

PSSRU Bulletin 12

November 2000

PSSRU

at the University of Kent at Canterbury,
the London School of Economics
and the University of Manchester

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We welcome comments about PSSRU publications and would appreciate notification of problems with electronic versions.

PSSRU website: <http://www.ukc.ac.uk/PSSRU/>

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The PSSRU

The Personal Social Services Research Unit was established at the University of Kent at Canterbury in 1974. Since 1996 it has been a multi-site unit, with branches also at the London School of Economics (LSE) and the University of Manchester.

Its mission is to conduct policy research and analysis on equity and efficiency — and so of resources, needs and outcomes — in community and long-term care and related areas.

A brief listing of current research projects can be found starting on page 22; contact details for the staff at the three PSSRU branches are on the inside back cover.

About this Bulletin

The PSSRU Bulletin is a guide to the work of the Unit, presenting articles on some of our major research projects, pointers to other work and a summary of recent activity.

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 PSSRU librarian (phone 01227 827773; fax 01227 827038; email pssru_library@ukc.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 36.

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.ukc.ac.uk/PSSRU/>

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Introduction

Major changes are underway in the Personal Social Services Research Unit. The founding director, Bleddyn Davies, moved from the Unit directorship in autumn 1999 to spend more time on his own research, and more time with his (growing) family. Ever since its establishment in 1974 at the University of Kent at Canterbury, the PSSRU has been hugely influenced by Bleddyn's many ideas and interests, by his intellectual rigour and by his unflagging energy. He is certainly not retiring from an active and challenging research programme — anyone who knows him well knows that the words 'retirement' and 'Bleddyn' just do not sit at all comfortably in the same sentence — and we expect and hope he will be an important contributor to some of the new research activities now being planned.

The PSSRU conducts research and policy analysis aimed at the improvement of equity and efficiency in community and long-term care. This is not all we do, as some of the articles and notes in this Bulletin make plain, but this aim runs through the core of our work. Although PSSRU was established as a 'social care' unit, and is still often identified as such today, in fact a lot of our work straddles the increasingly blurred boundary between health and social care. (Indeed, some of our work also straddles other boundaries — between these two areas and housing, education, criminal justice, income support, civil society and other areas of social and public policy.)

The PSSRU was also established as an 'English unit', with initially all of our funded work being conducted in this part of the world. Very quickly, however, the Unit's approach to evaluation and policy analysis was being applied farther afield. Today we continue to conduct 95% of our empirical research in England, but as this Bulletin testifies, we find it insightful to conduct the occasional international study.

A third 'founding feature' of the Unit was its research focus, which rightly still dominates our activities. However, a number of PSSRU staff are also quite active in teaching — particularly on short courses which build on our empirical work — and next year we will offer a new short course on the economics of social care (see page 5).

In 1996 the PSSRU moved to three branches: continuing at the University of Kent, and launching new endeavours at the University of Manchester and the London School of Economics and Political

Science. This development allowed the Unit to build new institutional links and new empirical bases. It was particularly helpful, for example, in broadening our work into the health services research and health policy fields.

With the move to three branches came a fundamental change in Unit governance, a process of change that progressed further following Bleddyn Davies' move out of the Unit directorship and Ken Judge's move from the Kent directorship to a chair at Glasgow University.

The Unit is now 'governed' by an Executive Group comprising the three (branch) directors (David Challis at Manchester, myself at LSE and Dr Ann Netten at Kent). The Executive Group is chaired on a rotating basis by a member of the group (this is my role until 2004), and this person acts as the main liaison with the Department of Health and coordinates cross-Unit activities. The three branches of the Unit work together in many fruitful ways, particularly in conducting joint research, and seek to take advantage of their local institutional positions and, of course, their local service links.

In early 2001 we will be announcing our new Department of Health-funded programme of research. The details are still being discussed and had not reached a sufficiently finalised state to be included in this Bulletin. However, the Unit's programme structure is set out later in this issue, and contact names for programmes and projects are given should you want more information. The new programme will build on the experience and expertise of Unit members and add to the Unit's long track record of contributions to policy and practice in the UK and elsewhere. Findings will be disseminated in numerous ways, including through this Bulletin, and we are continuing to develop our website so that publicly-available outputs are immediately accessible. For those who do not have ready access to the website, we can make hard copies of documents available.

Finally, let me extend my thanks to Nick Brawn for pulling this twelfth PSSRU Bulletin together so expertly, and my congratulations to Bleddyn Davies for his thoroughly deserved election as an Academician of the (new) Academy of Learned Societies for the Social Sciences.

Martin Knapp
LSE, November 2000

The PSSRU in 1999-2000

Investing in People

The PSSRU branches at Kent and Manchester recently gained recognition as 'Investors in People'.



INVESTORS IN PEOPLE

The Investors in People programme is a national quality standard for effective investment in the training and development of people to achieve organisational goals.

It is perhaps more familiar in a commercial setting, but the Unit has found the process involved in reaching the standard extremely helpful in a research organisation managing rapid change and crucially dependent on the skills and expertise of its staff.

When the award is reviewed next year, the LSE branch of the PSSRU plans to go forward for accreditation.

New research links

This year has seen a great expansion of the PSSRU's **collaborative work**, particularly in the fields of **health care and criminal justice**. We are now working closely with the Kent Criminal Justice Centre at the University of Kent, and new criminal justice studies have begun at the LSE branch of the PSSRU. Page 26 gives further details. The Unit is well known for its expertise in evaluating and costing social and health care, and there is a currently a strong emphasis on evaluation in this field.

In Manchester, the PSSRU now hosts the **North West**

Dementia Centre, a joint initiative between the Universities of Manchester and Liverpool. Details on page 32.

At LSE the PSSRU has joined with the health policy group LSE Health to further strengthen the Unit's work in health services research. The new umbrella organisation, **LSE Health and Social Care**, is co-directed by Martin Knapp and Elias Mossialos, who are members of the management group alongside Julian LeGrand (chair), Ray Robinson, Gwyn Bevan and Julien Forder (PSSRU). The PSSRU is working closely with the LSE Centre for Civil Society — see page 21.

'New Beginnings in Youth Justice'

PSSRU staff were responsible for the detailed arrangements for the fourth of the Kent Criminal Justice Centre's annual conferences held at the University of Kent in September 2000. This was fully subscribed and lively, not to mention frank: 'I disagree with everything you said' was a police officer's opening comment on one of the presentations!

The PSSRU celebrated its **25th anniversary** in September 1999, an occasion marked by a lecture by its founder, and retiring director, Bleddyn Davies, followed by a reception attended by many current and past staff and friends of the Unit.

The successor to Professor Davies as director of the Kent PSSRU branch, Ken Judge, remarked that his lecture was characteristic, showing a scholar's command of an enormous literature, combined with enthusiasm for new statistical techniques with which to illuminate the data. (These characteristics are well illustrated in Professor Davies' latest book: see page 17.)

Ken Judge has since moved to the University of Glasgow to take up a Chair in Health Promotion Policy, with effect from September 2000. Having been assistant director of the PSSRU in the early 1980s, Professor Judge returned to the Unit in 1997 after a period as director of the King's Fund Institute to lead the national evaluation of health action zones, and contribute to other PSSRU research and managerial developments. We wish him well for the future.

The PSSRU is now governed by an Executive Group comprising the directors at the three branches — Professor David Challis in Manchester, Professor Martin Knapp at LSE and Dr Ann Netten (whose appointment was announced as this Bulletin was in press) at Kent. The Executive Group is chaired by Martin Knapp.

International visitors

While the Unit's main focus is on social and health care in the UK, we have benefited greatly over the years from international exchanges of knowledge and expertise.

Visitors since the previous Bulletin include:

- Professor Alfred Chan, City University of Hong Kong
- Susan Donaldson, Chief Executive of Community Care Access Centres, Province of Ontario, Canada.
- Dr Scott Geron, Boston University, Massachusetts, USA
- Dr Vernon Greene, Professor of Public Administration, The Maxwell School, Syracuse University, New York
- Hyekyu Kang, Korea Institute for Health and Social Affairs (KIHASA), Seoul, Korea
- Dr Vira Kivett, Elizabeth Rosenthal Excellence Professor at the University of North Carolina at Greensboro
- Visitors from the Republic of Korea
- Dr Andrew Scharlach, Kleiner Professor of Aging at the University of Berkeley
- Dr Pau-Ching Lu, Associate Professor, National Chengchi University, Taiwan
- Professor Vince Mor, Centre for Gerontology, Brown University, Rhode Island, USA
- Russian managers of health and social care services for older people (Bearr Trust)
- Dr Jim Schulz, Professor of Economics and Kirstein Professor on Aging Policy, National Center on Women and Aging, Brandeis University
- Professor Terumi Tabata, Japan Women's University, Tokyo
- Kugahisa Teshima, Japan College of Social Work, Tokyo
- Gemma Wong, University of Hong Kong
- Dr Keita Yamauchi, Keio University School of Medicine, Tokyo

Robin Saunders has been continuing the Unit's exchanges with community care practitioners in France, with a number of presentations during 2000, including a PSSRU-organised conference for professional staff from the Public Hospitals of Paris, and lectures for the University of Lille's advanced social work course and in London for French nursing college students. In April 1999 a group of French health and social care professionals came to the PSSRU for lectures on care management and visits to local facilities for elderly people.

In August 1999 Robin Saunders and Bleddyn Davies hosted a visit by Nobuo Maeda, Professor of Social Policy, Seigaku-In University, Saitama, Japan and 14 other academics, during which they visited local organisations to see care management in practice.

Research findings on the web

The lists of publications and presentations (pages 36-42) in this Bulletin show that the PSSRU makes good use of old technology — and the spoken word — to report its findings and methods. But we recognise that many people now turn first to the Internet to find information speedily.

More than a hundred publications are now available free of charge on our website, www.ukc.ac.uk/PSSRU, which also contains staff details and research summaries. The publications section of the site also includes a response form for joining mailing lists for serial publications or receiving information electronically.

The newest downloadable publication is the annual **Unit Costs of Health and Social Care** volume, previously available only in a paid-for print version. The year 2000 edition is available in full, in two searchable versions: HTML text and print-friendly Acrobat file. The 176 page handbook is also available in print as before. See page 36 for ordering information.

We heartily congratulate **Bleddyn Davies** on his election as an Academician of the **Academy of Learned Societies for the Social Sciences**.

The Academy was launched in November 1999 and is composed of Academicians and learned societies in the social sciences. There are 42 society members and 62 founding Academicians (further Academicians are to be elected up to a total of 500). Academicians are distinguished scholars and practitioners drawn from academia and the private and public sectors.

The aim of the Academy is to promote excellence in and encourage the advancement of the social sciences in the UK. It was launched in response to what was seen as a gap in social science, filled by the Royal Society and the British Academy in their respective fields.

Details at the Academy website, www.the-academy.org.uk/

Course announcement

The economics of community care

The PSSRU will be running a training course on the economics of community care in mid-2001. Teaching staff on the course will include Martin Knapp, Ann Netten and Julien Forder. Full details will be available in early 2001.

Please contact Maureen Weir (M.Weir@lse.ac.uk).

Independent Sector Domiciliary Care Providers in 1999

Tihana Matosevic, Martin Knapp, Julien Forder and Jeremy Kendall

The independent sector's share of the publicly-funded domiciliary care market for older people has grown substantially from 5% in 1993 to 46% in 1998. Who are these providers? What motivates them and what sort of organisations are they?

Box 1 Study findings

The papers listed below, available in 2001, will focus on different aspects of domiciliary care

Independent sector domiciliary care providers in 1999
Tihana Matosevic, Patricia Ware, Julien Forder, Brian Hardy, Jeremy Kendall, Martin Knapp and Gerald Wistow

Movement and change: independent sector domiciliary care providers between 1995 and 1999
Patricia Ware, Brian Hardy, Julien Forder, Jeremy Kendall, Martin Knapp and Tihana Matosevic

Study of independent sector providers of domiciliary care, 1999: purchaser-provider relationships
Brian Hardy, Patricia Ware, Gerald Wistow, Julien Forder, Jeremy Kendall, Martin Knapp and Tihana Matosevic

Prices, contracts and domiciliary care
Julien Forder, Jeremy Kendall, Martin Knapp, Tihana Matosevic, Brian Hardy and Patricia Ware

The motivations of domiciliary care providers in England: new concepts, new findings
Jeremy Kendall, Tihana Matosevic, Julien Forder, Martin Knapp, Brian Hardy and Patricia Ware

A study of independent domiciliary care providers was conducted as part of the Commissioning and Performance Programme (formerly the Mixed Economy of Care (MEOC) Programme), jointly undertaken at the PSSRU, London School of Economics, and the Community Care Division, Nuffield Institute for Health, University of Leeds. The aims were:

- to describe the main features of independent sector providers, such as their legal status, length of time in business, funding sources, number of hours provided and client groups served;
- to examine the nature of provider motivations;
- to describe how local authorities employ incentives and constraints in order to manage the supply side of social care markets;
- to examine the general effects on providers of the development of the mixed economy.

Information on providers was collected in 1999 by postal questionnaires and face-to-face interviews in eleven English local authority areas. Postal questionnaires were sent to all providers on the current local authority lists, and 20% of those on the working list were selected for interview. The statistical findings in this paper are based on 155 completed postal questionnaires and 56 interviews.

In this short article we summarise the findings regarding the characteristics of independent sector domiciliary care providers; their perceptions of the conditions in local markets, prices and contracting arrangements; and their motivations. Further results

from this study will soon be available (see box 1).

Provider profile, local market and demand for services

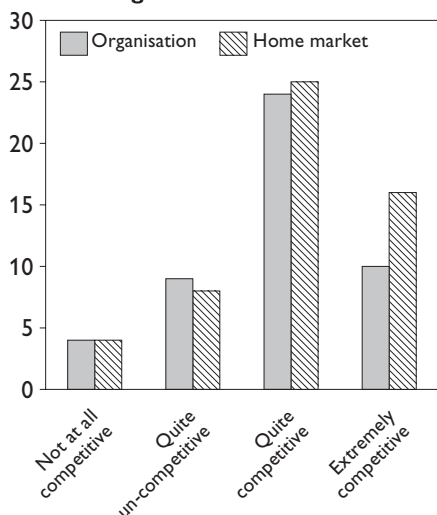
Many providers were newly established, with as many as two-thirds having been set up in or after 1993. They were also predominantly private businesses (67%), with a relatively modest number of charities (26%). Two out of five organisations were part of a larger business and half of the providers reported providing services in more than one local authority.

The majority of our sample (91%) were providing both practical and personal care and more than half provided day sitting, night sitting and respite for carers. Most clients served were older people: nearly half of the sample reported that the proportion of these clients was in excess of three-quarters.

In terms of the proportion of clients funded by local authority contracts, more than half (53%) of providers reported having more than three-quarters of their clients funded in this way. In some cases, the local authority purchased very short visits: 27% of providers reported delivering visits of fifteen minutes or less, and over a quarter of the survey sample were charging more for shorter visits. Overall, local authorities are twice as likely to ask for short visits of fifteen minutes or less than agencies are prepared to provide them. As far as providers' input to the initial user assessment and care reviews was concerned, interviewees were slightly more satisfied with input to care reviews than they were with the initial assessment.

Across the sample, the range of hours of service provision was wide. Ten organisations delivered more than 2000 hours in the previous week while nineteen providers delivered 1001-2000 hours. On the other hand, seventeen providers delivered 50 or fewer hours

Figure 1 Degree of competition in organisation and home market



(including eight who had provided no services in the previous week). The results showed that some 43% of the organisations provided services for 50 clients or less in the target authority. Providers were also asked about the level of competition in their local domiciliary care market. Half of the interviewees perceived their local market as being more competitive now than in 1993 or when they entered the market.

The majority of providers (73%) said that the market in general is *quite* or *extremely* competitive while 61% reported that competition is directly affecting their organisation (figure 1).

Prices and contracts

The results showed that average prices were similar across the sample, except in the case of charities, whose charges were more variable and higher on average. London and southern authority prices were both higher and showed greater variation than in our five northern authorities, both for personal and practical care. The mean price for personal care for publicly-funded clients was £8.41 in London and the South versus £7.21 in the North (a statistically significant difference, $p < 0.05$).

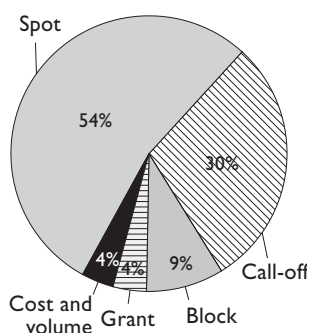
Our findings indicated that weekend prices were greater than weekday daytime prices ($p < 0.05$). Also, weeknight prices were higher than weekday prices ($p < 0.05$). Looking at crude averages, the mean prices and the range of prices were lower for privately-funded than for publicly-funded clients ($p < 0.05$). We also found that organisations providing a larger proportion of their services to older people rather than other client groups had lower prices.

Providers were asked about the types of contracts they have with their local authority. Our findings show that a large majority had spot or call-off contracts.

Of the 78 agencies that had only one type of contract, over 80% had either spot or call-off contracts (figure 2). Only 10% of the whole sample exclusively used other types of contracts (block or cost and volume), although some 44% had at least some hours purchased under a block or cost and volume contract, or by a grant.

Private sector providers were less likely to have block or cost and volume contracts. In contrast to the pattern of usage, almost two-thirds of the sample selected block, cost and volume and grant as their preferred type of contract.

Figure 2 Types of contracts



Providers' motivations

One of the main objectives of this study was to examine the nature of providers' motivations and identify the factors that influence their motivations. In our previous research (Domiciliary Care Survey 1995; Residential Care Providers Study, 1997) the focus was on providers' *expressed* motivations for being in business. In this new study we adopted a broader approach, based on a need to go beyond simply looking at core (expressed) motivations and consider other aspects of providers' everyday working environments, in particular the quality of relationships they have with local authorities. The findings are analysed using the intrinsic/extrinsic motivational framework familiar to social psychologists. In our analysis of motivations of providers we also included information about their subjective experiences regarding their relationships with local authorities to capture how 'situational factors' were linked to their motivational profiles.

Interviewees were asked to select, from eight given motives, those important to them. The descriptive analysis showed that the most commonly cited motives were developing skills and expertise (73%), followed by professional achievement (71%). In addition, some 63% of the sample were primarily motivated by meeting the needs of elderly people. Only a small proportion (9%) reported profit maximising as one of their motives. Providers were also asked to rank their first three motives. For 29% of the interviewees, meeting elderly people's needs was the most important motive, while 21% selected professional accomplishment as their dominant motivation.

The information on expressed motivations and situational factors was jointly analysed using the hierarchical cluster method. The results from our cluster analysis indicated that interviewees could be placed into four groups. The majority of providers (52%)

Further information

For enquiries on this work, please contact Tihana Matosevic at the PSSRU, LSE. Telephone: 020 7955 6315; email: t.matosevic@lse.ac.uk.

Other recent/forthcoming publications from this research programme

Kendall J. (2001) Of knights, knaves and merchants: the case of residential care for older people in England in the late 1990s; *Social Policy and Administration*, forthcoming.

Forder, J. (2000) Mental health: market power and governance, *Journal of Health Economics*, 19, 6, 877-905.

Forder, J. (2000) Provider viability in the independent sector residential and nursing home market, Discussion Paper 1599, PSSRU, London School of Economics.

Forder, J. and Netten, A. (2000) The price of placements in residential and nursing home care, *Health Economics*, forthcoming.

were primarily intrinsically motivated and reported good relations with purchasers.

We also identified a small group of interviewees (13%) who scored high on both intrinsic and extrinsic dimensions. However, these providers were dissatisfied with their relations with local authority purchasers. The other two groups differed in their expressed motivations; one was exclusively intrinsically motivated (14%) whereas the other (21%) was characterised by rather high extrinsic motivation. In terms of the quality of their relationships with purchasers, both groups experienced problems in their day-to-day dealing with local authorities.

This study of independent sector domiciliary care providers in 1999 indicates a highly competitive market that is still developing and changing, in particular with regard to contracting arrangements and prices.

RELATED WORK ...

Commissioning for quality: ten years of social care markets in England

Martin Knapp, Brian Hardy* and Julien Forder
To be published in *Journal of Social Policy*, January 2001.

The introduction of social care markets was one of the main planks of the Conservative government's community care reforms of 1990. The Labour government, whilst emphasising collaboration rather than competition, has not sought to reverse this policy. What have been the consequences? We discuss a decade of market-related change under five heads: purchasers, providers, commissioning, care planning and delivery, and users and carers. There have been quite substantial changes effected by social care markets in each domain, in turn generating a number of pertinent questions for the future success of social care policy in England. One is the very suitability of market-like arrangements in social care. Another is whether transaction costs are too high. More generally, are social care markets structured in a way that will generate the efficiency improvements that successive governments expect of them? Fourth, to what extent will price competition damage quality of care? Finally, will commissioning arrangements mature so as to achieve a better balance between competitive and collaborative modes of working?

* Senior Research Fellow, Nuffield Institute for Health, University of Leeds

FORTHCOMING BOOK

Third sector policy at the crossroads: an international nonprofit analysis

edited by Helmut K. Anheier and Jeremy Kendall
Routledge Voluntary and Nonprofit Management Series (edited by Stephen Osborne)

The nonprofit sector occupies an ever more central role in economic and social policies, from the redesign of welfare systems in the US or UK and development projects in Africa or Asia, to 'creating civil society' and fostering democracy in Central and Eastern Europe. At the same time, nonprofit organisations face increased public scrutiny and calls for more 'efficiency' and greater 'accountability'. The sector is confronted with often conflicting demands of new public management, tight budgeting, and greater competition. As a result, many nonprofit organisations are feeling more insecure about their role, and are searching for a clearer 'identity', trying to understand the specific competencies that set them apart from both government and business firms. In essence, the nonprofit sector is at crucial crossroads in its development.

Against this background, the book explores key policy issues:

- Is the nonprofit sector in crisis? What are common themes and patterns in current policy debates concerning the future of the nonprofit sector?
- What policy models are being discussed, and what are their implications?
- How can nonprofit organisations negotiate a course between commercialisation and tighter government regulation?

Needs-Based Planning for Mental Health

Andrew Bebbington

The National Service Framework for Mental Health (NSF) makes it an essential requirement for both the NHS and local authority social services departments to base mental health services on need. Local and health authorities must jointly develop their needs-based planning approaches, in order to base their mental health strategies and implementation plans on sound information about the scale and nature of mental health problems in the populations they serve.

Having undertaken work on the needs of elderly people, during 2000 the Unit has been engaged in further work, in partnership with Care Equation Ltd and the Sainsbury Centre. The purpose of these projects has been to explore methods that can be used to support needs-based planning for the mental health care of people aged 16-64, in order to produce guidance and toolkits for local action.

Needs-based planning can be described as the process of combining evidence from both population needs assessment and individual needs assessment, together with the supply and cost of services, statutory requirements, national policies, local priorities and resource constraints, into strategic plans for commissioning and resource allocation. Its applications include:

- resource allocation on the basis of equity among administrative units responsible for purchasing decisions;
- measuring unmet need;
- assessing the equity and efficiency of the current pattern of resource use;
- examining 'what-if' questions about changes in demand, supply or policies or resource availability.

The project tested two different approaches to needs assessment in six pilot sites. One approach, pursued by the PSSRU and Care Equation, developed a population needs assessment method linking definitions of need adapted from local case records with national data on needs in the general population from the GB Psychiatric Morbidity Survey (Meltzer et al., 1995). The other approach, described more briefly here, was developed by the Sainsbury Centre for Mental Health and involved aggregating individual needs assessment through a census of users, making use of HoNOS (Health of the Nation Outcome Scale) for measuring need.

The PSSRU/Care Equation approach

There are two stages, the first of which is bottom-up, based on local authority records, and the second of which is top-down, using national evidence applied to local areas.

Stage 1: Developing a framework of 'needs groups'

The first step in the process was to devise a simple framework for describing and categorising actual and potential users of mental health services, which is meaningful for planning purposes, and can be readily related to the standard case recording and finance systems. This framework will be used as a basis for population needs estimates. It comprises a number of mutually exclusive 'needs groups' — people with broadly similar characteristics for whom similar levels of service are likely to be allocated (see figure 1).

Although there is no one right answer to what are the most relevant needs groups for different local areas, across the pilot sites there was a strong convergence of themes, which could provide a foundation for a basic generic framework. Factors that are statistically significant in predicting cost of care include level of care programme approach (CPA),

Figure 1 Constructing needs groups

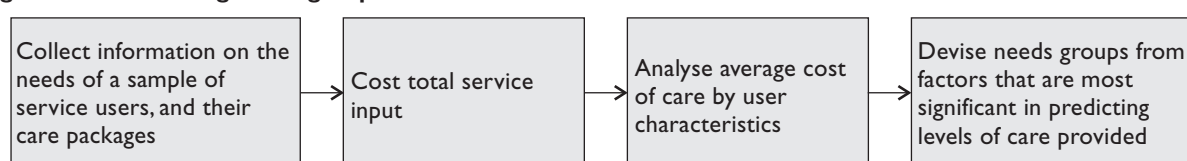


Figure 2 Generic framework of needs groups

Level of need		Living arrangement		
		Private household, living with others	Private household, living alone	Not private household
Low	Basic CPA, no significant risk			
Medium	Enhanced CPA, no significant risk			
High	Enhanced CPA, significant risk to self or others			
Very High	On supervision register/supervised discharged and/or Mental Health Act Section			

type and level of risk, living arrangements and legal and supervision status. Diagnosis, though significant, is strongly associated with CPA level and risk and therefore does not add greatly to explaining cost.

A basic generic framework of needs groups is therefore proposed, as shown in figure 2.

Stage 2: Estimating numbers of people with mental health needs in the population

Having established a framework based on the key factors associated with care planning at the operational level, the next step was to find

ways of linking these to the national data sets available from the Psychiatric Morbidity Surveys (PMS) in order to derive population estimates for people with mental health needs in private households. The process is summarised in figure 3 and further explained below.

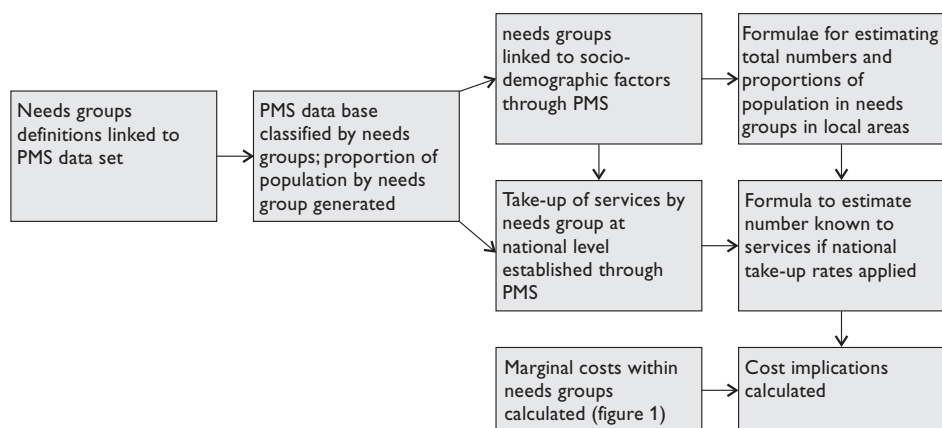
The needs definitions used in the PMS are primarily related to diagnosis and symptoms and it was therefore necessary to find ways of linking our factors to the PMS data. The use of ‘CPA level’ posed a particular challenge in that it was necessary to identify people who were not actually on CPA but who would be likely to be on CPA were they to present to services. An exercise was therefore undertaken in which multidisciplinary groups of mental health workers were presented with the social and health characteristics of a sample of people from the PMS data set and asked to make a judgement on whether CPA would be likely to apply, and at what level. This allowed us to reclassify the PMS dataset according to our needs framework, and calculate the proportion of people nationally who would fall into four main groups: basic CPA/living alone; basic CPA/ living with others; enhanced CPA/living alone; enhanced CPA/living with others. It was not possible to link risk assessment to the PMS data; so for the purpose of population needs estimates medium and high levels of need are combined. Further analysis of service use among the PMS survey population enables an estimate of service take-up rates at national level.

The next stage involved identifying socio-economic factors associated with needs groups and from that developing formulae which can be applied at local level to indicate *local levels of need*. All the census-related socio-demographic factors available within the PMS were examined. The factors that were of enough significance for inclusion in the formulae were: employment status; limiting long standing illness; and age. Estimates of total numbers in needs groups in private households, and numbers expected to use services among people living in the general population were then produced for local areas down to ward level in the pilot areas using the 1991 Census. It is hoped to update this to

the 2001 Census in due course.

People at the very highest level of need will already be known to services and numbers and case information can be obtained from case records. The same applies to people living in institutions. We consider that there are unlikely to be many people with unassessed mental health needs living in institutions, and it would again be appropriate to determine numbers in needs groups direct from case records.

Figure 3 Estimating numbers with mental health needs



The Sainsbury Centre approach

This was designed to test the feasibility of an aggregated individual needs assessment method, for use by local communities with minimum help from outside agencies. In the pilot projects, staff working in mental health services funded by either the health authority or social services department, were asked to apply a standard schedule to all service users known to them. This consisted of the Needs Assessment Schedule (NAS), the Health of the Nation Outcome Score (HoNOS) and the Manchester Short Quality of Life Assessment (MANSA). As many people with mental illness do not use these services, an attempt was also made at two pilot sites to make an assessment for other people who may have high levels of need. Primary care, non-mental social services, agencies for the homeless, and voluntary sector organisations were asked to identify people with serious mental health problems not in touch with mainstream services. Limited HoNOS data was collected for this sample, though it proved almost impossible to gain much information from primary care services. These services are more preoccupied with common mental disorders than severe illness. This approach was considered useful in identifying the types of need presenting, and for comparing types of need between localities. However, clearly there are difficulties in estimating absolute levels of need. Having piloted this approach in four areas, it did seem that the level of external support required to make it work is higher than expected.

Simple methods work best and for the time being it is recommended that the NAS should be used for future cross-sectional use. Eventually the Minimum Data Set (MDS) will be implemented for this purpose (Glover, 2000). HoNOS and MANSA will be useful on applications where case information is to be monitored over time.

Applications

Guidance to local and health authorities based on this work will be published in the autumn of 2000. The guidance recognises that there is no definitive way of tackling the task of needs-based planning. However, the experience from the pilot sites has shown that there are practical methods and steps that can be taken to support a process of planning that takes greater account of the needs of actual and potential mental health service users. There is also an advantage in using complementary approaches as different methods will have different strengths and weaknesses and serve different purposes.

The two projects have produced a set of practical tools for profiling needs and service uptake that local health and social care commissioners of mental health services can use to support their planning within the National Service Framework. The tools are not comprehensive but we believe that they provide a good point to start from.

The methods complement each other in the following ways:

- All authorities could use the *population needs estimates* to get an understanding of the potential numbers of people in need in private households in the general population. Estimates of need by ward and four basic needs group could be made available for all local authority areas — therefore this method does not require any local work as such, except grouping into relevant local planning areas and interpretation. The numbers of people with mental health needs in institutional settings would however need to be added in locally; these people are more likely to be known to services and more accurate information is likely to come from service records.
- To make use of population needs estimates for planning, the former need to be set against the *profile of current service users* so that the rate of service uptake against need in different wards/ planning areas may be identified. Profiling of users can be done at different levels. Some authorities may undertake a minimal audit of needs groups, possible even from routine records, others may undertake a more comprehensive user census, which in addition to a basis for comparisons also provides more detailed information on user characteristics.
- The guidance contains a *costing methodology* that can be used with either of the approaches above to provide information on current costs of care packages for different user groups, and more generally, on the equity and efficiency of present resource use.

Further information

The report *Needs-Based Planning for Mental Health: Guidance for local and health authorities* will be available in November 2000 from the PSSRU. Local population estimates by ward are planned for early in 2001.

Principal contacts for further information about the project are Andrew Bebbington at the PSSRU (acb@ukc.ac.uk), Karin Janzon at Care Equation Ltd (kjanzon@care-equation.co.uk) and Richard Ford at the Sainsbury Centre (richard.ford@scmh.org.uk).

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Longitudinal Study of Elderly People Admitted to Residential and Nursing Homes: 42 months on

Andrew Bebbington, Robin Darton and Ann Netten

Background

As part of a wider investigation of residential and nursing home care, the Department of Health has funded a longitudinal survey which has followed 2,540 people from 18 local authorities who were admitted to homes between October 1995 and January 1996. All of the admissions were intended to be long-term (that is, with no set discharge date) and were at least partially publicly funded. On admission, data were collected from social workers about the circumstances of the admission and level of dependency of the elderly person. Information was collected directly from homes about mortality, changes in location, and levels of dependency, six, 18, 30 and 42 months after admission. At each stage, social workers were contacted for information about those people who were no longer in residential or nursing home care. Following the 42 month follow-up, dates of death were obtained from the Office for National Statistics for individuals whose actual date of death had not been reported, and for those who had died but for whom follow-up information was missing.

Location

At 42 months, the situation was known for 93% of the original sample. Twenty-one per cent of those for whom information was available were still in residential or nursing home care and 78% had died (see figure 1). Eight per cent of the original sample had left residential or nursing home care at some time during the 42 months following admission,

of whom approximately 30% were still alive. Just under half of these individuals were living in private households, and the rest had returned to residential or nursing home care or were in hospital.

Figure 1 Destination at 42 months by type of bed to which originally admitted

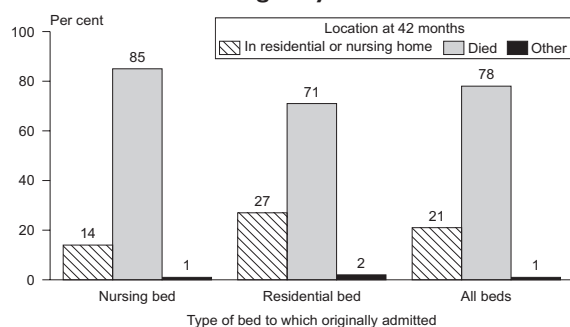
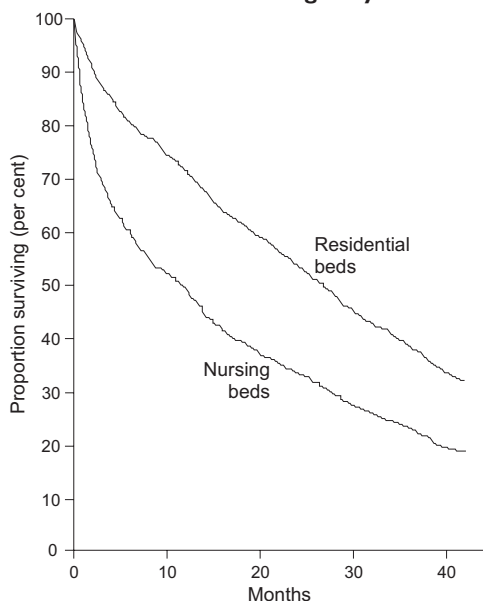


Figure 2 Proportion surviving by type of bed to which originally admitted



Length of stay and mortality

Those who were originally admitted to nursing home beds (46% of all admissions) were, in general, more dependent on admission than those going into residential care. As a result, survival rates differed considerably between the two types of care (see figure 2). The median survival (the time at which one half of the original entrants were still alive, after allowing for those who were lost to the study) was 12 months for those admitted to nursing home beds, compared with 27 months

for those admitted to residential beds. Death rates were particularly high in the first few months among those in nursing home beds, with 30% dying in the first three months. These rates levelled out at about 3% per month after six months for the combined group, though with some evidence of seasonal variations.

A number of other factors at the time of admission affected subsequent mortality. These were, in order of the size of their effect: being diagnosed with cancer; being highly dependent (measured on the Barthel scale); being older; being a man; being admitted to a nursing home bed; being admitted from a hospital rather than a private residence; having a respiratory illness; and being cognitively impaired. However, being diagnosed with dementia, depression or cardiovascular disease, having had a stroke, or being incontinent at the time of admission had little impact on subsequent survival, after other factors were taken into account. Nor were there any differences according to the area in which the person formerly lived.

Movers

Approximately 10% of the sample moved to a different home and 7% moved to a different type of bed during the 42 months following ad-

Further information

For further details about the survey, please contact Lesley Banks at the PSSRU in Canterbury, telephone 01227 823963, email L.A.Banks@ukc.ac.uk.

mission. Individuals admitted to a residential bed were more likely to have moved than those admitted to a nursing bed, while those admitted to dual registered homes were less likely to have moved to another home, but were more likely to have moved to a different type of bed. Twelve per cent of those admitted to a residential bed moved to a different home, compared with 7% of those admitted to a nursing bed. Ten per cent moved from a residential to a nursing bed, compared with 5% who moved from a nursing to a residential bed. Including those who were admitted to a nursing bed from a residential home, approximately one-fifth of those admitted to a residential bed subsequently moved to a nursing bed.

Unexpectedly, individuals who moved to a different home or type of bed were more likely to have survived to the 42 month follow-up than those who remained in the same home or type of bed. However, movers tended to have had slightly lower levels of dependency on admission.

A total of 196 people (8% of all admissions) had left residential or nursing home care during the 42 months following admission. Of these, 103 went into hospital and 93 returned to a private household. At 42 months, 70% of those discharged had died, 11% were living in a private household, 10% had returned to a residential or nursing home, and 5% were in hospital, while for 4% the location was unknown. Death rates were 82% of those who had been admitted to hospital, and 57% of those who had returned to a private household.

Dependency and cognitive impairment

Health on admission affects outcome. Dependency in this survey was measured using the well-known Barthel scale, in which low scores indicate high dependency. Cognitive impairment was measured by the MDS Cognitive Performance Scale. Figures 3 and 4 show how survivors were, on average, more healthy at the time of admission than those who died, though some very dependent people did survive.

The study investigated changes in these measures. (Some caution is necessary with comparisons because social workers completed the assessment on admission whereas home staff completed the follow-up assessments.) During the first six months, as many people improved in their dependency as declined, but thereafter recovery was uncommon. Some recovery from cognitive impairment continued throughout, particularly between severe and mild states, but after six months the probability of declining was much greater than of improving.

Figure 3 Dependency of individuals on admission by destination at 42 month follow-up

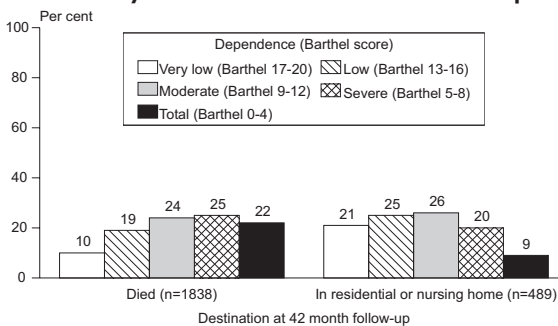
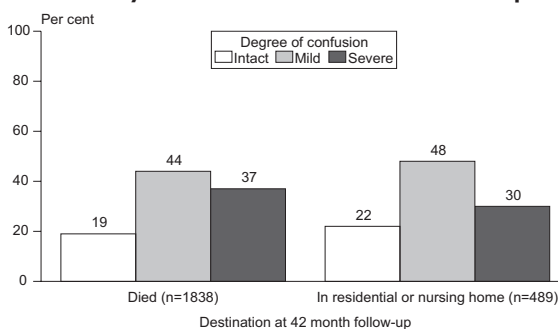


Figure 4 Cognitive impairment on admission by destination at 42 month follow-up



Among survivors, physical dependency had increased more among those admitted to a residential bed than among those admitted to a nursing bed, while the opposite was true for cognitive impairment. The improvement by six months was most marked in those activities of daily living that might relate to being in a better controlled environment, rather than any real indication that people had recovered in a way that might have made them more fit to return to private households.

People who were comparatively independent at the time of admission, with specific health diagnoses, were the ones most likely to improve, and those admitted from private households rather than hospital were more likely to improve in terms of dependency. This suggests that it is not premature discharge from hospital that provides the greatest missed opportunities for possible rehabilitation. Rather it is among people admitted from private households with chronic diseases.

The project established expectation of life at different states of health, which differs considerably depending on health at the outset. A person with very severe dependency on admission is likely to spend most of their remaining life in that state. A person with low dependency on admission will live perhaps four times as long, and half of their remaining life will be at low dependency. Though some people seemed quite independent and mentally alert at each stage of the survey, only 1% of all

those admitted were in this condition at every wave of the survey. So there were very few people for whom a placement in a care home was clearly inappropriate.

Lifetime costs within a care home

The average gross lifetime cost to social services of a placement is £32,000 for a nursing bed and £38,000 for a residential bed (1996 prices). There is tremendous variation in lifetime costs and about 10% will cost more than £100,000. These estimates do depend on survival beyond 42 months, but are likely to be within 5% of the true figure.

The study provides a method of estimating lifetime costs. Those factors which raise weekly costs, for example by leading to nursing rather than residential care, are precisely those that lower expected survival. The consequence is that while lifetime costs may be predicted from people's circumstances at the outset, the great variation means such estimates cannot be expected to be accurate in individual cases.

Acknowledgements

We are most grateful to the staff in the local authorities which agreed to take part in the survey and to the staff of residential and nursing homes for providing the information for the survey. The main data collection for the survey was undertaken by Research Services Limited (now IPSOS-RSL Ltd).

Financing Long-Term Care

Relying on informal care in the new century?

The future of informal care over the next thirty years is the subject of an article by members of the PSSRU Financing Project team published in the November 2000 edition of *Ageing and Society*.

The article presents projections prepared using the PSSRU computer simulation model, which produces projections for long-term care for elderly people to 2031. These recent projections yield unexpected results in that they indicate that more elderly people are likely to receive informal care than previously projected. The underlying reason is that the Government Actuary's Department's (GAD) latest 1996-based marital status projections, which are now incorporated in the model, project a rise in the proportion of elderly women with partners. What this implies is that 'spouse carers' are likely to become increasingly important. This raises issues about the need

for support by carers since spouse carers tend to be themselves elderly and are often in poor health.

The article explores a number of scenarios for informal care, including some in which the supply of informal care is assumed to decline. These include a scenario in which fewer older people move to live with their adult children. They also include a scenario (which has had particular relevance for the Royal Commission on Long Term Care) in which more support is given to carers by developing 'carer-blind' services.

Linda Pickard, Raphael Wittenberg, Adelina Comas-Herrera, Bleddyn Davies and Robin Darton (2000) Relying on informal care in the new century? Informal care for elderly people in England to 2031. *Ageing and Society*, November.

Changes in life expectancy and dependency: impact on projected demand for long-term care

How many elderly people are likely to require help with personal or domestic care over the coming decades? What implications will the expected growth in numbers of dependent elderly people have on demand for long term care?

A recent discussion paper by the PSSRU Financing Project research team explores the impact on projected demand for long-term care of alternative assumptions about the future numbers of elderly people and their dependency. This includes the impact of using the Government Actuary's Department's (GAD) principal population projections and variants based on alternative life expectancy assumptions. It also includes the impact of different assumptions about trends in dependency rates, including some based on US trends in the health and disability of elderly people.

Projections of future demand for long term care for elderly people and of future health and social services expenditure to 2031 were made using the PSSRU long-term care projections model. Future demand for long-term care was found to be highly sensitive to assumptions about future numbers of elderly people and their level of dependency.

The Government Actuary's Department's variant population projections have markedly different implications for future demand for long-term care from their principal population projection. Long-term care expenditure is projected to rise from

around 1.6% of GDP to around 1.8% of GDP in 2031 under the principal projection (on the basis of central assumptions about other factors). It would represent around 1.7% of GDP under the low life expectancy variant and around 1.9% of GDP under the high life expectancy variant in 2031.

Future dependency rates make a crucial difference to projected long-term care expenditure. Long-term care expenditure is projected to represent around 1.8% of GDP in 2031 if age-specific dependency rates remain constant and the numbers of years with dependency rise broadly in line with life expectancy. If the numbers of years with dependency remain broadly constant, however, long-term care expenditure would represent only around 1.2% of GDP in 2031.

Uncertainty about future numbers of dependent elderly people means that policy-makers need to plan for an uncertain level of future demand for long-term care. Consideration of any changes to the system for funding long-term care needs to take account of the extent of uncertainty about the future public expenditures that could arise over the coming decades.

Adelina Comas-Herrera, Raphael Wittenberg, Linda Pickard, Bleddyn Davies and Robin Darton (2000) Changes in life expectancy and dependency: Impact on projected demand for long-term care, Discussion Paper 1656, PSSRU, University of Kent at Canterbury. (Available at the PSSRU website.)

Equity and Efficiency Policy in Community Care

Bleddyn Davies and José Fernández

This article explores some of the issues covered by the authors' new book *Equity and Efficiency Policy in Community Care: Needs, Resources, Service Productivities and their Implications*. This is the first book to tackle some of the central questions one would expect production of welfare analysis to engage in during the era of a government aiming to produce 'citizen-centred services' — whose leader told the Labour Local Government Conference in 1998 that this would be 'a government that focuses on the outcomes it wants to achieve', and whose 1999 Local Government Act required authorities to secure 'continuous improvement in the way functions are exercised, having regard to a combination of economy, efficiency and effectiveness' (clause 3.1). So the book and the sequels now being written have methodological as well as substantive evidential and policy analytic themes.

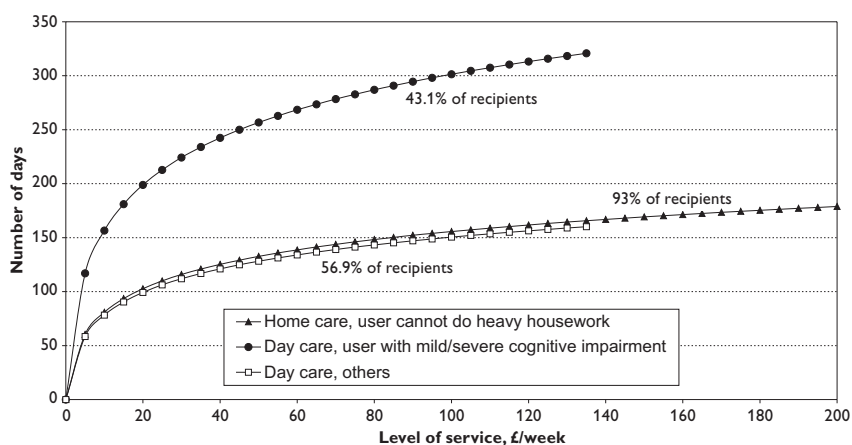
The book's parent project is ECCEP, Evaluating Community Care for Elderly People. ECCEP is the second stage of a before-after study of targeting and the production of welfare in twelve areas in England and Wales. (Its first stage started in 1983; see Davies et al., 1990.) The collection design is described in detail in the companion book to this one, *Caring for Older People: An Assessment of Community Care in the 1990s* (see page 17).

Productivity curves

The analysis in *Equity and Efficiency Policy* focuses on patterns of service productivities, that is the effect of community-based health and social services on different measures of outcomes which have importance in their own right ('outputs'). During the estimation process, particular care has been taken to account for the great diversity of circumstances characteristic of the population studied. Indeed, differences in need-related factors not only explain most of the variance in the outputs studied, but also affect the way in which services themselves affect outputs. We have worked for over twenty years to improve the techniques for the estimation of production functions, and believe that this book has the best yet (Davies, 1985; Davies and Challis, 1981, 1986; Davies et al., 1990).

Figure 1 illustrates some of the productivity effects estimated, for home and day care services on the output 'number of days living at home after assessment and before entry to an institution'. They show service productivities to vary with the characteristics of the cases, and marginal productivities (how much additional output would accompany an additional increment of input) to decrease with the level of provision. These were common features found across most of the outputs studied. In contrast, very little evidence was found to suggest that productivities depend on the particular combinations of services provided. In other words, most of the productivity effects found are probably best described as independent of the levels provided of other services.

Figure 1 Productivity curves: effect of home care and day care on number of days living at home before entry to institution

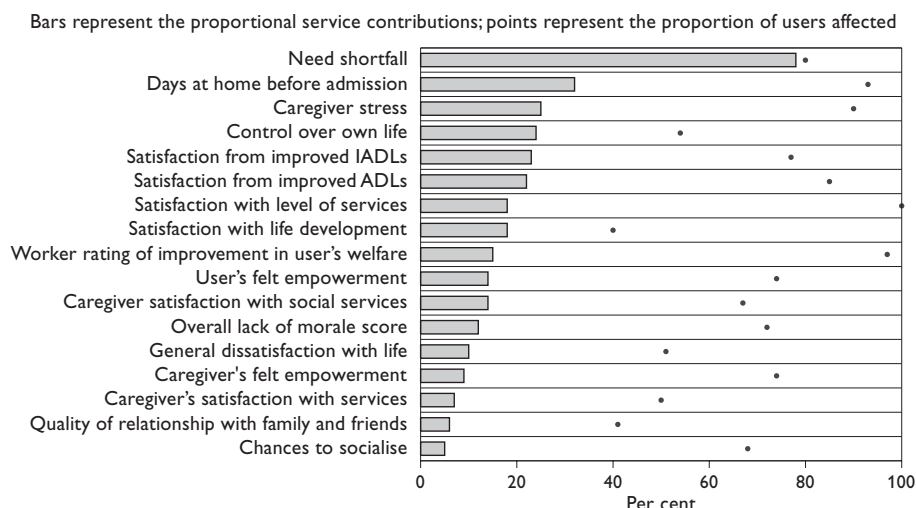


For which outputs (and so users) does the system perform best?

The analysis has looked both at the intensity of the effects of the services and at their cover or spread. Therefore, it has measured:

- (a) the extent to which the beneficial effect of services offsets the negative effect of risk factors for the different output indicators — what we call Risk Offset of Productivity Proportions, ROPP for short, and
- (b) the proportion of users that enjoy this beneficial effect — what we call Cover of Productivity Proportions, COPP.

Figure 2 Proportional service contributions and proportion of users affected



The results are summarised in figure 2. First, the COPP values for the key outputs suggest that the productivity effects cover most users. For instance, approximately 93% of the users were found to benefit from extra days in the community, 77% and 85% of users to enjoy improvements in the self-perceived ability to undertake 'instrumental activities of daily living' (IADL) such as cooking and cleaning, and 'activities of daily living' (ADL), and 90% of carers to enjoy reductions in their levels of stress due to the effect of services. Perhaps unsurprisingly, only 54 per-

cent of the users enjoyed a significant improvement in their felt control over their lives.

Second, it seems that the system has achieved considerable success in offsetting the effect of risk factors for significant outcomes. In particular, service contributions are estimated to account for approximately one third of the number of days spent in the community after assessment for a case with average scores on risk factors. This is an important achievement: the 1989 White Paper promoted the key aims 'To enable people to live in their own homes wherever feasible and sensible' and to provide support in ways which give 'as much independence as possible'. A sample of 133 ECCEP service managers defined helping users to stay at home as the primary goal of their authority (Davies and Fernández with Nomer, 2000).

Also important is the estimated impact of services on the felt burden of caregiving and on the users' felt control over their lives. They were highly rated in the ECCEP managers' rankings of local authority priorities.

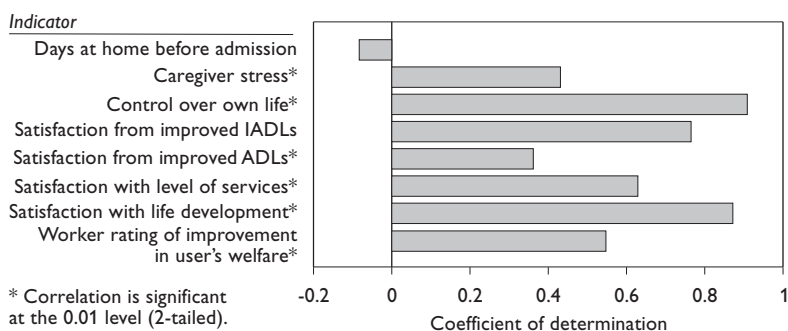
Overall, users with higher levels of dependency tend — other things being equal — to achieve lower overall levels of outputs. However, it is for them that services are found to yield the greatest contributions. This is because so many more resources are provided to the neediest and because it is for the neediest that some types of services appear to yield the greatest gains per pound spent; that is, the productivity levels of some services are highest for them.

It follows that indicators unadjusted for the effects of risk factors may often be at best moderate indicators of the true impact of services. This finding is illustrated in figure 3, which summarises the direction and intensity of association between service contributions and overall output levels. The correlation between risk-adjusted and unadjusted indicators is very high for only two out of the eight outputs. For key indicators such as caregiver stress, satisfaction with the services or perceived improvement with ADL

tasks, the true impact of services appears only modestly correlated with the raw output levels. At the extreme, the two measures are negatively correlated for the measure of length of stay in the community. In other words, services appear to provide the greatest number of extra days in the community for the most dependent users, even though overall these users are institutionalised first following assessment.

These findings are important for the design and interpretation of performance indicators. Performance indicators

Figure 3 Correlations between service contributions and indicators unadjusted for risk effects



Further information

This and another major book from the ECCEP programme of work were published this year. Details are in the box below.

A 24 page Bulletin on ECCEP was published in November 1998, and an article on outcomes for users and carers appeared in PSSRU Bulletin 11, February 1999. Both these publications are available free of charge from the PSSRU librarian in Canterbury and may be viewed and downloaded from the PSSRU website.

which do not control for the effect of case mixes could yield biased measures for the comparison of local authorities' performance if there were large differences between them in the mix of clients supported.

Why we must drive a stake through the heart of incrementalism

From the 1970s, it was argued that one of the principal obstacles to equity and efficiency was the tendency of authorities to increase service budgets pro rata. That consolidated the spending bias in favour of the best established services irrespective of changing needs, productivities, and price ratios. By the mid 1990s, central policy had become the proactive local development and management of supply markets.

Equity and Efficiency Policy confirms the handicap that budgetary incrementalism imposes, and the opportunities created if service quantities can be increased and diminished flexibly with little effect on price or quality. It does so by contrasting the effects of making the best use of services given their productivities and prices between a scenario with fixed budget shares for individual services and one with flexible changes in quantities at constant prices. It examines the effects of alternative strategies for efficiency improvement given various output goals, and also the effects on levels of what we call 'collateral outputs': outputs of evaluative significance but not the central targets of the attack, and so seemingly hit by accident. The analysis shows that significant gains can be made from increased efficiency in resource use with flexible supply at constant prices, but that efficiency improvement would yield much less with incrementalist budgeting.

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New books from the ECCEP programme

Caring for Older People

An Assessment of Community Care in the 1990s

Linda Bauld, John Chesterman, Bleddyn Davies, Ken Judge and Roshni Mangalore,
Ashgate, Aldershot, 2000, 428 pages,
ISBN 0 7546 1280 5 (hbk), £49.95.

From a review in the *Health Service Journal* by Dr Gillian Dalley, Director, Centre for Policy on Ageing:

Since 1980 the personal social services research unit at Kent University has been the driving force for the development and evaluation of modern community care policy.

This latest volume, like its predecessor publications, is a blockbuster of a study, providing information in huge depth and minute detail about how community care is faring following the 1993 implementation of the Caring for People reforms and evaluating what improvements (if any) have been achieved. It provides a wealth of detail about the range and complexity of older people's needs and those of their carers, and examines the impact of different types and amounts of intervention to meet those needs.

Equity and Efficiency Policy in Community Care Service Productivities, Efficiencies and their Implications

Bleddyn Davies and José Fernández with Bülent Nomer
Ashgate, Aldershot, 2000, 494 pages, ISBN 0 7546 1281 3 (hbk), £50.00.

See the article above.

... and future work

A book by Bleddyn Davies and José Fernández — *Needs-Led or Resource-Driven?* — on the defensibility of the patterns of who receives how much of what community social services is now almost complete. After this, the authors plan to develop two streams of work. One is a book which makes the most of the ECCEP database to show how differences in values, policies, structures at all levels affect who gets how much of what services, who it is that benefits in what way, and differences in two efficiency-related aspects of inconsistency. That should contribute greatly to designing policies which will achieve their desired effects. The other is a smaller study building on results which show that the deployment of community social services was highly effective in reducing the probabilities of admission or readmission into acute hospital beds, and to shortening stay once there. There will still be much to be written about from this rich source when these pieces of work have been completed.

Bleddyn Davies

Budget-Devolved Care Management in Routine Programmes

Bleddyn Davies and John Chesterman

This article is a summary of some findings in a book currently in progress which is intended to contribute to evidence-based argument about how to match care management arrangements to individual needs, policy priorities about goals, and system circumstances.

The focus is how to target care management activity seen not just as another input yielding immediate benefits but also as investment: the allocation of resources early in order to make later gains. The aims are to contribute to an evidence-grounded intellectual framework, its quantification, and a feel for how much situational influences affect the relative importance of the care management relationships. The evidence is from implementations of a model designed to encourage care managers progressively to improve fairness and efficiency more than is general in the arrangements in place in most areas.

Investing during the setting-up period for benefits later

Investment takes the form of two types of activity: assessment-related activities, frequently including the coordination of inputs into assessment from several agencies and associated referrals; and immediate rehabilitative investment sometimes substantially by specialist services from other agencies, but often by the care manager or other members of the same team, and the establishment of the arrangements for subsequent care at home or elsewhere (initially ‘intermediate care’).

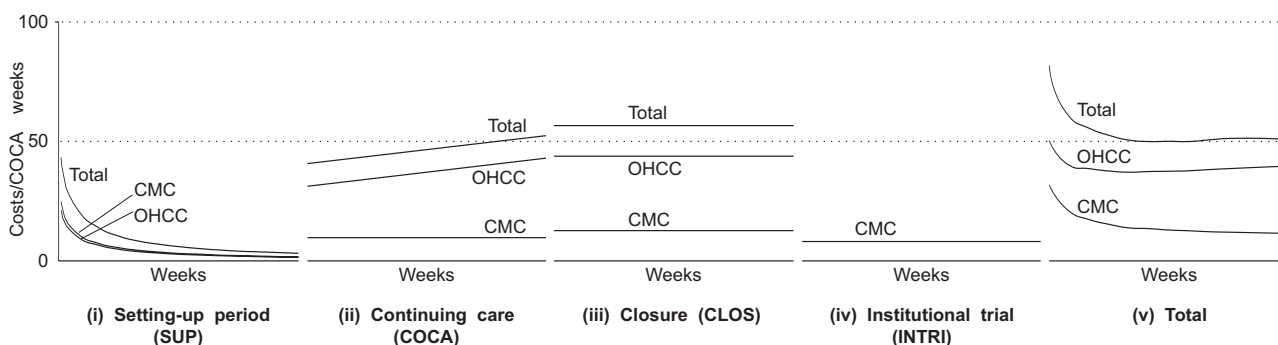
The investment is a fixed cost which can legitimately be spread over the period of its benefit, often the continuing care (COCA) period. The longer the COCA period, the lower the weekly costs equivalent to a given level of the fixed investment cost during the setting up (SUP) period. Figure 1 illustrates this.

The effects can be great; for example the more confused users with more than average initial need for more inputs and high carer stress in the Sheppey programme with a COCA of six rather than 24 months would have overall average costs over the period higher by 33%. Similarly, the greater the expected impact of a SUP investment on COCA weekly costs, the more affordable the SUP investment will seem.

However, the pattern of the two kinds of costs through time during the COCA period varied greatly, particularly in the Sheppey programme. There were several common patterns, including almost continuous increases or falls at constant compound rates, U-shaped patterns, and their inverse. That average care management budget for services was held constant through time without allowance for changes in the need distribution of the case mix may have increased the degree of instability and change in packages week by week, probably causing adverse welfare effects. But it did ensure redistribution of resources to others from cases whose circumstances had improved.

Again the relations between the two types of cost (care management and service inputs), needs and outcomes were different in each of the two period; and the patterns differed between programmes.

Figure 1 Costs over different time periods



Key CMC: care management costs; OHCC: other home care costs; Total: total costs

Direct and indirect effects of care management

For some models, the case for care management was primarily that that it would have indirect benefits, enabling other inputs to have better effects on outcomes, mainly by combining them better, partly by influencing their nature and content. For others, direct effects are also postulated, the performance of the pure care management tasks either being in practice unseparated from the direct performance of other services by the care managers, or most productively performed in conjunction with the care management tasks.

The study separated the direct and indirect effects, so helping to give more precision to that vague concept, 'care management complexity'. It distinguished three sets of factor: factors associated with instability, volatility and change; factors associated with relationships in the social network; and circumstances generating care management transactions with the personnel of service agencies. The study estimated the influence of individual circumstances representative of each type of factors on the estimates of costs.

The pattern of direct and indirect effects differed between components of case management costs in ways which reflected workforce supply, other influences on the untapped 'caring capacity of the community', the KCCP model building on the intention of the era to develop and tap that as a practical manifestation of communitarian commitment in which the state, civil society, and primary networks mutually reinforced one another in the achievement of common goals (Davies, 1978; Davies and Challis, 1986, 47-53).

And unsurprisingly, the patterns differ between models and countries. Our PSSRU reanalysis of the path-breaking 'channeling' experiment in the US suggested quite large indirect effects (Davies, Baines and Chesterman, 1996).

'Organisational learning': within and between schemes

As with our work on efficiency-improving innovations of the late 70s and early 80s, the evidence of the study shows that learning would have been even slower in the absence of proactive new managerialist interventions at national and local levels, despite distortions to which new managerialism has contributed.

Four implementations of the same care management model were compared with one another, not with their control groups. (Comparisons with local control groups makes no allowance for area-general inefficiency, so that, for instance, a great improvement to a low level in an inefficient area appears greater than a smaller improvement to a higher level in an efficient area.) In the first implementation, the team's work and performance was closely managed to enhance imagination and performance. This first project was where the implementors of the others saw the model in action before they started their implementations. The authority was one of the pioneers of some aspects of new managerialism. The second implementation of the model was in a distant part of the country, with much less immediate and direct PSSRU intervention, commencing after the first project was completed. The authority had been little affected by new managerialist ideas. Management arrangements were less clear, and threats to the model's integrity were less firmly and swiftly handled. A joint review report years later showed the same vices. The authority largely limited the programme to creating new employees, not to working with volunteers and third sector agencies, and so inflated costs and diminished the benefits obtained given the costs. The third and fourth implementations were of the same basic model as in the first authority, but with hardly any input from the PSSRU. However, their implementation suffered more adverse events out of the control of management than the others.

The three later projects performed less well than the first at the time it was being observed by the staff of the other three, and that it was only the first which had continuous improvement embedded in its performance, clearly illustrated the need for a revolution in management.

Further information

Bleddyn Davies and John Chesterman are working to complete a book with a working title the same as this article.

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Not just Knights and Knaves, but Merchants too: The motivations of residential care providers in England and their policy implications

Jeremy Kendall

Box 1

Data were collected in 1994 and 1997 by postal questionnaire and face-to-face interview from independent sector homes in eleven local authorities chosen to reflect the national patterns of residential care home provision. The information used here came from the interviews, 62 completed in 1994 and 53 in 1997.

An important strand of research within the mixed economy of care programme has been concerned with provider motivations. How are we to link findings on this topic to the theory and practice of policy design? Recent social policy literature has taken a strong interest in motivations, and drawn policy prescriptions on the basis of categorising actors as either 'knights' (essentially altruistic or empathetic) or 'knaves' (basically self-interested and potentially opportunistic). In particular, Julian Le Grand (1997) has argued that policy design has shifted over the past 50 years from the implicit assumption that British welfare service providers are fundamentally 'knights' to the idea that instead they are essentially 'knaves'. In thinking about how we *should* develop policy, he goes on to claim that neither assumption forms a sensible ground for policy, because motivations are unobservable and complex and thus difficult or impossible to ascertain with confidence. Consequently, he suggests that an overriding criterion for policy design should be *robustness*: we must 'accept our ignorance' and 'search for policies which appeal to both the knight and the knave'.

This can be a helpful starting point for considering the relationship between motivation and policy in the specific field of residential care for older people. Using 'cluster analysis' of evidence collected in recent surveys (see box 1) — which allows us to establish how characteristics of respondents tend to be 'packaged' — we found that providers tend to fall into one of three categories (figure 1). The results can also be interpreted with Le Grand's formulation in mind.

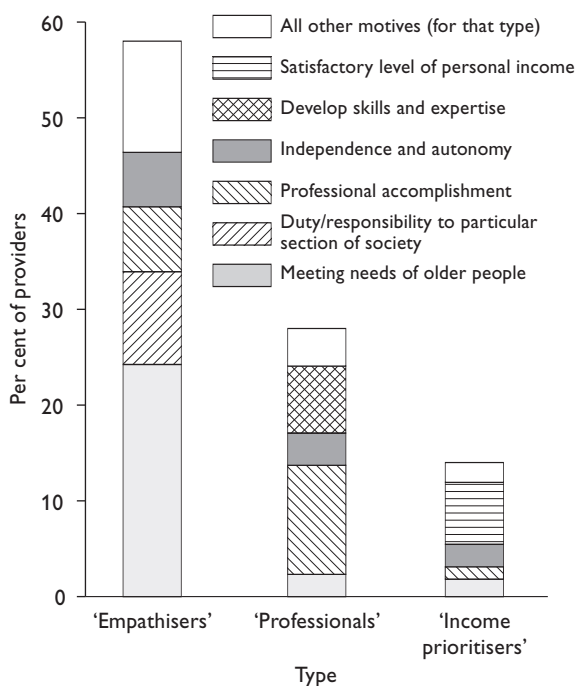
The majority of providers evidently fit the bill as 'empathisers', attaching particular weight to meeting older people's needs and expressing a concomitant sense of duty. The second combination we can label 'professionals', who attach particular weight to professional accomplishment and the development of skills and expertise. Finally, a third

and much smaller group, 'income prioritisers', see satisfactory income attainment as particularly important. Significantly, all three types also value independence, and the sense of autonomy that comes from feeling in control of their own business.

How does this relate to the knights/knaves approach? On the face of it, the largest two groups exhibit predominantly 'knightly' motivation (assuming professional accomplishment and skills development are interpreted as empathetic), while a small minority's tendency to prioritise income casts them in a relatively 'knavish' light. Le Grand stressed the difficulties of measuring motivations empirically, and there is certainly a major problem associated with all research of this kind: respondents will tend to represent themselves in an overly positive light. However, we sought to address this issue by examining their actual pricing behaviour alongside their expressed motivations. This seemed to bear out the claims of providers that 'knavish' financial gain was typically not a dominant priority. Instead, their behaviour suggested that while income generation was a factor, it tended not to trump other concerns.

In sum, we conclude that providers tend to *combine* 'knightly' and 'knavish' motives in different ways. We can endorse Le Grand's emphasis on robustness and this indeed seems to be an assumption of the policy now in place, with its emphasis on a 'level playing field' backed by systematic regulation. However, the findings summarised in figure 1, when considered together with the qualitative data

Figure 1 The expressed motivations of residential care providers: a typology



Note: The height of the bars indicates the frequency of the type; the content of the bars shows, for the type in question, how motives are combined.

Further information

This article is based on a paper forthcoming in *Social Policy and Administration*, 2001, drawing on work in the PSSRU mixed economy of care/commissioning and performance programmes. See the article on page 6 for further information on this research.

See page 8 for details of a new book on third sector policy co-edited by Jeremy Kendall.

Other publications from this programme of work are detailed on the PSSRU website.

we gleaned in face-to-face interviews, also suggest that robustness should be a necessary but not a *sufficient* guiding principle for policy making in this field. This follows because the knights/knaves approach does not take into account the significance providers attach to their independence and autonomy.

Explicitly taking into account this motive, which we might call 'mercantile' (in keeping with the medieval metaphor) would suggest at least two major lessons for policy of which sight might otherwise be lost. First, the supply side of the residential care market for older people is even more precarious than analysts have traditionally recognised. Most prognoses for this market's development suggest something of a shake out is likely to occur on the basis of the potential impact of the upgrading of regulatory requirements; a business accounting calculus about the profitable rates of return demanded by corporate providers; and an assumption that the current climate of fiscal austerity will continue to severely constrain the fees public purchasers are prepared to pay. However, if providers also attach importance to their sense of autonomy, then the qualitative nature of their relationships with purchasers and regulators, as well as financial flows, are also relevant. We found evidence among the providers we interviewed that their relationships were under strain. They were often finding the combination of contractual requirements and regulatory supervision to be so burdensome as to undermine their sense of control over their own businesses. This led many to indicate considerable disillusionment and a wish to exit the market (even if their financial and regulatory burdens would have allowed them to continue as viable businesses).

The second policy lesson is that contractual regimes should reflect providers' wishes to continue to operate as independent businesses. Guidance provided by, for example, the Audit Commission (1997) has not recognised this factor, but tends to suggest that a general shift away from spot contracts towards block contracts is appropriate, particularly in order that risk can be shared more effectively, providers can count on a secure income in the future and planning can proceed on a firmer footing. This is certainly an important argument, but it needs to be set against important advantages to spot contracts for providers (as well as the well recognised ones for purchasers and users). They can limit providers' sense of dependency on purchasers, and many view the associated risk as part and parcel of operating in a market. Confirming this, we found that some 53% of our interviewees preferred spot or call-off contracts to block or cost-and-volume arrangements.

In sum, policy in this area needs to be not only robust, but also *sensitive* to the knightly, knavish *and* mercantile faces of provider motivations.

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PSSRU and the Centre for Civil Society, LSE

In 2000, the Centre for Voluntary Organisation, which shares with PSSRU at the London School of Economics the umbrella of the LSE Department of Social Policy, was relaunched by its new director Dr Helmut Anheier as the **Centre for Civil Society (CCS)**.

CCS and PSSRU are developing a number of links in research and dissemination.

The journal *Voluntas*, the international journal of voluntary and nonprofit organisations, edited by Jeremy Kendall — who now holds a joint appointment at PSSRU and CCS — was supported by both these centres during 2000. Further details about *Voluntas* can be found at <http://www.jhu.edu/~istr/pubs/voluntas>.

An ongoing research project supported by the Charities Aid Foundation, carried out by Jeremy Kendall and Stephen Almond, is examining quality of employment in the third (voluntary) sector from a comparative sectoral perspective.

In addition, Jeremy Kendall now edits a series of **Civil Society Working Papers (CSWPs)**. These have included papers based upon research conducted during 1999 and 2000 at PSSRU by Stephen Almond, Jeremy Kendall, Martin Knapp and Rachel Wigglesworth.

For more information, and to download working papers, go to <http://www.lse.ac.uk/Depts/ccs/civilsociety-work-papers.htm>.

PSSRU Research Programmes

These pages give a brief listing of most work current at October 2000, 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.ukc.ac/PSSRU/ – gives more information.

PSSRU staff are currently discussing the content of the Unit's future research programme with the Department of Health. Once details are agreed they will be posted on the website.

Assessment, performance measurement and user satisfaction in older people's services

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.

David Challis, Paul Clarkson (PSSRU) and Raymond Warburton (DH)

The value of multidisciplinary assessment of vulnerable older people

Evaluating the effect of the provision of a clinical contribution to the assessment of vulnerable older people. Examining the costs and benefits of this multidisciplinary process of assessment for older people and their carers, and also for health and social services. See page 32.

Funded by the DH Community Health Initiative.

David Challis, Jane Hughes, Paul Clarkson and Janine Williamson (PSSRU) and Alistair Burns (Manchester Mental Health Partnership)

The evaluation of a national standard assessment instrument in care homes for older people

The development, piloting and evaluation of the costs and benefits of the Minimum Data Set – Resident Assessment Instrument for nursing and residential care settings in the UK. Monograph available.

David Challis, Karen Stewart, Glenys Harrison

Towards a national standard assessment instrument in continuing care homes: translation and editing of the UK MDS-RAI

Continuation of the above study, translating the MDS-RAI from its US format for use in UK residential and nursing homes.

David Challis, Karen Stewart, Angela Worden (PSSRU) and Deborah Sturdy (DH)

Children and young people (see also pages 34-35)

Child care 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.

Jennifer Beecham, Andrew Bebbington

Remuneration and performance in foster care

Wide variations exist in both the levels and systems of payments to foster carers in England. These are often driven by differences in philosophy — is foster care a voluntary activity or a job? This research seeks to explore the different patterns of resource allocation and to link these to key performance indicators for fostering services.

Derek Kirton and Catherine Ogilvie (UKC) and Jennifer Beecham

The costs and consequences of services for troubled adolescents

Troubled adolescents who come to the attention of social services departments are often users of the most expensive of child care resources; residential schools, specialist foster homes and children's homes. This research aims to develop a common analytical framework for comparing and contrasting the service users and their outcomes, the comprehensive costs of their support, and key organisational characteristics.

David Berridge, Isabelle Brodie (University of Luton), Harry Daniels, Ted Coles (University of Birmingham) and Jennifer Beecham

Meeting the 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.

Ann Hagell, Deborah Gbate and Patricia Moran (Policy Research Bureau, London), Jennifer Beecham

Child and family outcomes of Home-Start for young families

Funded by the Joseph Rowntree Foundation, this project aims to evaluate the effectiveness and cost-effectiveness of providing a volunteer home visiting service to families with difficulties. Families from areas in Northern Ireland and England that do and do not provide a Home-Start service will be compared.

Colette McAuley (Queen's University, Belfast) and Martin Knapp, Jennifer Beecham, Michelle Sleed

Commissioning and Performance

This work builds on the programme previously called 'the mixed economy of care' to describe and evaluate the development, structure and performance of social care markets. There is a particular focus on:

- the approaches and perspectives of purchasers;
- the characteristics, motivations and behaviour of providers (particularly providers in the independent sectors);
- the key features of commissioning and their consequences for market structure and outcomes; and
- micro-commissioning by care managers and the participative roles of service users.

The 'mixed economy of care' has been studied in a cohort of local authorities since 1989, in work undertaken jointly with the Nuffield Institute (Leeds), providing comprehensive longitudinal data on developing social care markets.

Martin Knapp, Julien Forder, Jeremy Kendall, Tihana Matosevic

Comparative cross national research project

Comprehensive study of the UK voluntary (non-profit) sector, including a complete statistical mapping of the scope and scale, a review of the legal position, examination of the policy treatment, and evaluation of impact.

Jeremy Kendall, Stephen Almond

Community care reform: UK and international

Review of the logic of equity and efficiency improvements in leading countries and in programmes within countries, and examination of their implications for the UK.

Bleddyn Davies

Coordinated care, care management, service integration and partnerships

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.

David Challis, Jane Hughes, Angela Worden (PSSRU) and Julia Gill, Sherrill Evans

Estimating the balance of care in a local authority

Estimating the cost and feasibility of shifting the balance of care from residential to community support, focusing on the patterns of admission to residential and nursing care for older people in one LA area.

Jane Hughes, David Challis, Robin Darton, Karen Stewart, Angela Worden (PSSRU) and Faye McNiven, Sherrill Evans

Evaluation of Lewisham care management scheme for cognitively impaired people

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

David Challis, John Chesterman, Jane Hughes, Caroline Sutcliffe (PSSRU) and Richard von Abendorff

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. (See the article on page 28 for more details.)

David Challis, Robin Darton, Jane Hughes, Peter Huxley, Ann Netten, Karen Stewart, Kate Weiner, Angela Worden, Glenys Harrison

The quality of life study

An outcome study involving interviewing a large cohort of elderly people newly admitted to residential or nursing home care in three areas of North West England. Characteristics of the home environments are assessed by staff questionnaires and interviews, and direct observation.

See page 39 for recent publications.

Lis Cordingley, David Challis, Heather Bagley, Caroline Sutcliffe, Gill Dunkerley (PSSRU) and Caroline Mozley, Peter Huxley, Leonie Price, 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.

David Challis, Siobhan Reilly, Jane Hughes (PSSRU) and Alistair Burns, Ken Wilson and Helen Gilchrist

Mapping of 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.

David Challis, Siobhan Reilly, Jane Hughes (PSSRU) and Alistair Burns

Training requirements of care staff in nursing and residential care homes

To determine the learning needs, training provided to date and preferred learning approaches.

David Challis, Heather Bagley, Jane Hughes (PSSRU) and Alistair Burns, Ken Wilson

Estimation of the impact of redistribution of the Residential Allowance

Commissioned by the Department of Health to estimate the potential range of effects of these changes from the perspective of managers and practitioners.

David Challis, Jane Hughes, Paul Clarkson, Lis Cordingley, Robin Darton

Criminal Justice

See page 26

Economic evaluations in social welfare

This Joseph Rowntree Foundation-supported programme is a major initiative at LSE, with inputs from Kent. The programme is examining the concepts of economic evaluation techniques as they might be applied to social welfare (broadly defined spanning much of social policy) and also contains five case studies (full evaluations in their own right): community development, support for young homeless people, energy efficiency, foster care and independent living for people with disabilities. The programme is a joint venture between PSSRU and the LSE's Centre for the Analysis of Social Exclusion.

Tom Sefton, David McDaid, Martin Knapp.

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 community care reforms. (See page 15 for a report on recent work, and page 17 for details of two books published in 2000.)

Bleddyn Davies, John Chesterman, Robin Saunders, Linda Pickard, José Fernández

Measurement of costs and outcomes

Developing a measure of social care outcome for older people (SCOOP)

Evaluation of the efficiency and effectiveness of services and comparison of alternative policy options requires measures of outcome that are comparable over a range of different circumstances both in terms of the disabilities of the individual and the services that are provided. The aim is to develop a measure which is generic enough to fulfill this role while being specific enough to link directly to the objectives of social care services for elderly people.

Ann Netten, Andrew Healey, Martin Knapp (PSSRU) and Martin Orrell, Mandy Ryan, Diane Skatun, Til Wykes.

Unit costs of health and social care

The primary aims 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 Costs reports giving costs details for a wide range of health and social care workers have been published annually

since 1993. Page 36 gives details of the 2000 volume, which is now also available in full on the Internet.

Ann Netten, Lesley Curtis

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, Stephen Almond, Andrew Healey

Cost-effectiveness of schizophrenia treatment

Analyses of data from a randomised controlled trial of risperidone versus haloperidol for treating schizophrenia, and examination of sources of cost variations.

Martin Knapp, Stephen Almond

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 (Project leader: Jeremy Coid, Barts)

Quality of life measurement in dementia

This project is developing a quality of life measure for dementia sufferers. There are plans to adapt the instrument so that it might be used in cost-utility and cost-benefit analyses of health and social care interventions.

Martin Knapp, Andrew Healey, Stephen Almond (Project leader: Sube Banerjee, 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 (Project leader: Martin Orrell, University College London)

Home treatment systematic review

An international systematic review of studies of home-based treatment for people with mental health problems. To be published under the Health Technology Assessment Programme in early 2001.

Martin Knapp, Andrew Healey, Juliet Henderson (Project leader: Tom Burns, St George's)

UK-Inject

A pilot study of the costs and outcomes of oral versus injectable methadone for heroin addicts will shortly be underway. It is hoped that funding will be received for a full scale randomised trial.

(Project leader: Gerry Stimson, Imperial College London)

Mental health financing

Report for the World Health Organisation on the financing of mental health services in different health care systems. Includes

associated studies of particular aspects of financing, especially in developing countries.

Martin Knapp, David McDaid, Andrew Healey, Paul Newton, Anna Dixon

Determining the future costs of learning disabilities in London

Report for NHS London which models future NHS/Local authority service utilisation and associated cost consequences of people with learning disabilities in London.

David McDaid, Martin Knapp

Village communities: quality and costs of residential supports for people with learning disabilities

As part of a programme of research being carried out by the Hester Adrian Research Centre (HARC) in Manchester, the Department of Health has commissioned the PSSRU/CEMH to conduct a cost and effectiveness evaluation of different forms of residential support. Results are now being published.

Angela Hallam, Martin Knapp, Ann Netten. Project leader, Eric Emerson, Lancaster University.

Resource and benefit groups for people with learning disabilities

Collection and analysis of service utilisation and cost data for adults with learning disabilities with reference to their characteristics, specifically to build health resource groups for use by the NHS.

Martin Knapp, Jennifer Beecham, Adelina Comas-Herrera

Pfizer health economics programme

Economic evaluation of treatment of elderly people with depression with the SSRI drug sertraline.

Martin Knapp, Steve Almond, Jack Astin

Cost and price analysis of ziprasidone in the treatment of patients with schizophrenia

Stephen Almond, Roshni Mangalore

Secondary analysis of the OPCS/ONS surveys of psychiatric morbidity

Study of the service use patterns and costs of supporting people with schizophrenia in Britain, and in relation to their needs and circumstances, including comparisons with previous national estimates.

Martin Knapp, Andrew Healey, Stephen Almond

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

Ten-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.

Jennifer Beecham, Angela Hallam, Martin Knapp

Needs-based planning and long-term care finance

Needs-based planning for mental health

The purpose of this study (in collaboration with Care Equation Ltd and The Sainsbury Centre) is to develop methods that can be used to support needs-based planning for mental health care of people aged 16-64, by local and health authorities. It is intended to offer guidance for good practice and to provide toolkits for local action. Two broad approaches have been developed. The first, 'Aggregated Needs Assessment' outlined a method of undertaking comprehensive assessments of individual mental health and social care needs within an area, using the Health of the Nation Outcome Scale (HoNOS). The second, 'Needs Groups and Population Needs Assessments' developed a method of using the Psychiatric Morbidity Survey to create

local needs indicators for planning groups, and applying unit cost estimates. Each of these approaches was piloted in local areas, and the implications for local guidance considered.

See page 9.

Andrew Bebbington

Healthy life expectancy: update

The aims of this project are twofold. The first is to extend the series of estimates of healthy life expectancy in England and Wales based on the General Household Survey, including the evidence from the 1996/7 round which contained a section on elderly people. This can also include evidence about the health of elderly people in institutions from the 1996 PSSRU Surveys of Residential Care. The evidence about trends is being incorporated in the PSSRU longitudinal models of demand for long-term care. The second is to undertake analysis of the 1996 follow-up of elderly people interviewed as part of the 1994/5 General Household Surveys, in order to calculate the health transition probabilities. Thereby healthy life expectancy can be estimated in a technically superior manner, in order to comment on the reliability of the conventional estimator.

Andrew Bebbington, Adelina Comas-Herrera

Long-term care demand and finance for elderly people

The project aims to inform the debate on how best to finance long-term care for elderly people. It has included the construction of a model to make projections of demand for long-term care services and of expenditures under a range of scenarios. Projections to 2031 have been prepared of the numbers of elderly people in need of help with tasks of daily living, of demand for informal care and for formal services and of costs to public funds, under various socio-demographic and policy assumptions. Projections from the model informed the work of the Royal Commission on Long Term Care.

The overall aims of the study are:

- to make projections of likely demand for long-term care for elderly people to around the year 2030 under different scenarios; and

- to assess the likely impact of different policies and approaches to funding long-term care for elderly people on the balance of expenditure between sector.

See page 14.

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

Roles, quality and costs of care homes

Longitudinal study of elderly people admitted to residential and nursing homes

A follow-up survey of residents identified in the 1995 PSSRU survey of admissions which tracks mortality, changes in location and dependency characteristics up to 3.5 years after admission.

See page 12 for more details.

Ann Netten, Robin Darton, Andrew Bebbington

Survey of privately-funded admissions to residential and nursing homes

A DSS-funded survey investigating the circumstances of admission of self-funders entering residential and nursing home care in Great Britain.

The objectives of the survey are:

- to estimate expected length of stay of privately-funded residents admitted to care homes;
- to investigate the factors affecting the decision to enter a care home and the choice of a specific home;
- to establish whether self-funded people who are admitted to residential care differ significantly in terms of financial assets and informal support from elderly people in private households; and
- to identify the level of receipt by all residents of social security benefits.

The two-year project began in January 1999 and the final report will be available in 2001.

Ann Netten, Robin Darton, Lesley Curtis

International Research on the Nonprofit Sector

The PSSRU at LSE is responsible for undertaking the second leg of the Johns Hopkins Comparative Nonprofit Sector Project. The project is a systematic effort to analyse the scope, structure, financing, and role of the private nonprofit sector in a cross-section of countries around the world in order to improve our knowledge and enrich our theoretical understanding of this sector, and to provide a sounder basis for both public and private action towards it. Some 40 countries are currently participating in the study, and there are plans to include more (see <http://www.jhu.edu/~cnp/>)

In the UK, building on the book which resulted from phase 1 of the study (Kendall and Knapp, 1996), phase 2 outputs have included:

- A report on the UK voluntary sector's scale and scope in comparative perspective, subsequently published in a book (Kendall with Almond, 1998; Kendall and Almond, 1999).
- An analysis of the emergence and consolidation of public policy towards the voluntary or third sector in the UK (Kendall, 2000).
- An 'impact study' of the functions and weaknesses of the UK voluntary sector in social housing (Wigglesworth and Kendall, 2000).

The social housing 'impact study' is one of three field-level studies undertaken in the UK, involving in-depth literature

reviews, wide ranging expert interviews and focus groups designed to explore the 'so what' question: that is, what difference does the third sector make? Other studies are analysing environmental organisations, and the field of care for older people. These will be published as working papers in late 2000/early 2001.

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New Research on Criminal Justice

As a result of central government initiatives there is currently a huge demand for criminal justice research with an economic component. Previous work undertaken at the PSSRU meant that we were well placed to contribute to this. The Unit has developed links both within the University of Kent and with other institutions (notably Goldsmiths College). In order to facilitate this collaboration the Kent Criminal Justice Centre (KCJC) is located, at least in the short term, within PSSRU at Kent. Dr Ann Netten manages the programme for the PSSRU. Current research projects (mostly funded by the Home Office) include:

Evaluation of Restorative Justice Schemes

(with Cardiff University and Goldsmiths College)

August 1999 – November 2000

The aims of this project are to identify which elements, or which combinations of elements, in restorative justice schemes are most effective in reducing crime and at what cost and to provide recommendations on the content of, and best practice for, schemes to be mainstreamed.

PSSRU/KCJC contacts: Kate Doolin, Chris Hale, Ann Netten and Steve Uglow

Evaluating Projects Seeking to Reduce Acquisitive Crime by Market Reduction

(with Goldsmiths)

January 2000 – 30 June 2002

To improve knowledge of the effectiveness and cost-effectiveness of a stolen goods market reduction strategy in two sites and to indicate which of the innovative methods work and in what circumstances.

PSSRU/KCJC contacts: Chris Hale, Charlotte Harris, Ann Netten and Steve Uglow.

Evaluation of Metropolitan Police Targeted Policing Development Project for Tackling Racial Crime

(with Goldsmiths) January 2000 – 30 June 2002

To improve knowledge of the effectiveness and cost-effectiveness of approaches to reducing racially-motivated crime in five London boroughs and to indicate which of the innovative methods work and in what circumstances.

PSSRU/KCJC contacts: Chris Hale and Ann Netten.

Referral Orders

(with Goldsmiths and University of Leeds)

April 2000 – December 2001

To evaluate the implementation and costs of a new sentence for first time juvenile convictions in eleven pilot sites.

PSSRU/KCJC contacts: Chris Hale, Ann Netten, Robin Saunders and Steve Uglow.

Evaluation of Youth Justice Board (YJB) Funded Restorative Justice Schemes

April 2000 – December 2001

To monitor and evaluate the impact and effectiveness of three YJB funded victim/offender mediation schemes based in London.

PSSRU/KCJC contacts: Kate Doolin, Chris Hale, Steve Uglow and Ann Netten.

Public Defender Solicitors Office

The PSSRU is part of a multi-site, multi-disciplinary team evaluating public sector versus private sector solicitors for people facing criminal charges.

PSSRU contact: Martin Knapp

Valuing Violent Crime: a Stated Preference Approach

(with LSE Department of Geography and Environment and the TH Huxley School at Imperial College, London)

The importance of subjecting publicly funded crime prevention initiatives to cost-benefit appraisal has gained wide acceptance within decision-making circles. This process requires robust evidence on the full impact of crime on human welfare measured in monetary terms so that project benefits can be compared directly with cost.

The Home Office has therefore commissioned a research project concerned with valuing the 'intangible' impacts of violent crime on public wellbeing – including common assault, wounding and robbery.

The intangible effects of violence, identified from victim surveys and epidemiological evidence, include the physical injuries and the short and long-term psychological consequences of violent crime for victims. Established survey instruments for estimating willingness-to-pay-based measures of these health impacts will be administered to a large random sample of the UK public.

The methods to be employed are:

- The contingent valuation method (CVM) – This approach is being used to directly assess individual willingness-to-pay to avoid specified types of violent incidents and their adverse health outcomes. CVM is also being implemented to test for any effects of the locational context (e.g. on public transport, outside the home, at work) of a crime on peoples' valuations. Our hypothesis is that individuals are not indifferent to the context within which violent offence occurs.
- *Contingent ranking* – The broad objective, in using this method, is to present survey respondents with a series of violent crime health outcomes that are characterised by a common set of attributes or domains. Each outcome is shown to differ according to the *level* (or severity) of each attribute described, and respondents are asked to reveal their preferences for scenarios described. The aim of the exercise is to determine the extent to which respondents trade-off the different attributes within scenarios against one another. Moreover, the inclusion of a monetary attribute (usually specified as some vehicle of cost/price payable by the respondent) enables individual willingness- to-pay for marginal changes in each attribute to be measured.

The contingent valuation and contingent ranking approaches involve different assumptions over the way in which individual preferences are constructed over crime-related outcomes. Our aim is to compare the values arising from these alternative approaches, as well as to assess their relative validity.

Focus group discussions (using individuals recruited from social groupings), piloting and the main survey are scheduled for completion before Easter 2001. A final report is planned for July 2001.

PSSRU contact: Andrew Healey (PSSRU, LSE)

Three Mental Health Studies

Mental health financing: report for the World Health Organization

Martin Knapp, David McDaid, Andrew Healey, Anna Dixon and Paul Newton

This work covers mental health financing across the world. It addresses economic issues relating to the sources of funding, the nature of the mixed economy of mental health care, the problems that can arise with insurance-type funding, some of the

purchasing solutions to those problems, resource allocation arrangements and methods for choosing interventions.

The final report will be published by the WHO in 2001.

Modelling the future utilisation and cost consequences of learning disabilities

A short study has been commissioned by NHS London to assist in modelling future utilisation and associated costs of health and social care services by people with in London. The study is being undertaken by David McDaid and Martin Knapp, with some additional input from Angela Hallam.

Life expectancy for people with learning disabilities is increasing, suggesting an increase in the number of individuals requiring support, particularly as access to informal care decreases. In addition, demographic trends indicate an increase in the numbers

of individuals with learning disabilities from ethnic minority populations in London.

A decision analysis model was constructed to estimate how such demographic changes will impact on the future costs and utilisation of services for people with learning disabilities in the next decade in London. The model is designed so that parameters can be varied easily by end users to test specific scenarios.

A report will be available in early 2001.

The impact of methadone treatment on drug misuse and crime

Jeremy Coid, Andrea Carvell, Zelpha Kittler, Andrew Healey and Juliet Henderson

This study was carried out in a fairly typical community-based clinic for drug misusers in inner-city London. A two-page summary has been published as Home Office Research, Development and Statistics Directorate Research Findings No. 120 at www.homeoffice.gov.uk/rds/pdfs/r120.pdf, and a longer report is available at the same website. They describe the characteristics of 221 opiate addicts seeking methadone treatment and the impact of treatment on their drug misuse and criminal behaviour.

Key points

- Most subjects (85%) had been offending to help fund their drug use. The most common offences were theft or shoplifting, fraud or deception and drug dealing.
- 54% had suffered from mental ill health at some time in their lives and 30% had attempted suicide.
- Following treatment, heroin use decreased by 56%; from 25

days per month on average before treatment to 11 days per month after treatment.

- Theft decreased by 52%, from 44 days in the six-month period before treatment to 21 days after treatment. Drug-dealing decreased by 64%, from 56 days to 20 days.
- Average illegal earnings from the previous six months' criminal activity decreased by 73%, from £10,984 in the period before treatment to £2,930 after treatment.
- Treatment was most effective for those who had the highest levels of drug use and who were the most criminally active before treatment.
- Those who spent longest in treatment showed the greatest reduction in daily expenditure on illicit drugs.

Economic modelling suggests that, where an opiate addict receives methadone treatment for a full six months, the cost of this treatment (£960) compares favourably with the estimated reduction in illegal earnings over this period (between £2,142 and £7,878).

FORTHCOMING CHAPTER

Regulating entrepreneurial behaviour in social care

Julien Forder (2001) in Saltman, R., Busse, R. and Mossialos, E. (eds) *Regulating Entrepreneurial Behaviour in European Health Care Systems*, Open University Press, Buckingham, forthcoming

Markets, with varying degrees of regulation and private sector provision, are increasingly important features of many European social services systems. Decentralisation of funding structures has also accompanied the drive of marketisation, especially in the form of cash-benefits and vouchers to users or client-led brokerage by local authorities. Markets are conceived as mechanisms that can improve productivity and investment, cut costs and sharpen targeting. In short, it is argued that markets can unbind entrepreneurial behaviour.

A recent study commissioned by the WHO European Observatory on Health Care Systems has investigated the changing policy agenda in a number of European countries. In the 1990s a shift to using markets was evident in the great majority of the countries studied, even the traditionally municipal-

bureaucratic Scandinavian countries. In some cases this adoption of markets as a means of securing provision was accompanied by a decentralisation of funding, often with users being empowered to purchase their own services using public money. However, this decentralisation was not universal, perhaps demonstrating concerns on the part of decision-makers regarding the characteristics of social care users, especially their vulnerability and their understanding of the significant complexities of the market.

In the new decade, there appears to be a period of re-assessment of the comparative merits of markets and (loosely regulated) entrepreneurial behaviour. If public bureaucracy constituted a first phase in policy thinking about social organization, and quasi-markets characterise the second phase, then arguably we are now entering a new phase that can be described as partnership or the third way.

The Care Management Research Programme — Update

David Challis, Robin Darton, Jane Hughes, Karen Stewart and Kate Weiner

This programme of research — ‘Mapping and Evaluation of Care Management Arrangements for Older People and those with Mental Health Problems’ — was commissioned by the Department of Health 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 those in the two major service user groups aged 18 to 65 years. The study started in 1996 and there are three phases:

- 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 by 85% of authorities, and 77% returned the separate questionnaires for older people and for those with mental health problems.
- In the second phase, more detailed data is being collected in a sub-set of authorities, which are representative of different kinds 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 presents some of the key findings from the Mapping Study questionnaire on old age services and outlines phase II of the study, the area of work currently underway.

Key findings on older people

The findings reported below and key findings from the overview questionnaire have previously been reported in issues 1 and 2 of *Research and Policy Update* (see p. 36).

Risk assessment

In 76% of authorities, assessment documents for older people included a section on risk. Risk areas were detailed as: accidental self harm, deliberate self harm, danger to others, abuse/exploitation and falling. The risk area included by least authorities was deliberate self harm, explicitly covered by only one-third of all authorities. The other areas were covered by 42-45% of all authorities.

Decision making

Without consultation with a more senior staff member, care managers were able to commit finance to all in-house services in only 12% of authorities, and to some services in 26% of authorities. This was lower for external services, and in two-thirds of authorities care managers were unable to commit finance to any external service.

Authorities utilised a variety of methods to authorise entry into residential and nursing home care. The first line manager budget formed the basis for authorisation in 46% of authorities. In 28% of authorities senior managers authorised entry into care. However, around a third reported that a panel, either of social services staff alone or including health staff, was used for authorisation.

Information requirements

Computerised client record systems for assessment and care management for old age services were used by 92% of authorities. The availability of such systems varied for staff working in different locations. In 91% of authorities a system was available for care managers in social services offices. This was followed by hospital settings in 80%, multidisciplinary teams in 37% and GP practices in 16% of authorities. Figure 1 shows the type of information on individual service users held on the computerised systems. Unsurprisingly, the majority of authorities, 92%, held personal details of service users. This was followed by details of services received in 78%, and information on reviews in two-thirds of authorities. Only about a quarter of authorities reported their systems held medical information and even less, 18%, user diagnoses. The amount of detail held on the systems varied greatly from minimal information, such as the date a review was held, to more comprehensive information, such as detailed content of a review.

Further information

Data from phase I of the study are discussed in the papers and reports listed on page 40.

For further information about the study please contact: Glenys Harrison, telephone 01227 823682, fax: 01227 823862, email: G.Harrison@ukc.ac.uk, or Angela Worden, telephone 0161 275 5250, fax: 0161 275 5790, email: Angela.Worden@man.ac.uk.

Figure 1 Information held on computerised systems

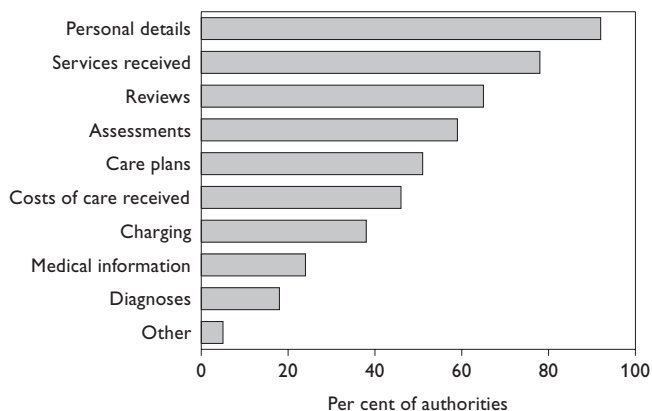
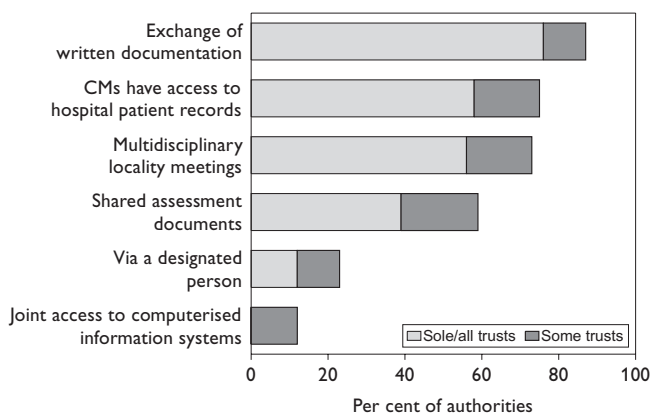


Figure 2 Arrangements for sharing information



A computerised directory of services for older people was maintained by 49% of authorities. This included unit costs of all services in 19% of authorities and some services in 17% of authorities.

Joint working

Authorities were asked about the extent to which care plans for community-based support of older people specify detailed inputs from the health service. 37% of authorities reported that up to 20% of care plans specified health inputs and 33% reported that 21-40% of care plans did so. Only 4% of authorities reported that detailed inputs were specified in more than four-fifths of care plans.

Three-quarters of authorities had formal arrangements for sharing information with NHS colleagues in all the trusts with which they worked, and 18% with some trusts. The most common method was via an exchange of written documentation, in 87% of authorities, and the least common was through joint access to computerised information systems, in 12% of authorities (figure 2).

The most common tools for joint commissioning were joint plans and planning processes: 93% of authorities. A third of authorities undertook joint specification and overseeing of contracts and a fifth had some jointly managed services, but in only 4% were total agency budgets pooled for old age services. The most common jointly commissioned services were hospital discharge schemes, in 60% of authorities, followed by rehabilitation schemes, carer support and home care, in just over 40% of authorities.

Phase II

This phase of the research programme seeks to explore the organisational features that influence the process of care management for older people and those with mental health problems. The aims are to:

- Provide more detailed information concerning patterns of care management arrangements for older people and people with mental health problems;
- Understand more clearly the relationship between organisational structures and the process of care management; and
- Explore the human resource implications of different care management types.

To achieve this, authorities were categorised using data from the first phase of the study. The categorisation was founded on a priori assumptions based on current policy and relevant literature. Visits were made to social services departments that were deemed to be examples of the most representative patterns of care management arrangements in respect of both older people's services and services for adults with mental health problems. Key areas of enquiry have included skill mix in terms of the range of staff undertaking care management; how staff use their time; case-mix (the range of service user needs and characteristics within different types of care management arrangements); links between social services departments and other statutory agencies; and the influence of local factors, such as population structure, on arrangements. It is anticipated that analysis of the more detailed data collections provided from fieldwork visits to local authority social services departments in phase II will:

- Identify which care management features appear most to influence the care management process;
- Specify and measure the elements which influence the relationship between organisational structures and staff activity; and
- Identify different types of care management arrangements for further investigation and evaluation in phase III.

Performance Measurement in Social Care: Designing indicators at different levels of analysis

Paul Clarkson and David Challis

Introduction

Measuring social care performance is a current policy concern of the UK Government as well as other governments throughout the world. This has developed quite substantially since the community care reforms and in particular since the *Modernising Social Services* White Paper (Cm 4169, 1998). Currently, the Performance Assessment Framework (PAF) and other broader initiatives such as Best Value in local authority services, are promoting the performance agenda throughout social care (Department of Health, 1999a,b; DETR, 1998).

The development of performance measures, or indicators, of performance has grown considerably since at least the mid 1980s, when accountability mechanisms and financial constraints meant that public sector performance was measured more stringently than before. Such concerns as value for money — ‘getting more with less’ — and a concern for departments to use resources to better effect were guiding principles throughout this period. The performance debate has become more sophisticated, with more detailed indicators now being devised to assess a wider range of activity than before. There is now a stress on process aspects, such as the form and content of assessment and care packages (Department of Health, 1999c) and a greater stress on monitoring the outcomes of activity through proxy measures such as emergency admissions to hospital for older people (Department of Health, 1999b).

However, these developments in performance monitoring have taken place almost exclusively at the national level as an aid to regulation and control by government. Indicators to inform management decision making within social services departments have developed more slowly, although managers are now far more sophisticated in their use of evidence. Measuring performance at the practitioner level, as an aid to better decision-making by care managers, is currently a neglected area in social care evaluation. What is needed is a suite of performance indicators designed to permit evaluation at each of these levels. Whereas purchasers will be interested in broad population-based measures from which to inform commissioning activity, managers would be more interested in the efficiency of their particular service and in measuring progress against objectives and standards. Teams of practitioners would be interested to monitor the conduct of their practice, not in competition with each other but as a means of supporting judgements about particular types of cases and the likely effects of one course of action over another. At this level, performance measurement is concerned with generalising from practice, and the pursuit of a more evidence-based approach to social care. This is in contrast to the case-based evaluation which has characterised work in social care for many years.

Further information

For further information on this work, contact Paul Clarkson or David Challis at the PSSRU in Manchester.

A monograph outlining PSSRU work in developing performance indicators in older people's services is in progress.

A research and performance framework

The PSSRU has already developed a Performance Indicator Analytical Framework (PIAF) which can assist in the design, collection and interpretation of indicators (Challis and Warburton, 1996). The framework proceeds from indicators of need (such as information on broad population groups or the numbers of referrals or screenings); to indicators of supply (the numbers of home care hours or residential beds); indicators of service process, which cover details of the ways in which services are allocated (such as the timeliness of response to referrals); indicators of practice process, the pattern of operation of services in their interaction with users (such as the extensiveness or mix of provision); and finally, intermediate outcome and final outcome indicators. The former reflect patterns of service use and the latter the health or social benefits of a programme or activity. Figure 1 represents the PIAF framework as a ‘nested’ design, permitting the analysis of performance information at the different levels.

Levels of analysis

At the broad macro level of government regulation, the PIAF may be used to structure existing indicators, such as those contained in the Performance Assessment Framework for both health and social care (Department of Health, 1999b). Currently national

Figure 1 Performance indicators analytical framework

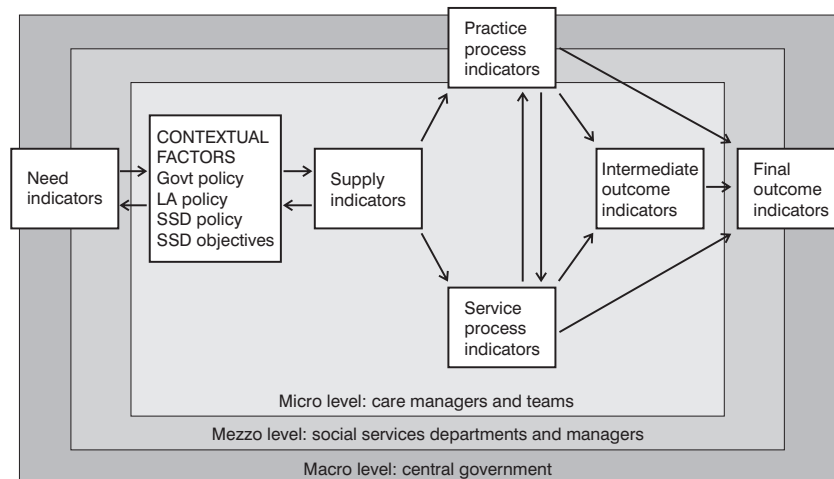


Table 1 Recommended performance indicators (abbreviated descriptions) within the PIAF framework

PIAF dimensions	Proposed indicators
Need	Number of screenings per 1000 population 75 plus; number of referrals for assessment per 1000 pop. 75 plus living alone; number of cases for which there are service gaps
Contextual factors	Social services objectives — Best Value
Supply	Number of field work staff (generic/elderly user group) per 1000 pop. 75 plus; number of home care hours purchased per 1000 pop. 75 plus; number of home care hours provided by independent sector by source; number of people receiving daily intensive home care per 1000 pop. 75 plus; expenditure on new residential care placements per 1000 pop. 75 plus; unit cost of SSD home help hour
Practice process	Time between initial contact/referral and first response by priority band; number of ongoing cases per 1000 pop. 75 plus in different user categories; percentage of assessments which are full; time for the completion of assessment by assessment type; number of home care hours arranged by SSD per case by dependency; proportion of service users and/or carers not taking up a service; proportion of overdue reviews for people receiving home-based care
Service process	Number of older users of home care per 1000 pop. 75 plus; total average weekly costs to SSD of care packages in the community; number of older users reporting complaints; care staff per managers in local authority homes; staff vacancy rates by staff group type
Intermediate outcome	Number entering/leaving long-term residential care per 1000 pop. 75 plus; reasons for admission to long-term residential/nursing home care; proportion of new long-term placements by dependency bands; proportion of older people supported in their own homes by dependency
Final outcome	Percentage of users (or carers) satisfied with assessment and care management processes

been put forward at the practice level which involve the views of both staff and users of services (Department of Health, 2000).

Styles of analysis

Most current work uses data aggregated at the social services department level with variations in performance being examined with reference to some norm, such as the average for England as a whole. Unit costs, for example, are presented as indicators of efficiency, with lower unit costs expressing greater efficiency in the use of resources across authorities (Department of Health, 1999b). The use of indicators in this way, whilst relevant to the government's national concerns, is limited. There are also attempts to indicate areas of 'best practice' from which to compare authorities but, again, this remains limited to descriptive accounts. Indicators are not analysed with reference to performance set by, for example, research evaluations of efficiency or other dimensions considered important. It is possible to envisage more complex analysis than this being undertaken but much depends on the coverage of routine data sets that may be available.

performance data is structured around key government objectives and, although this enables current policy directions to be seen clearly, it does not permit the wider interpretation and analysis of indicators. In this sense, the current PAF is descriptive. It sets out indicators deemed necessary to monitor how authorities are performing with reference to crucial government concerns of equity and overall performance nationally.

The PIAF has also been recently used in a PSSRU study examining the implementation of performance indicators at the managerial level within one social services department. This aimed to develop a suite of indicators to permit the monitoring of community care activity on a broad front. The indicators were not only devised to take account of the process of service delivery itself but were also linked to local objectives, thus enabling the progress of the department to be monitored in key areas. Staff at all levels found the use of the framework beneficial in moving their thinking towards a more evidence-based style of work. However, the indicators are not seen as a finished product but rather a means by which current national data can be combined with those aggregated at the authority and district level to monitor performance locally. Table 1 lists some examples of the indicators which were developed.

Although in general indicators have hardly been used at the practitioner and team level, the framework would fit easily into attempts to monitor the progress of cases against benchmarks set by best practice or with reference to assessment and practice standards. A number of standards have recently

There is considerable room for monitoring performance more comprehensively at all levels in organisations.

Further work

The framework described here and exemplar indicators built upon it can be used in the more consistent examination of social services' performance. Indicators such as these may be used to monitor a wide range of community care activity at each level of analysis. Work on performance measurement now needs to establish an integrated suite of indicators that can comment on work at these different levels. Further work is envisaged in which such indicators may be used in more complex ways to examine activity within departments and also to monitor performance nationally.

References

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The Assessment of Vulnerable Older People

The PSSRU in Manchester has just finished the first phase of data collection in this research study. Its aim is to establish the effect of a specialist clinician contribution in the assessment of older people at risk of entry to long term residential and nursing home care. 250 older people and

their carers are included in the sample of this randomised-controlled trial. Information is being collected in respect of the physical and psychological health of older people; their quality of life and that of their carers; levels of satisfaction with the services provided; and service costs.

North West Dementia Centre

The NHS Executive North West has funded the development of the North West Dementia Centre (NWDC) based within the Personal Social Services Research Unit at the University of Manchester. This is a joint initiative between the Universities of Manchester and Liverpool. The partnership fosters a unique collaboration between the two departments of old age psychiatry and a Department of Health funded Policy and Research Unit, with links to academic departments of nursing. The centre has a strong commitment to service development with key collaborators in the North West and further afield. It also maintains links with other dementia centres through the UK Dementia Services Development Centre Network.

The aim of the centre is to promote awareness of dementia, its consequences and effective management to professionals and the general public through research and development. The main focus of work is older people suffering from dementia and their care givers. The objectives of the centre are to:

- Increase current knowledge and understanding of dementia care;
- Provide information on local services for people with

dementia in the North West;

- Contribute to the provision of higher standards of care for dementia sufferers;
- Disseminate information on aspects of dementia derived from existing databases to interested parties (professionals and the general public).

Work in progress includes:

- A survey of old age psychiatry services in England;
- Mapping of services for older people with dementia in North West England;
- Compilation of a directory of services in the North West for people with dementia;
- Production of fact sheets to provide information relating to the special needs of people with dementia for paid carers.

Centre staff:

David Challis, Heather Bagley, Reba Bhaduri, Mandy Bryant, Jane Hughes, Siobhan Reilly, Angela Worden (PSSRU) Alistair Burns and Ken Wilson.

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

Costs of Regulating Residential Care Services for Children

Ann Netten, Julien Forder and Tihana Matosevic

Background

A number of important changes are planned to the way that the regulatory function is to be conducted in England and Wales in the future (see the 1998 White Paper *Modernising Social Services*, Cm 4169). From April 2002 the National Care Standards Commission will be established as a non-departmental public body to take on the regulation of social care and private and voluntary health care in England. The Commission will be responsible for services not currently covered by regulatory legislation and the setting of standards at a national level. An important issue to consider in this context is the setting of fees to those who are being regulated. A key recommendation of the Burgner report on regulation and inspection of social services was that the cost of regulation should be independently reviewed with a view to relating fee levels more closely to the actual costs of regulation.

This project was an extension to a study, funded by the Department of Health and the Wales Office, of health and local authority inspection units in England, which had investigated the costs of regulating care homes for adults. The principal aim of the new study was to establish the costs of regulating residential care services for children, in a way that could be used to identify cost-based fees to establishments at a national level. Residential care services for children were taken to include residential homes, family centres, boarding schools, foster care agencies, and adoption agencies.

Method

The main data collection was a survey of local authority and joint inspection units undertaken during the autumn of 1999. The data collection built on data obtained in the previous study. For this study supplementary data were collected about unit policies and practice with respect to services for which they had no statutory responsibilities, children's services' inspector characteristics and a sample week's time use; and a sample of recently undertaken inspections and registrations. Information was also collected about enforcement actions undertaken during the previous year. SSI inspectors involved also provided equivalent information on the amount of time spent on inspecting and registering voluntary homes.

Findings

Detailed findings from this work can be found in the publications listed below. In the space available here we outline some of the most important points and their implications.

The findings about the costs of regulating children's homes and boarding schools confirmed the picture found in the study of homes for adults. First, comparatively large establishments are associated with higher costs of regulation. However, there is a large 'fixed' cost of inspection and registration unrelated to establishment size, and there are other characteristics about the home and those cared which are associated with costs. Second, overall, larger inspection units tended to be associated with lower costs, although the precise relationship is complex. These findings have important implications for the structure of any national fee system that recoups the cost of regulation, and for the organisation of the new National Care Standards Commission. The study also provided some (necessarily limited) information about the costs of regulated services that are not currently routinely regulated by units. This provides a starting point for discussion about appropriate fees for regulating such services, but clearly there is a need to monitor the costs of such activities very closely in the future.

Further information

A full report of this study (PSSRU discussion paper 1643/2), a four page summary leaflet (P50), from which this article was condensed, and a policy implications summary (PSSRU DP1647/2) were published in September 2000 and are available from the PSSRU website. Paper versions are available from the PSSRU librarian.

The report of the previous study, *The Costs of Regulating Care Homes for Adults*, by Ann Netten, Julien Forder and Jane Knight (PSSRU DP 1496), a summary leaflet (P43) and a policy implications summary (PSSRU DP1497/2) are also on the website.

The Economics of Child Social Care

Jennifer Beecham

Introduction

Research in child social care has a long history at the PSSRU. During the 1980s, the PSSRU brought an economic perspective to the planning and provision of child care services through investigations of financing arrangements and the factors affecting need for care and the supply of foster carers as well as research into the cost and outcome implications of placement decisions and locations. The next decade saw research on the costs of assessment services, the market in foster care and regulation of children's homes (see p. 33).

Five research projects have recently been funded at the PSSRU, each of which is driven by policy and practice demands for more and better information about the costs and cost-effectiveness of child care services.

Recently completed work

One primary question for central government is to find out how child care money is spent. The Department of Health has introduced the Children in Need Data Collection, the first national census that allows this to be addressed. (The website www.doh.gov.uk/cin/cin.htm gives details.) Each year, information will be collected over a one-week period in every local authority in England on the characteristics and needs of children and their families and the service response made by social services departments.

Information relating expenditure to the needs of children and families and to services is a vital part of the research picture. Working closely with personnel at the Department of Health and a number of local authorities, guidelines have been produced which encourage social services departments to estimate their service costs using a consistent methodology. This will help reduce measurement error and thus facilitate comparisons between local authorities. The guidelines are set out and discussed in a handbook *Unit Costs — Not Exactly Child's Play: a Guide to Estimating Unit Costs for Children's Social Care* (Beecham, 2000).

This volume also serves a second function. A recent PSSRU review of child care research (summarised in Knapp and Lowin, 1998) highlighted the paucity of economic evaluations in child social care. The methodological work underpinning *Child's Play* provides a common methodology for the costs-related research funded under the recent Department of Health initiative *Costs and Effectiveness of Services to Children in Need*.

New research

Researchers at the PSSRU are involved in four projects funded through this initiative. Building on the work already undertaken for the Children in Need Data Collection, Jennifer Beecham and Andrew Bebbington will explore the dataset resulting from this survey with a view to looking at why costs and unit costs vary between local authorities. These factors might lie within or beyond the control of local authorities, but their elucidation will considerably aid policy makers and planners. More detailed consideration of the factors which might influence spending will be explored in ten local authorities.

The other three projects funded under this initiative are collaborative. We are working with members of the Social Policy Department at the University of Kent to look at the associations between remuneration — both financial and other resources — and performance in foster care. Demographic and other data on all local authorities and the recent National Foster Care Association survey of foster care will be explored for a 'macro' view of these associations and will be supplemented with interviews with service managers, focus groups and a survey of foster carers in about twenty authorities. By more fully understanding the patterns of resource allocation in terms of the different payment systems and the ways foster carers are supported and the attitudes of those involved we can begin to answer the question of 'what works' in foster care.

Although foster care is the main way of providing support for children who live away from their families, other settings such as children's homes or residential schools have an important role to play in supporting troubled adolescents. With researchers at the Universities of Luton and Birmingham we will develop and employ qualitative and

Further information

For further information on this work, contact Jennifer Beecham at the PSSRU: J.K. Beecham@ukc.ac.uk

Alternative contacts for collaborative research projects

Remuneration and performance in foster care: D.Kirton@ukc.ac.uk

The costs and consequences of services for troubled adolescents: david.berridge@luton.ac.uk

Meeting the mental health needs of children in the child protection system: admin@prb.org.uk

Child and family outcomes of Home Start for young families: C.McAuley@qub.ac.uk

For further information about other research projects funded under the Department of Health Costs and Effectiveness of Services to Children in Need initiative contact Ian Sinclair, SWRDU, University of York: acs5@york.ac.uk

quantitative methods within a common analytical framework to contrast and compare key organisational variables, estimate the comprehensive support costs, and look at the differences and similarities between the young people using the services. Responding to recent policy concerns, the research will also develop the analysis of the young people's educational experiences. This one year research project will provide illustrative results and will develop appropriate research tools and analytic methods for use in further research.

Another recent policy concern has been about the way the mental health needs of children are met. In collaboration with colleagues at the Policy Research Bureau, the fourth research project aims to meet this information gap by mapping and costing the services and supports available to children on the child protection register and assessing the attitudes of the main social services' players. A prospective study of around 600 children will be undertaken to assess the mental health needs of at-risk children and to describe the support they receive and the associated costs. A follow-up survey is also planned. From these data, models of good and cost-effective practice in providing services will be developed.

One further project, funded by the Joseph Rowntree Foundation, adds an important preventive perspective to this research programme. It is again collaborative, working across two PSSRU sites (Kent and LSE) and with colleagues in the Social Work Department at Queen's University Belfast. This evaluation will explore the outcomes and costs of Home Start for young families in Northern Ireland and England who have been referred by health visitors because of concerns about the families' welfare. Home Start support is provided by volunteers visiting the family home. Families living in areas where there is no Home Start service available will form the comparison group.

Over the next three years these projects will address major issues for child care services: the estimation of costs and unit costs; explorations of why costs vary; and the cost-effectiveness of services provided by both public and independent sector organisations. Close links will be maintained with work undertaken at the Centre for the Economics of Mental Health, where techniques developed to explore costs and cost variations have continued to develop with reference to children's mental health care.

RELATED PUBLICATIONS

- Beck, E., Beecham, J.K., Mandalia, S., Griffith, R., Walters, M., Boulton, M. and Miller, D. (1999) What is the cost of getting the price wrong? *Journal of Public Health Medicine*, 21, 3, 311-317.
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- Knapp, M.R.J. (1997) Economic evaluations and interventions for children and adolescents with mental health problems, *Journal of Child Psychology and Psychiatry*, 38, 1, 3-26.
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Research on child and adolescent mental health services at the Centre for the Economics of Mental Health, Institute of Psychiatry, London

Many of the projects within this programme of work at CEMH focus on specialist services for children and adolescents, such as a cross-sectional survey and a longitudinal study of children using hospital inpatient services and studies of multidisciplinary teams.

The programme also incorporates evaluations of health, education and social care services for children with a variety of needs. Our research includes children with learning disabilities and those who use foster care or health visitor services, as well as children who are diagnosed as anxious or depressed.

From a service perspective, the research projects encompass each of the 'tiers' now recommended as forming the framework for services for children with mental health problems: primary care, single-person services, multidisciplinary teams, and specialist services. Our economic perspective has also allowed us to look at the consequences of childhood mental health problems in adulthood.

The CEMH enjoys close links with the PSSRU, sharing some staff and co-publishing the annual *Mental Health Research Review*.

For more information, contact Jennifer Beecham, Senior Lecturer, CEMH (J.Beecham@iop.kcl.ac.uk)

Recent Publications

These pages list selected books and reports published by PSSRU authors (often in collaboration with colleagues at other institutions) since the latest Bulletin in February 1999. Articles are arranged in title order, with some publications on particular projects grouped at the end of the section. Other publications relevant to particular studies are referenced in the articles above and in the 'Further information' boxes.

Books and monographs

PSSRU books and monographs are available (post free) direct from the PSSRU in Canterbury and can be obtained through bookshops. Prices are correct at September 2000; cheques should be payable to 'UniKent'.

Newsletters

The *Mental Health Research Review 7* (a joint production with the Centre for the Economics of Mental Health at the Institute of Psychiatry) was published in May 2000. 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

There was not space to list discussion papers separately, although some are referenced in the articles. All recent 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 journal articles by PSSRU authors and discussion papers, can be viewed on the Unit's website at <http://www.ukc.ac.uk/PSSRU/>. The website also includes text of shorter publications such as this and previous Bulletins, outlines of current research, details of staff, announcements of seminars and other news about the Unit. Orders and enquiries should be sent to the PSSRU librarian, Gina Zabukovec, in Canterbury (01227 827773, email pssru_library@ukc.ac.uk).

Books and monographs

Unit Costs of Health and Social Care 2000

Ann Netten and Lesley Curtis

PSSRU, Canterbury, 2000, 176 pages, ISSN 0 969 4226, ISBN 1 902671 19 8 (pbk). Price £15.00. Also available online at www.ukc.ac.uk/PSSRU/. Previous years' editions (with articles on different aspects of costing and methodology) are available at £10 (1999) and £1 (before 1999, when ordered with the 2000 edition).

Unit Costs — not exactly child's play

A guide to estimating unit costs for children's social care

Jennifer Beecham

Joint publication from the Department of Health, Personal Social Services Research Unit and Dartington Social Research Unit, 2000, 95 pages. Available free of charge from the PSSRU.

Equity and Efficiency Policy in Community Care: Needs, Service Productivities, Efficiencies and their Implications

Bleddyn Davies and José Fernández with Bülent Nomer

Ashgate, Aldershot, 2000, 494 pages.
ISBN 0 7546 1281 3 (hbk). Price £50.00.

Caring for Older People

An assessment of community care in the 1990s

Linda Bauld, John Chesterman, Bleddyn Davies, Ken Judge and Roshni Mangalore

Ashgate, Aldershot, 2000, 428 pages.
ISBN 0 7546 1280 5 (hbk). Price £49.95.

Needs-Based Planning for Community Care: Matching Theory to Practice

Andrew Bebbington and Wendy Rickard

PSSRU, Canterbury, 1999, 64 pages.
ISBN 0 904938 90 5 (pbk). Price £5.00.

Journal articles and chapters in books

A European perspective on social anxiety disorder

Lecrubier, Y., Wittchen, H.U., Faravelli, C., Bobes, J., Patel, A. and Knapp, M.R.J. (2000) *European Psychiatry*, 15, 1, 5-16.

Aims, outcome measures, study sites and patient sample. EPSILON Study 1

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Alternative strategies for stroke care: a prospective randomised controlled trial

Kalra, L., Evans, A., Perez, I., Knapp, M.R.J., Donaldson, N., Swift, C.G. (2000) *The Lancet*, 356, September 9, 894-899.

Annuitizing the human capital investment costs of health service professionals

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Assessing Mental Health in Europe

Beecham, J.K. and Munizza, C. (eds) (2000) *Acta Psychiatrica Scandinavica*, 102, supplement 405.

Assessment approaches for older people receiving social care: content and coverage

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Beck, E., Beecham, J.K., Mandalia, S., Griffith, R., Walters, M., Boulton, M. and Miller, D. (1999) *Journal of Public Health Medicine*, 21, 3, 311-317.
- Willingness-to-pay methods in mental health care**
Healey, A. and Chisholm, D. (1999) *Journal of Mental Health Policy and Economics*, 2, 55-58.
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- Job strain, effort-reward imbalance and mental distress: a study of general practice**
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Mapping Study (see page 28)

Mapping Study Research and Policy Update, issues 1 (October 1998), 2 (September 1999) and 3 (October 2000)

These four-page leaflets are available free of charge from the PSSRU (issue 1 is out of print) and can be viewed and downloaded from the PSSRU website.

Assessment and care management: development since the community care reforms

Challis, D. (1999) in Wistow, G. and Henwood, M. (eds) *With Respect to Old Age, Research Volume Three: Evaluating the Impact of Caring for People* (report by the Royal Commission on Long Term Care), Cm 4192-II, TSO, London.

Care management and the Care Programme Approach: towards integration in old age mental health services

Hughes, J., Stewart, K., Challis, D., Darton, R.A. and Weiner, K., *International Journal of Geriatric Psychiatry*, forthcoming.

Care Management: Prevention and an Alternative to Institutional Care?

Challis, D., Darton, R.A., Hughes, J., Stewart, K. and Weiner, K., *Age and Ageing*, forthcoming.

Care Management Study: Report on National Data. Mapping and Evaluation of Care Management Arrangements for Older People and those with Mental Health Problems

Challis, D., Darton, R.A., Hughes, J., Stewart, K. and Weiner, K. (1998) CI(98)15, Department of Health, London.

Quality of Life Study

A new version of the Geriatric Depression Scale for nursing and residential home populations: The Geriatric Depression Scale (Residential) (GDS-12R)

Sutcliffe, C., Cordingley, L., Burns, A., Godlove Mozley, C., Bagley, H., Huxley, P. and Challis, D. (2000) *International Psychogeriatrics*, 12, 2, 173-181.

Dependency in older people recently admitted to care homes

Challis, D., Godlove Mozley, C., Sutcliffe, C., Bagley, H., Price, L., Burns, A., Huxley, P. and Cordingley, L. (2000) *Age and Ageing*, 29, 3, 255-260.

Not knowing where I am doesn't mean I don't know what I like: Cognitive impairment and quality of life responses in elderly people

Godlove Mozley, C., Huxley, P., Sutcliffe, C., Bagley, H., Burns, A., Challis, D. and Cordingley, L. (1999) *International Journal of Geriatric Psychiatry*, 14, 776-783.

Psychiatric symptomology in elderly people admitted to nursing and residential homes

Godlove Mozley, C., Challis, D., Sutcliffe, C., Bagley, H., Burns, A., Huxley, P. and Cordingley, L. (2000) *Ageing & Mental Health*, 4, 2, 136-141.

Recognition of depression by staff in nursing and residential homes

Bagley, H., Cordingley, L., Burns, A., Godlove Mozley, C., Sutcliffe, C., Challis, D. and Huxley, P. (2000) *Journal of Clinical Nursing*, 9, 445-450.

The new *Blackwell Encyclopaedia of Social Work* (published this year by Blackwell, Oxford, and edited by Martin Davis) includes sections by three PSSRU authors:

- Care management and planning (David Challis, pp. 38-40)
- Private residential and day care (Jane Hughes, p. 270)
- Community care (David Challis, pp. 69-71)
- Territorial justice (Bleddyn Davies, p. 348)

TWO FORTHCOMING PAPERS

Costs and cognitive disability: beware the over-estimation of impacts

Shane Kavanagh and Martin Knapp (2001) *British Journal of Psychiatry*, special issue, forthcoming

The high costs of health and social care support associated with cognitive disability in elderly people raise questions about the cost-effectiveness of different treatments. People with greater disability are likely to require more service supports, but associations between costs and cognitive disability could be influenced by other factors, particularly comorbidities. Secondary analyses of data from the OPCS Disability Surveys for over 4500 elderly people living in households were used to examine associations between cost and cognitive disability in the context of other covariates. Ordinary least squares and

bootstrap regression methods were used.

Costs varied considerably, but could be explained in part by severity of disability along a number of dimensions. The cost-raising effects of cognitive disability were smaller when the analyses controlled for other disability levels. We conclude, therefore, that cognitive disability is significantly associated with higher costs, but the analyses warn against over-estimating its cost impact. It is important to examine a range of symptoms (disabilities) together rather than singly.

Benefit groups and resource groups for adults with intellectual disabilities in residential accommodation

Adelina Comas-Herrera, Martin Knapp, Jennifer Beecham, Claude Pendaries and Richard Carthew

Service commissioning is today a more formalised activity, and both purchasers and providers employ a variety of tools to inform their decision-making. A forthcoming paper examines whether 'benefit groups' and 'resource groups' can be developed so as to assist these decision-making processes, using a survey of the characteristics of 2093 adults with intellectual disabilities in residential accommodation, and a supplementary collection of data on service utilisation and costs (for a sub-sample of 930 clients).

The clients have been classified according to their needs in Benefit Groups (BGs) and the services they use are classified in terms of coherence as likely packages of care and similar consumption of resources into Resource Groups (RGs). It proved possible to construct nine BGs and 96 possible RGs — linked by a simple algorithm — which had both intuitive meaning and explanatory power. Statistical analysis showed that the resulting BGs and RGs are meaningful ways of classifying intellectual disability and challenging behaviour needs and costs.

Conference Presentations 2000

The presentations listed are some of those made by PSSRU staff during this calendar year. Please contact the presenters direct (see the list on page 43) if you would like more information.

The PSSRU made a particularly strong contribution to the **British Society of Gerontology** annual conference *Old Age in a New Age* which was organised by the School of Health Care at Oxford Brookes University and held at Keble College, Oxford on 8-10 September. A proceedings volume which includes the papers listed below was edited by Angela Dickinson, Helen Bartlett and Sian Wade. Copies are available at £20 (including post and packing) from: Hollie Noonan, Conference Administrator, CCE, Oxford Brookes University, Headington Hill Hall, Headington, Oxford OX3 0BP. Tel. 01865 484876, fax 01865 484884, email hrnoonan@brookes.ac.uk.

Financing long-term care for elderly people

Raphael Wittenberg, Adelina Comas-Herrera, Linda Pickard, Robin Darton and Bleddyn Davies (pp. 63-68)

Choices! Choices! Techniques for analysing the dilemmas of balancing the interests of stakeholders in community care

Bleddyn Davies and José Fernández (symposium paper, pp. 69-73)

Optimising modal choice: what would be the consequences of cost minimisation?

José Fernández and Bleddyn Davies (pp. 74-78)

Establishing preferences of older people for domains of outcome of social care

Ann Netten, Mandy Ryan, Diane Skatun and Paul Smith (pp. 110-112)

The decline of intensive intergenerational care in Great Britain? The contribution of children towards informal care of elderly care of elderly parents, 1985-1995

Linda Pickard (pp. 113-117)

The cost implications of the changing population and characteristics of care homes

Robin Darton, Ann Netten and Julien Forder (pp. 310-314)

Other presentations include the following

Month	Title	Presenter	Event
January	Achieving consistency in cost estimation	Jennifer Beecham	Seminar: Making Research Count, Barnet, London.
February	Unit costs and a common methodology	Jennifer Beecham	Department of Health, Costs and Effectiveness of Services to Children in Need, Windsor
January	The economic cost of social exclusion and anti-social behaviour	Martin Knapp with Stephen Scott (Institute of Psychiatry)	Invited seminar, HM Treasury, London
March	Old age psychiatry services: service integration and community care	David Challis	Audit Commission conference to launch <i>Forget me not</i> report, Birmingham
March	Coordinated care and service integration	David Challis	Hertfordshire Partnership Conference
March	Mental health economics	Martin Knapp	Birmingham, NHS Methodology Programme seminar on methodological issues in mental health research
March	Commissioning for best value and quality: social care markets in England	Martin Knapp	Tokyo, international symposium on the role and limitations of market forces in health and welfare
April	Ten years on: costs and outcomes for people resettled from long-stay hospitals	Jennifer Beecham and John Carpenter	4th ENMESH conference on psychiatric reform and service research in Europe, Leipzig, Germany
April	The adulthood costs of anti social behaviour in childhood	Martin Knapp	4th ENMESH conference, Leipzig, Germany
April	Care Management and Mental Health Services	Jane Hughes	Sandwell SSD Day Seminar
April	Unit costs and performance indicators	Ann Netten	Plenary, Social Services Research Group Conference, Royal Holloway, University of London
April	Costing informal care	Ann Netten	2nd International Pharmacoeconomic Conference on Alzheimer's Disease, Stockholm, Sweden
April	Costing primary care — is there a gold standard?	Ann Netten	Health Economics and General Practice Conference, Exeter
April	New evidence on the economics of schizophrenia treatment	Martin Knapp	London, 6th World Congress on innovations in psychiatry
April	Pursuing cost-effectiveness in supporting people with dementia: possibilities and limitations	Martin Knapp	Stirling, Centre for Social Research on Dementia seminar
April	The impact of depression on absenteeism in the labour market: preliminary results from a large employment survey in the UK	Andrew Healey and Stephen Almond	6th World Congress, Innovations in Psychiatry, Westminster, London
May	The impact of mental distress on employee absenteeism: an empirical analysis of household survey data	Andrew Healey and Stephen Almond	The value of Psychiatry, Economic and Health Policy Implications, Chicago

May	Projections of [long-term care] finance	Linda Pickard, Adelina Comas-Herrera and Raphael Wittenberg	LSE Health seminar series, LSE
May	The impact of mental distress on employee absenteeism: an empirical analysis of household survey data	Andrew Healey and Stephen Almond	The Value of Psychiatry, Economic and Health Policy Implications, Chicago
May	Assessment in Care Homes – the role of the MDS/RAI	David Challis	Laing and Buisson day conference on assessment, The British Library
June	Applying economic approaches and concepts to independent living	Ann Netten	Cost-effectiveness and independent living seminar, Joseph Rowntree Foundation, London
June	The adulthood costs of anti-social behaviour in childhood	Martin Knapp and Stephen Scott	London, Mental Health Foundation Research and Policy seminar
June	The cost-effectiveness of second generation anti psychotic drugs	Martin Knapp	16th annual meeting of the International Society of Technology Assessment in Healthcare
July	Novel antipsychotics: economic evidence	Stephen Almond	VII world conference on clinical pharmacology and therapeutics, Florence
July	<i>Caring for Older People: Key findings from the PSSRU's study of community care services in the 1990s</i>	Linda Bauld and Bleddyn Davies	Social Policy Association Conference, University of Surrey, Roehampton
July	What gains and losses would follow from efficient utilisation of care in homes and in the community?	José Fernández and Bleddyn Davies	Social Policy Association Conference
July	Making community care work better, but for whom? What conflicts of interest between stakeholders imply about strategic choices	Bleddyn Davies and José Fernández	Social Policy Association Conference
July	Opening out new perspectives for community care: where is economics?	Martin Knapp	London, 15th annual costs conference of the Team for the Assessment of Psychiatric Services, plenary presentation
August	Economic consequences of schizophrenia and economic evidence on new treatment options	Martin Knapp	Canberra, Health Outcomes Conference Australia, keynote address
September	Care management and coordinated care	Jane Hughes	Knowsley SSD seminar on services for older people
September	Dilemmas of balancing high and low cost packages for elderly users	Bleddyn Davies and José Fernández	<i>Managing Community Care</i> conference 'What Works in Community Care', St Catherine's College, Oxford
September	Improving quality of care for the elderly	Siobhan Reilly	Making Mental Health Services Effective — Now and Tomorrow, Manchester
October	Old age psychiatry services in transition	Siobhan Reilly	Dementia Wales, Cardiff
November	Financing mental health services: equity and efficiency targets?	Martin Knapp	Los Angeles, World Bank and World Health Organisation meeting on the economics of mental health
November	Social care markets: past achievements and future prospects	Martin Knapp and Julien Forder	London, Office of Health Economics seminar
November	Integration, community orientation and medical focus of old age psychiatry in England	David Challis and Siobhan Reilly	First International Quality Research in Dementia Conference, London
November	Towards partnership in old age psychiatry services	David Challis	Dementia Care 2000, Leeds
November	Improving British equity and efficiency policy for community care: what directions are suggested by estimates of service productivities, efficiencies and prices?	Bleddyn Davies and José Fernández	American Public Health Association, Boston
November	Steering community care in the UK: some implications of research on service productivities and efficiencies	Bleddyn Davies and José Fernández	Brandeis University, Heller School of Social Welfare, Boston
November	Should less costly home and community care packages be allocated to those of higher dependency to leave more resources for the less dependent?	Bleddyn Davies and José Fernández	Gerontological Society of America, Washington, symposium paper
November	What gains and losses would follow from the most efficient utilisation of care in homes and in the community?	José Fernández and Bleddyn Davies	Gerontological Society of America, Washington
November	Quo vadis et cui bono? The steering of British community care policy and the implications of new knowledge about productivities and efficiencies	Bleddyn Davies	University of Massachusetts, Gerontology Institute, Boston
November	[Outcome] measurement tools in the SCOOP programme	Ann Netten	SPRU Outcomes in Social Care Conference, York, workshop
November	Sector comparisons of quality of employment	Jeremy Kendall and Stephen Almond	ARNOVA conference, New Orleans

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