forthcoming.

Caring with Confidence: A training handbook in dementia care for nursing and care assistants in continuing care homes
Edited by Reba Bhaduri OBE

This volume, published in June 2002, is an example of designing evidence-based training in response to the government's current modernisation agenda. The White Paper *Modernising Social Services* (Cm 4169, 1998) emphasised the need for a competent workforce. In addition, the Care Standards Act 2000 sets out national minimum standards for care in homes for older people and the National Service Framework for Older People (Department of Health, 2001a) is the first national strategy for the provision of high quality care for older people, including people with dementia. Training is also an essential part of the Quality Strategy for Social Care (Department of Health, 2001b).

The aim is to provide up-to-date information about dementia, its effects on the older person, and to offer suggestions to promote good practice. The identification of the training modules was evidence-based, reflecting the findings of training needs in care homes undertaken by the North West Dementia Centre. The modules were identified as major areas for training by practitioners and managers. The training materials were prepared by a multidisciplinary group of people from health, social care, clinical and academic backgrounds.

There are six modules, covering dementia, communication, daily care, challenging behaviours, abuse and communicating with carers. The handbook provides case scenarios, tips for good practice and training exercises. Each module can stand alone or form part of a wider training programme.

Although the handbook has only recently been published, feedback has been encouraging. Use of the handbook as a good practice guide will enable employers, managers, nursing and care assistants to promote independence, dignity and quality of life for vulnerable older people with dementia in care homes.

The handbook is priced at £13.50 and is available from the PSSRU in Manchester. For more details please contact Charlotte Makin on 0161 275 5681.

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Department of Health (2001a) *National Service Framework for Older People*, Department of Health, London.
Department of Health (2001b) *A Quality Strategy for Social Care*, Department of Health, London.

Unit Costs of Health and Social Care 2002
Edited by Ann Netten and Lesley Curtis and published by the PSSRU

The tenth annual Unit Costs report is the largest (at 201 pages) and, we believe, the most accurate yet. The aim of the series is to improve unit cost estimates over time, drawing on material as it becomes available, including ongoing and specially commissioned research. It brings together information from a variety of sources to estimate national unit costs for a wide range of health and social care services.

The report consists of sets of 'schemata' or tables, which as well as providing the most detailed and comprehensive information possible, also quote sources and assumptions so users can adapt the information for their own purposes. Also included are: an editorial discussing current and new developments; brief articles providing background to user services, descriptions of cost methodology or use of cost estimates; price indices; a reference list of key studies; a glossary; and indexes.

New in this edition

In this volume a new section on services for disabled people includes rehabilitation and independent living services as well as high dependency residential services. A new schema is included for nurse-led rehabilitation wards. Other new costs information covers the patient costs of visiting GPs, and social services child care drawing on the Children in Need data collection.

There are five brief articles: a description of a study which is examining the cost implications of a nurse practitioner service for care home residents; details of service levels and costs of inpatient care as a source of support for young people with psychiatric disorders and their families; information about a new annual return on personal social services expenditure and unit costs; information about a new source of data on mental health services in England; and an article on the development of Health Accounts, a way of organising health information to permit improved analyses of the efficiency and effectiveness of health services, and enable international comparisons.

Online and in print

The 2002 edition is available in full at the PSSRU website — www.pssru.ac.uk — as an Acrobat file. Printed copies are available from the librarian at the PSSRU in Canterbury (PSSRU_library@ukc.ac.uk), price £21. Unit Costs volumes for previous years to 1995 (with articles on different aspects of costing research and methodology) are still available, and are priced at £12 for the 2001 volume and £1 each for previous years (when ordered with the 2002 volume). All prices include post and packing.

STAFF CONTACT DETAILS

PSSRU branch addresses and contact numbers for general enquiries are on the back cover. In the list below, K indicates a member of PSSRU staff at the University of Kent at Canterbury, L at the London School of Economics and M at the University of Manchester.

Martin Knapp	Director, Chair of PSSRU Executive Group and Professor of Social Policy (L)	020 7955 6225	M.Knapp@lse.ac.uk
David Challis	Director and Professor of Community Care Research (M)	0161 275 5222	D.J.Challis@man.ac.uk
Dr Ann Netten	Director and Reader in Health and Social Welfare (K)	01227 823644	A.P.Netten@kent.ac.uk
Abendstern, Dr Michele	Research Associate (M)	0161 275 6851	Michele.Abenstern@man.ac.uk
Amatrudo, Anthony	Senior Research Officer (KCJC) (K)	01227 823877	A.Amatrudo.@kent.ac.uk
Aziz, Fayaz	Research Assistant (L)	020 7955 6173	f.a.aziz@lse.ac.uk
Baines, Bridie	Research Associate (M)	0161 275 5679	Bridie.Baines@man.ac.uk
Barnard, Louise	Research Officer (K)	01227 823757	L.V.Barnard@kent.ac.uk
Bass, Rosalyn	Librarian (K)	01227 827773	R.Bass@kent.ac.uk
Andrew Bebbington	Deputy Director and Reader in Community Care (K)	01227 827525	A.C.Bebbington@kent.ac.uk
Beecham, Dr Jennifer	Senior Research Fellow (K)	01227 823792	J.K.Beecham@kent.ac.uk
Bhaduri, Reba	Research and Training Officer (NWDC) (M)	0161 275 5652	Reba.Bhaduri@man.ac.uk
Boyle, Sean	Visiting Research Associate (L)	020 7955 6251	s.boyle@lse.ac.uk
Brawn, Nick	Information Officer (K)	01227 823863	N.C.S.Brawn@kent.ac.uk
Buckland, Gemma	Research Officer (K)	01227 823110	G.A.Buckland@kent.ac.uk
Burns, Alistair	Professor of Old Age Psychiatry (M)	0161 291 5887	Alastair.Burns@man.ac.uk
Clarkson, Paul	Research Associate (M)	0161 275 5674	Paul.C.Clarkson@man.ac.uk
Cockcroft, Dr Tom	Research Officer (K)	01227 827552	T.W.Cockcroft@kent.ac.uk
Comas-Herrera, Adelina	Research Officer (L)	020 7955 7306	A.Comas@lse.ac.uk
Cox, Lesley	Secretary (K)	01227 823963	L.A.Cox@kent.ac.uk
Curran, Claire	Research Officer (L)	020 9755 7352	c.m.curran@lse.ac.uk
Curtis, Lesley	Research Officer (K)	01227 827193	L.A.Curtis@kent.ac.uk
Darton, Robin	Research Fellow (K)	01227 827643	R.A.Darton@kent.ac.uk
Davey, Vanessa	Research Officer (L)	020 9755 7352	v.davey@lse.ac.uk
Davies, Bleddyn	Emeritus Professor of Social Policy (K)	01227 823873	B.P.Davies@kent.ac.uk
	Emeritus Professor of Social Policy (L)	020 7955 6212	B.Davies@lse.ac.uk
Dennett, Jane	Research Officer (K)	01227 823624	J.Dennett@kent.ac.uk
Downey, Susan	Research Officer (K)	01227 827998	s.downey@kent.ac.uk
Fenyo, Andrew	Senior Computing Officer (K)	01227 827610	A.J.Fenyo@kent.ac.uk
Fernández, José Luis	Research Fellow (L)	020 7955 6160	J.Fernandez@lse.ac.uk
Forder, Julien	Research Fellow and Assistant Director, PSSRU at LSE (L)	020 7955 6173	J.Forder@lse.ac.uk
Francis, Jennifer	Research Officer (K)	01227 827194	J.M.Francis@kent.ac.uk
Hamilton-West, Kate	Research Officer (K)	01227 827953	kew3@kent.ac.uk
Harrison, Glenys	Secretary and Information Officer (K)	01227 823862	G.Harrison@kent.ac.uk
Healey, Andrew	Research Fellow (L)	020 7955 6134	A.T.Healey@lse.ac.uk
Henderson, Kate	Research Officer (L)	020 7955 7247	s.henderson@lse.ac.uk
Henwood, Melanie	Honorary Research Fellow (L)	01327 352950	melanieh@tiscali.co.uk
Hughes, Jane	Lecturer in Community Care Research (M)	0161 275 5229	Jane.Hughes@man.ac.uk
Jacobs, Dr Sally	Research Associate (M)	0161 275 1721	Sally.R.Jacobs@man.ac.uk
Kendall, Dr Jeremy	Research Fellow (L)	020 7955 6147	J.Kendall@lse.ac.uk
King, Derek	Research Officer (L)	0207 955 7863	d.king@lse.ac.uk
Lee, Judy	Business Development Manager (K)	01227 827672	J.C.Lee@kent.ac.uk
Makin, Charlotte	Research Secretary (M)	0161 275 5681	Charlotte.R.Makin@man.ac.uk
Matosevic, Tihana	Research Officer (L)	020 7955 6315	T.Matosevic@lse.ac.uk
McDaid, David	Research Fellow (L)	020 7955 6381	D.Mcdaid@lse.ac.uk
Mehta, Angela	Administrative Assistant (L)	020 7955 6238	a.mehta3@lse.ac.uk
Nicolaou, Demetra	Centre Manager (L)	020 9755 7540	d.nicolaou@lse.ac.uk
Pedersen, Irene	Research Assistant (M)		
Pickard, Linda	Research Fellow (L)	020 7955 6214	L.M.Pickard@lse.ac.uk
Rees, Tony	Data Management Clerk (K)	01227 827569	T.Rees@kent.ac.uk
Reilly, Dr Siobhan	Research Fellow (M)	0161 275 5280	Siobhan.Reilly@man.ac.uk
Saunders, Robin	Research Officer (K)	01227 823653	R.C.Saunders-3@kent.ac.uk
Scott, Judy	Research Fellow (M)	0161 275 1723	Judith.Scott@man.ac.uk
Sefton, Tom	Research Officer (L)	020 7955 7613	T.A.Sefton@lse.ac.uk
Sleed, Michelle	Research Officer (K)	01227 827954	M.Sleed@kent.ac.uk
Stewart, Karen	Research Fellow (M)	0161 275 5677	karen.j.stewart@man.ac.uk
Sutcliffe, Caroline	Research Associate (M)	0161 275 5227	Caroline.Sutcliffe@man ac.uk
Tucker, Sue	Research Fellow (M)	0161 275 5938	Sue.Tucker@man.ac.uk
Unell, Dr Judith	Research Fellow (K)	0115 965 3893	J.M.Unell@kent.ac.uk
Venables, Dan	Research Asssociate (M)	0161 275 5678	Daniel.Venables@man.ac.uk
Williams, Jacquetta	Research Officer (K)	01227 827587	J.M.Williams@kent.ac.uk
Wittenberg, Raphael	Research Officer (L)	020 7955 6186	R.Wittenberg@lse.ac.uk
Worden, Angela	Unit Administrator (M)	0161 275 5250	Angela.Worden@man.ac.uk
Xie, Dr Cheng-qiu	Research Associate (M)	0161 275 5960	mdbpscx2@man.ac.uk