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# PSSRU Bulletin



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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 18; 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](mailto: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 30.

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

This thirteenth Bulletin is published at the start of what promises to be a very exciting period for PSSRU. We are now fully and enthusiastically embarked on our new long-term research programmes, following the award of a further grant from the Department of Health that runs until December 2005. Although some details remain to be settled, the core thrust of each of the Unit's programmes can be seen from the main articles in this Bulletin.

Those programmes span a variety of areas. Much of the work is, not surprisingly, focused on older people, their needs, their preferences, the services they use, the consequences of those services for quality of life and other outcomes, and the efficiency and equity with which those services are commissioned, coordinated and delivered. Other programmes tackle many of these aspects whilst focusing on other groups of social care users, particularly children and families and people with mental health problems. Although not separately organised within a programme, the PSSRU also conducts research concerning people with intellectual disabilities.

We continue to operate (rather successfully, we think) across three sites — continuing at the University of Kent at Canterbury, and with now well-established branches at the University of Manchester and the LSE. Our institutional affiliations allow us to build our core programmes work on a range of disciplines and approaches, and often links PSSRU members with other researchers and groups around the country and elsewhere. The Kent and LSE branches of the Unit are based in the Social Policy Departments of their respective institutions, and these proved to be the only social policy groups across the UK to be awarded the top rating of 5\* in the recent Research Assessment Exercise, indicating work of 'international excellence in more than half of the research activity submitted and ... national excellence in the remainder'.

Although the DH-supported programmes are at the heart of the Unit, we also put emphasis on our research activities funded from other sources or in other ways. A list of projects appears on pages 18–21. This listing shows how our new projects extend the topics and methods employed in our core activities, while drawing funds from a wide variety of public, charitable and private sector sources.

While most of this Bulletin rightly looks forward, there are also some recent achievements that warrant especial mention. Foremost among them was Bleddyn Davies' award of the OBE in the New Year's Honours list, in recognition of Bleddyn's many knowledge-based contributions to social care policy and practice in the UK and abroad. We will have an opportunity to celebrate Bleddyn's achievements in September 2002 with a one-day conference and presentation of a Festschrift. The event will be by invitation, and please contact me if you would like to have further details.

Reba Bhaduri, who works in the PSSRU in Manchester, was also awarded the OBE in the New Year's Honours List in recognition of her high quality work over many years. In late 2000, Ann Netten was appointed Director of the Kent branch of PSSRU and in 2001 was promoted to a Personal Readership. At Manchester, Siobhan Reilly gained her PhD in 2001, and Alan Stewart and Corinne Thomason — both former members of the PSSRU — were also recently awarded their PhD degrees, based on their work in the Unit.

Carolyn Davies, for a number of years the PSSRU's liaison officer at the Department of Health, has moved on to greater responsibilities, leaving us in the very capable hands of Carol Lupton. Jenny Griffin, another former liaison officer at the DH, will be retiring in 2002. We would like to record our appreciation of their skilled and enthusiastic support for the PSSRU over many years.

*Martin Knapp  
LSE, January 2002*

### Alan Stewart 1958–2001

Dr Alan Stewart, research fellow at the PSSRU at the University of Kent, died in December 2001 after a long illness. Alan joined the Unit in 1992 to work on a series of health economics evaluations funded by Pfizer Ltd. He subsequently moved to Medtap and AstraZeneca. Alan's PSSRU work spanned a number of areas, and he chose one of them — the treatment of depression — as the focus of his doctoral research. PhD work is always stressful, but Alan's especially so, and it is a mark of his dedication that he completed his thesis revisions even though he was already quite ill. It was an enormous comfort to him to know that his PhD degree had been awarded. Alan's widow, Karen Stewart, has been a PSSRU member since 1987, initially at the University of Kent and latterly at the University of Manchester. Our thoughts are with her and Alan's family.

## The PSSRU in 2001

### International exchanges

Bleddyn Davies, José Fernández and Robin Saunders are working with the Ecole Nationale de Santé Publique, Rennes, on a pan-European study of individual care management responses to a range of needs-based scenarios for elder people.

Robin Saunders has also continued the Unit's input to various French Health and Social Care agencies, which has included two study visits in Kent and lectures in France, including running a seminar on Care Management and the Mixed Economy of Care in a module within the French Public Services' in-service management training in Paris.

### Conferences

The PSSRU contributed to organising two conferences during the period covered by this Bulletin. In October 2001 staff of the Kent Criminal Justice Centre based at the PSSRU were responsible for the organisation of the conference **UK Drug Policy in Crisis?** attended by over 140 delegates. A 60 page proceedings volume is available from Judy Lee at the PSSRU, price £6.50 including post & packing. Details of the popular KCJC seminar series are also available from Judy Lee or the KCJC website ([www.ukc.ac.uk/kcjc](http://www.ukc.ac.uk/kcjc)).

**Health and Social Care in Britain and Europe**, a conference to launch the new LSE Health and Social Care grouping (of which the PSSRU at LSE is a part) took place on 10 January 2002 and was attended by more than 350 delegates. Major areas of research at LSE Health and Social Care include: equity and efficiency of health and social care systems; European and international health policy and social care policy; health care system reform; social health insurance and private health insurance; long-term care funding; social care markets and the mixed economy; health technology assessment and outcomes; and pharmaceutical economics and policies. Presentations and abstracts from the conference and further information on the research centre can be accessed at the LSEH&SC website ([www.lse.ac.uk/Depts/lsehsc](http://www.lse.ac.uk/Depts/lsehsc)).

### Joined-up research

The PSSRU at Canterbury is collaborating with a number of other University of Kent departments in the new **UKC Health and Social Care Forum**. This has been established to link research, teaching and consultancy activities relating to health and social care within the University. It aims to:

- improve communication with respect to research and research collaboration
- create synergies in teaching
- provide better progression routes for students in the field of health and social care
- give organisations outside the University easier access to University expertise and resources in health and social care.

Senior representatives of the departments involved in the Forum periodically meet leaders in health and social care organisations to discuss research, consultancy and project management.

The Forum will also gather together information on health and social care research, consultancy and teaching activities from relevant UKC departments to form a database of UKC activities, key individuals and funding. A website is planned, to provide easy access to this information with a single point of entry for internal and external enquirers. Regular dissemination — newsletters, information sheets or bulletins — are also envisaged. The PSSRU will play a major role in providing support for these activities.

### Now an online-only publication

#### **The Mental Health Research Review**

Issue 8 of this joint publication from the PSSRU and the Centre for the Economics of Mental Health appeared in June 2001 and is available in print form and on the PSSRU website.

While the circulation list continues to grow, the considerable cost of traditional distribution to an international readership has led us to decide to change over to electronic-only availability.

We would like to be able to contact readers when the next issue is available (in Acrobat downloadable form) on the website. Please email [PSSRU@ukc.ac.uk](mailto:PSSRU@ukc.ac.uk) with your mail and email contact details and 'Subscribe MHRR' in the subject line. (These details will be held for PSSRU and CEMH announcements and not passed to other organisations.)

## Staff news

Welcome to **Dr Michele Abendstern**, **Dr Sally Jacobs**, **Charlotte Makin** and **Dan Venables**, who have joined the PSSRU in Manchester.

After 20 years at the PSSRU at UKC, **Dr John Chesterman** retired in 2001.

**Dr Stephen Almond** left PSSRU (LSE and UKC) in 2001 to join the Home Office as an economic advisor.

**Juliet Henderson** left in 2000 to continue her training in psychology.

**Janine Williamson** has taken up a Lectureship in Psychology at the University of Salford.

**Kate Weiner** has moved to a research post working on the social impact of the new genetics at the University of Central Lancashire

**Mandy Bryant** is now at Alder Hey Hospital in Liverpool, as Cochrane Review Coordinator for the Cystic Fibrosis Society.

**Paul Freddolino** is Professor of Social Work at Michigan State University in the USA. He is an academic visitor to LSE for 2001/02. During his stay he will be working on the use of web-based methods by social welfare agencies.

The National Institute for Clinical Excellence has set up a number of groups, including the National Collaborating Centre for Mental Health (NCCMH) to develop clinical guidelines in certain treatment areas. NCCMH is located at the Royal College of Psychiatrists Research Unit and the British Psychological Society (based at University College London).

**Dr Judit Simon** has joined NCCMH as the resident health economist, and is also working part-time in PSSRU at LSE. Judit has a background in general medicine (University of Szeged, Hungary) and health economics (York).

**Melanie Henwood**, a consultant in health and social care policy to a number of national bodies, is working part-time with PSSRU staff at LSE on the health/social care interface.

**Derek King** has joined PSSRU at LSE part-time to work on a study of service use and cost patterns for people with schizophrenia.

**Angela Hallam**, who worked in PSSRU for much of the 1990s and again for a few months in 2001, has been appointed Senior Research Officer in the Scottish Executive.

**Gemma Buckland** joined the PSSRU in March 2001 to work with Dr Emma Wincup on the Problematic Substance Misuse and the Young Homeless project. Before that she has worked for EISS (UKC), the Restorative Justice Consortium and NACAB. She has a BA in Social Policy and Administration and a MSc in Criminal Justice Policy.

**Elizabeth Gilling** joined the PSSRU in 2001 after a BA in Sociology, focusing on crime and deviance, the sociology of punishment, professional and organised crime and restorative justice, followed by a MSc in Criminal Justice Studies. She is working on the evaluation of market reduction and racial crime targeted policing initiatives, taking over from **Tania Imtiaz**, who left the PSSRU to get married.

**Jenny Francis** moved from the Nuffield Community Care Studies Unit to join the PSSRU in October 2001. She is working on the DH 'Quality and Efficiency in Social Services' programme with Andrew Bebbington and Ann Netten. She has a BSc in Sociology and a MA in Comparative Social Policy.

**Ketta Williams** came to the PSSRU in May 2001 to work with Dr Netten on 'Roles, Quality and Costs of Care Homes' for the DH. She studied for her BA in economic and social history at Hull and completed her MSc in social research methods at the University of Surrey.

**Dr Judith Unell** has a long background in social welfare and in working on the evaluation of funding programmes and individual projects. She joined the PSSRU in May 2001, although she continues to work from her base in Nottingham. She has begun work on a pilot study for the evaluation of the DH Care Direct programme, which is intended to improve the access of users and carers to information and advice.

**Sarah Lawrence** also started work in May 2001 as a research secondment on the Care Direct study, from Devon County Council where she is based. From there she is ideally placed to evaluate the pilot implementation and operation of the new service in six areas of south-west England.

**Welcome also ...** to Max Bagley and Natasha Curtis, new babies for Heather Bagley and Lesley Curtis.

## Investors in People — update

The PSSRU at Kent followed up recognition as Investors in People by winning the Investors in People section at the Kent Business Awards in the category for companies of fewer than 50 employees. These awards are for 'companies that have best demonstrated excellence in implementing the Investors in People standard.'

Director Ann Netten remarked that 'the IIP process has not always been easy. But by recognising barriers to effective communication and overcoming them, the research unit has enhanced efficiency and quality and provided new and improved services.'

The PSSRU branch at Manchester has also achieved IIP status.



INVESTORS IN PEOPLE

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

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David Challis and Paul Clarkson

This is a new stream of work currently under development. It builds on a number of pieces of research currently and previously undertaken by staff based in Manchester. The programme of research emanates from the plans for the reform of the health and social services outlined in the National Service Framework for Older People (NSFOP) and is designed as an adjunct to the implementation of the principles set out in the Framework. Initially it is planned that the research will focus on the Single Assessment Process (SAP) and reflect four key themes.

- **Performance measurement.** Data generated by the Best Value initiative and, in particular, the Performance Assessment Framework are integral to the programme of research. The combination of such data with other routinely collected information at both a local and national level will be used to monitor performance in new and innovative ways. This can be accomplished in respect of national policies, local strategic development and to monitor the conduct of assessment at the team or area level. Through these different levels, the research programme will contribute to the emergent debate on the use of particular indicators, such as outcome measures, in respect of the SAP.
- **User and carer satisfaction.** The programme of research will embrace a user and carer perspective by systematically canvassing their views with regard to the manner in which their assessment was undertaken and its appropriateness to their circumstances at a particular point in time. In this way it will be possible to identify practice in keeping with the goal of person-centred care and services for older people and their carers arranged around their needs. As such it will provide information from which to make judgements about the extent to which the needs of older people are fitted to services provided following an assessment rather than tailored to individual need. In this way the research programme will contribute to the emergent quality strategy for social care.
- **Evidence based practice.** The findings from this research programme will contribute to the development of evidence-based practice in respect of the SAP. As such it is envisaged that the findings will be of interest to the Social Care Institute of Excellence, combining both evidence of the effectiveness of various approaches to assessment with the views of users and carers.
- **Human resource planning.** A key challenge for the research team will be to evaluate the unique contribution of different professions within the multidisciplinary approach to the assessment of health and social care needs. In this way the research programme will provide information relevant to government's emerging human resource strategy with regard to the redefinition of professional roles and functions and more generally the greater involvement of allied health professions in assessment.

In developing this programme of research the PSSRU is building upon earlier work relating to assessment — in both the community and long-term care settings — and performance management.

- Reliable assessment for the identification of need, including those requiring the identification of nursing interventions; determination of costs; and monitoring of long-term care is of increasing importance. To assist in these tasks we have converted the Minimum Data Set/Resident Assessment Instrument (MDS/RAI) into a form suitable for use in the UK and undertaken some small scale pilot work to assess its utility. Further work is anticipated (Challis et al., 2000).
- The importance of developing need, supply, process and outcome indicators that have local resonance is increasingly recognised. Work has already been undertaken with a local authority to develop such measures in services for older people, and feedback suggests that the measures developed had an enduring practical utility.
- The identification of appropriate assessment tools, both in terms of form and content, has been the subject of two research studies. The first analysed assessment documentation and defined a set of core items for the assessment of frail older people (Stewart et al., 1999). The second explored a particular approach to assessment —

**Further information**

See page 30 for details of recent publications from this programme of work, including those cited in this article.

the inclusion of a medical assessment provided by a specialist clinician prior to a decision to place an older person in long term care. Preliminary findings relating to this study are detailed below.

**Assessment of an older person prior to placement in long term care: an approach involving a specialist clinician**

This research study explores the potential benefits of the inclusion of a medical assessment by a specialist clinician prior to a decision to place an older person in long-term care. It is a randomised controlled trial, with the intervention of a medical assessment being incorporated into the working practices of two social services departments.

From referrals to the study, 256 older people were identified as eligible and these were randomised into an experimental group, to receive the medical assessment along with their usual social services assessment, and a control group, who received the usual social services assessment. A geriatrician or old age psychiatrist, dependent on the needs of the older person as identified by social services, undertook the medical assessment which was undertaken after referral by the care manager and user consent. It lasted approximately 20 minutes and consisted of a brief physical examination and standardised measures of physical and mental health. The medical assessor completed a form summarising their assessment that was forwarded to the care manager and the older person's general practitioner. A summary of their recommendations is shown in table 1.

**Table 1 The medical assessment: types of recommendation**

Of the 129 medical assessments, 67 were made by an old age psychiatrist and 62 by a geriatrician. The latter made slightly fewer recommendations than the former. The average number of recommendations was two per case. The recommendations were categorised thus:

Recommendation	Old age psychiatrist	Geriatrician
	%	%
Refer back to GP	63	68
Advice to GP	12	5
Advice to care manager	43	44
Recommend residential care	11	16
Recommend community care	15	6
Recommend/make referral to own speciality	45	26
Recommend/make referral to different speciality	14	23
Recommend/make referral to another health service	9	8
Recommend inpatient care or immediate out-patients appointment (own speciality)	0	2
Prescribe medication	3	0
Advise family	2	0

**Table 2 Characteristics of older people at first interview**

	Experimental group	Control group
<b>Age (mean)</b>	82	82
<b>Characteristics (%)</b>		
Female	74	72
Living alone	61	59
Unable to walk or requiring aid	29	33
Need help with bathing	85	81
Depressed	39	35
Cognitive impairment	64	54

The number of referrals to specialist services is high. In addition, research interviews, using standardised measures, were completed with older people and their carers at referral and six months and also subsequent service use was monitored.

There were 129 older people in the experimental group who received the medical assessment and 127 older people in the control group. Following the research interviews at referral, 60 people were either unavailable or refused a further interview at six months. Of these, 38 (63%) had died. Outcomes at six months from referral and follow up data concerning service use and costs and destination outcomes at twelve months are now being analysed. Overall, the research measures have identified a particularly vulnerable group of older people referred to the study, reflecting those at significant risk of entering residential or nursing home care (table 2). Additional data from the study shows that the assessment was acceptable to clients and carers, highly valued by care managers and acceptable to clinicians. The value of the specialist assessment is being examined by analysing its effects on placement in residential or nursing home care, the costs borne by social and health services and carers and its effects on client and carer outcomes.

The study follows the model of the Australian Aged Care Reforms, which made placement decisions the responsibility of multidisciplinary geriatric assessment teams, offering specialist clinical assessment. It is intended that, in an English context, the study will be able to comment on the value of a more comprehensive assessment at the point where placement in long term care is being considered. It will also inform debate concerning the SAP outlined in the NSFOP. It offers an approach to a comprehensive assessment involving most or all of the domains recommended in the NSFOP for those older people being considered for placement in residential or nursing home care.



# Commissioning and Performance in the Mixed Economy of Care

Martin Knapp, Julien Forder, Jeremy Kendall and Tihana Matosevic

The PSSRU's Commissioning and Performance Programme (also known as MEOC — the Mixed Economy of Care) is primarily concerned with how different commissioning approaches can enhance the performance of social care services in delivering quality care and improving user quality of life. Much of the programme's work until recently was conducted with Brian Hardy and Patricia Ware of the Nuffield Institute for Health at Leeds University, and some with the Centre for Civil Society at the LSE. Other recent or ongoing links are with the King's Fund and a number of European research groups.

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## Independent sector domiciliary care providers

With pervasive policy emphasis on home care and a thriving mixed economy it is no surprise that much attention is now focused on domiciliary care markets.

We first looked at domiciliary care in eleven local authority areas of England in 1995, and returned to the same areas for a substantial new data collection in 1999. Data were collected using postal questionnaires, sent to all independent sector providers on the current local authority lists (with 155 completed returns in 1999). In addition, face-to-face interviews were carried out with 20% of providers (n=56).

Between 1995 and 1999 the independent domiciliary care sector changed in various ways as local authorities shifted the balance of their funding towards independent sector providers and away from in-house services. As the domiciliary care market continued to grow quite rapidly, independent sector providers were found to be spending more time with clients than local authority providers. There was an increase in the number of organisations operating in more than one authority, and evidence that the market is consolidating into larger organisations with branches spread across different authorities. Providers are still very dependent on local authority funding and from the results it seems that this dependence is increasing. Many providers felt that they have less influence over prices for local authority clients than they used to, and still had problems with delayed payments. Providers were also concerned that local authorities underestimate their own in-house costs, giving them favourable treatment.

Local authorities are obviously powerful purchasers in domiciliary care markets, with considerable influence over the form of contract, and in particular both the level and flexibility of pricing. Our study showed how prices are significantly affected by contract type. There was some support for four main hypotheses:

- (a) that quantity-contingent contracts (e.g. block contracts) would lead to lower prices compared with the average;
- (b) that cost-contingent contracts will mean higher prices;
- (c) that grant-funding would also mean higher prices; and
- (d) that providers' preferences for profit seeking would be systematically related to the prevailing arrangements, specifically in this case whether providers were grant-funded.

The results thus show that the types of governance arrangements (purchaser-provider relations, contract type, pricing arrangements and so on) in the domiciliary care system have a significant bearing on the behaviour and performance of providers. Commissioning arrangements have become more sophisticated, but further developments appear to be needed.

Understanding the motivations of providers is clearly important when planning how to commission services. In earlier work we looked at the motivations of residential care providers (see last year's *Bulletin*). For theoretical and practical reasons, our analysis for domiciliary care was extended to take into account not only providers' expressed motivations, but also other, social factors which are systematically linked to their overall motivational situation. We found that independent sector home care providers could helpfully be grouped into four categories, with each category simultaneously taking into account both the nature of their expressed motives and the quality of relationships they have with local authorities.

- satisfied team players (52% of the sample);
- demoralised isolates (13%);
- ambivalence-experiencing go-getters (21%); and
- ambivalence-experiencing quiet-lifers (14%).

This demonstrates that nearly half the sample tended to lack the systematically supportive environment conducive to their motivational fulfillment.

Papers describing these and other findings are detailed on page 30. Some can be downloaded from the PSSRU website.

### **Micro-commissioning of care services**

Micro-commissioning by care managers is an important part of the mixed economy. How far are they able to offer choice to users and carers? What are users' views about the options available to them? In the last eighteen months we have interviewed 55 users (all older people, in a range of settings) and 28 care managers spread across seven authorities. Some interesting issues are emerging (the work will be completed in early 2002). Care managers view the care management process as having become more fragmented in recent years. They report inadequate information about independent providers, especially domiciliary care agencies. Choices in some localities are restricted by lack of provision for older people with mental health problems and specialist day care. Many users reported problems with service delivery, in particular with having too many different carers; carers being unreliable and overall not enough choice.

### **The social care workforce**

The Quarterly Labour Force Survey collects data on employees across the economy and is a useful source for secondary analysis. Our work in this area continued in three directions. First, an examination of change over time in the scope and character of voluntary sector paid workers compared to their counterparts in the private and public sectors revealed comparatively less marked changes in absolute scale over 1995-1998 than other sectors, but higher *proportionate* growth in the voluntary sector. This pattern held both at the economy-wide sector level, and in the specific case of the 'social work activities' industry, the closest 'industry' to social care using the classificatory conventions of the QLFS. Second, we found low pay to be proportionately less prevalent in the voluntary sector than in the private sector, although more prevalent than in the public sector. This pattern holds true at both the economy-wide level, for the 'social work' industry, and for the occupation in the field where low pay has traditionally been most ubiquitous, the case of care assistants. Third, looking at conditions of employment and quality of work revealed a more mixed picture. But the voluntary sector does tend to offer a wider range of workplace flexibilities than the private sector (including flexitime and special hours arrangements) as well as greater participation in training.

**Further information**

Further details of these studies and their findings can be obtained from the papers listed on page 30, and many can be downloaded from PSSRU website. The *Evidence* series of papers, also available on the website, summarises some earlier work from this programme.

The King's Fund Care and Support Inquiry asked us to collate further information, using the QLFS and other sources, on the nature of the social care workforce, its services and its economic resource base. We reviewed evidence on the social care workforce (including overall size, and employees' age, gender, and ethnicity distribution, as well as qualifications and training); expenditure on different services; and the proportion of public expenditure costs which are recovered through charges. Our contribution also collated available evidence about the wage levels paid to care and support workers, terms and conditions of employment, and staff turnover, thereby offering a unique summary document of the situation in social care.

### **Local authority commissioning survey**

The first nationwide survey of social care commissioning in England was conducted in spring 2001, with nearly two-thirds of authorities returning completed questionnaires. Findings from the survey will be disseminated soon.

### **Supply and demand in residential care**

An econometric model of the care sector for older people has been constructed. The purpose is to identify links between supply and demand forces in relation to residential and nursing home care, and their implications for delayed discharges from hospital. Full results will be available soon.

# Coordinated Care, Care Management, Service Integration and Partnerships

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

This stream of research has evolved from the programme *Mapping and Evaluation of Care Management Arrangements for Older People and those with Mental Health Problems*, which was commissioned by the Department of Health in 1996. The current focus of the programme is to evaluate the different forms, types and models of care management which have emerged since the implementation of the NHS and Community Care Act in 1993 for the two major service user groups: older people and adults with mental health problems aged 18 to 65 years. As the policy agenda has evolved over the last five years, the research programme has been adjusted to incorporate the partnership agenda and associated moves towards the greater integration of health and social care. The first three phases of the programme are outlined below:

- The first phase commenced in 1997/8. It involved three questionnaires relating to assessment and care management and was sent to all local authorities in England. Eighty-five per cent returned the overview questionnaire for all adult service user groups, and 77% returned the separate questionnaires for older people and for those with mental health problems. Overall, the findings have revealed a wide diversity of care management arrangements for both user groups.
- In the second phase more detailed data was collected in 2000, in a sub-set of authorities representing different types of care management arrangements. 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; service-mix for individual users; links between social services departments and other statutory agencies; and the influence of local factors, such as population structure, on arrangements. Feedback of these data has been provided to participating authorities and material will soon be available.
- The third phase, currently being planned, will involve the systematic comparison of the costs and benefits for individual service users and their carers in the two user groups of the different sets of arrangements identified in the second phase. It will tackle issues such as: the relative costs and benefits of different forms of assessment and care management arrangements and also the extent to which the outcomes of different systems contribute to policy goals such as prevention and independence.

In addition, in collaboration with Queen's University Belfast, the research has been extended to Northern Ireland. This provides the opportunity to study the different forms of care management that are emerging as a result of the particular health and social care arrangements in the province. Such a comparative study is particularly relevant in view of the recent policy initiatives in England that remove barriers to joint working. The work in Northern Ireland will inform a new area of research within the existing programme focussing on integrated care arrangements. Drawing on the existing data set and further data collections, the study will allow comparison of the key features arising from partnership arrangements from the periods prior to and following the implementation of the policy initiatives in this area.

This article presents some of the key findings from the Phase I questionnaire on mental health services. The findings reported below and other key findings from Phase I have previously been reported in issues 1-4 of *Research and Policy Update* (see page 31).

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## Some key findings on care management arrangements for people with mental health problems

Responses to the mental health services questionnaire were received from 101 authorities in England. Four areas are covered here.

### *Risk assessment*

The majority of authorities (84%) reported that their assessment documents included a specific section relating to risk. Almost three-quarters (73%) explicitly covered the areas of danger to others and the same number covered deliberate self-harm. Sixty-nine per cent of authorities covered accidental self-harm and 59% covered abuse/

## Further information

Four annual *Research and Policy Updates* on the mapping study are available and can be downloaded from the PSSRU website.

For further information about the study please contact Angela Worden: telephone 0161 2755250, fax: 0161 2755790, email: [Angela.Worden@man.ac.uk](mailto:Angela.Worden@man.ac.uk), or visit [www.pssru.man.ac.uk](http://www.pssru.man.ac.uk).

exploitation. Information was routinely sought for the risk assessment from psychiatrists, psychiatric nurses and the service users' families (by 60%, 59% and 58% of authorities respectively). Fewer than half of the authorities routinely required collection of information from GPs or other groups.

### Joint commissioning

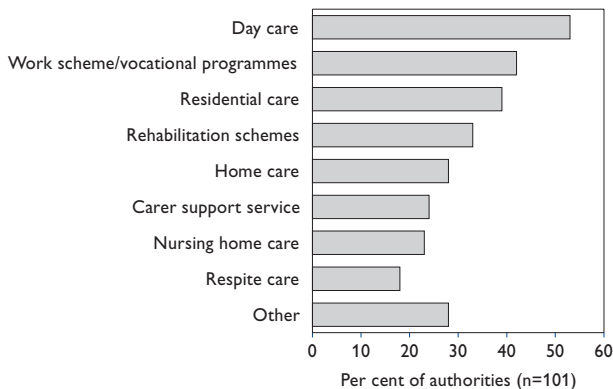
The number of health providers (trusts) with which authorities negotiated ranged from one to eleven, approximately two-fifths negotiating with only one provider. Nearly all authorities (95%) had formal arrangements with their NHS colleagues for sharing information at the level of the individual service user. This most commonly involved multidisciplinary locality meetings, exchange of written information, shared assessment documents and access by care managers to hospital patient records. Each of these arrangements was used by more than three-quarters of authorities with at least one of the trusts with which they worked in partnership. At an authority-wide level, most authorities had joint plans and planning processes in place. About two-fifths had some joint management arrangements and a similar proportion had examples of joint specification and overseeing of contracts. Details of the jointly commissioned services are shown in figure 1. The most common were day care, vocational programmes and residential care.

### Team structure

About two-fifths of authorities had the formal title of care manager in services for people with mental health problems. A variety of staff acted as care managers or undertook the equivalent role. Qualified social workers did this in all authorities. Social work assistants, community care workers and support workers were involved to a lesser extent (in 28%, 19% and 18% of authorities respectively). In addition, NHS staff worked as care managers in approximately two-fifths of authorities. This most commonly involved community psychiatric nurses, but also included occupational therapists or psychologists in some authorities. Care management staff for people with mental health problems were based in community mental health teams in three-quarters of authorities and in specialist mental health teams based within social services departments in

half of the authorities. Fewer than a quarter of authorities had such staff based in generic adult services teams.

**Figure 1** Examples of jointly commissioned services



**Figure 2** Shared arrangements within the specialist psychiatric services



### The Care Programme Approach and care management

Approximately four-fifths of the authorities had formal links between assessment and care management and the CPA with at least one of the trusts with which they worked in partnership. A large proportion of authorities had shared arrangements for the provision of specialist psychiatric services with at least some of the trusts with which they worked in partnership. These covered the screening process, allocation of key workers and care managers and the monitoring responsibilities of these groups of staff (see figure 2). Social services department staff acted as key workers for users subject to the CPA in all but two authorities and this role was combined with the role of care manager in about four-fifths of authorities. Furthermore, assessments of need made under the CPA were accepted for care management in approximately 70% of authorities. At the time of the survey, about 30% of authorities prioritised assessment and care management arrangements, while 40% prioritised the care programme approach. The remaining 30% did not give priority to either system. Overall, these data suggest that there remain important areas for development in terms of assessment, care management, commissioning and team structure in order to develop integrated mental health services.

## Costs and Outcomes

Ann Netten, Andrew Bebbington, Lesley Curtis and Jennifer Francis

### Aims and activities

Two key issues in the evaluation of the impact of health and social care and of performance of agencies are the measurement and interpretation of costs and outcomes of services. The Costs and Outcomes programme of work aims to develop, improve, and investigate variations in, measures of cost and outcome.

The detail of much of the programme has yet to be finalised. However, the objectives of the cost element are to investigate:

- reasons for variation between areas in cost-based performance indicators and their constituent elements;
- trends in costs;
- the relationship between cost and performance within specific services;
- the relevance, availability and use made of cost data within local authorities as a means of monitoring efficiency, and barriers to that use;
- other indicators (or use of existing indicators) that might contribute to interpretation of cost Performance Indicators.

This is to be undertaken through secondary analysis of existing data sources and field-work undertaken in a number of authorities. In addition investigations into costs, prices, and quality of specific services are to be undertaken with a variety of service providers.

The outcome work will build on a recently completed study that has developed a measure of outcome of social care for older people (OPUS-SC, see below). In conjunction with the Coordinated Care programme (see page 10) the measure will be further tested and validated in a research setting. Support will be provided for researchers and authorities wishing to use the measure and the methodology used to feed into developing measures of service quality.

### Measuring the outcome of social care for older people

There is a need for a measure in the field of social care that can compare outcomes over a range of different circumstances, that links directly to the objectives of social care for elderly people and that reflects welfare gain from services. The PSSRU led a collaborative team with colleagues from the Institute of Psychiatry and HERU at Aberdeen to develop such a measure as part of the Outcomes of Social Care for Adults research initiative commissioned by the Department of Health.

#### *Method*

There were three stages to the study; to develop the instrument itself, to weight the measure to reflect older people's preferences and to test the measure for validity and reliability. Here we report on the first two stages.

A reference group of about 70 individuals was set up, drawn from local authority senior and middle managers, the Department of Health, academics, representatives of voluntary organisations and care managers. The aim was to identify the objectives of those commissioning and providing services. Older people were consulted about the domains as part of the second stage. Two waves of consultation took place with the reference group: first about the key domains or objectives and second about the structure of the measure. In addition nine social workers completed the initial version of the measure for ten elderly people and fed back views about the practicality of the measure.

In order to weight the measure to reflect how important meeting these needs was to older people, a sample of 350 older people were interviewed to establish their preferences using discrete choice conjoint analysis (CA). Contacts were made through day centres and social clubs. Respondents were predominantly female (72%) and lived alone (61%); 17% were aged 85 or over.

#### **Further information**

This was a collaborative project involving (from the PSSRU and other organisations)  
Ann Netten, Mandy Ryan, Paul Smith, Diane Skatun, Andrew Healey, Martin Knapp and Til Wykes.

## Results

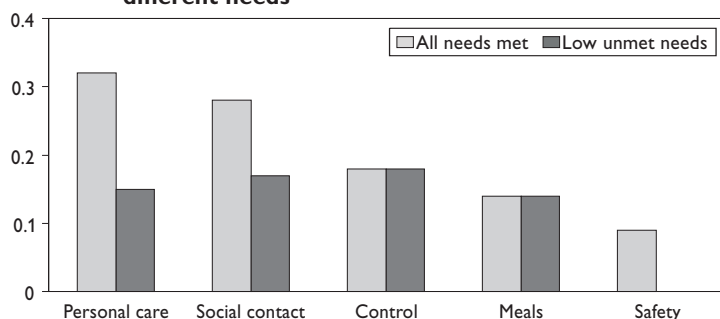
Five domains were identified as the key areas of outcome of social care:

- Food and nutrition;
- Personal care;
- Safety;
- Social participation and involvement; and
- Control over daily life.

For each of the five domains there is a question about current levels of unmet need. Respondents are asked to identify whether informal carers and/or services play a role in meeting needs and what the level of need would be in the absence of any service intervention. Two levels of unmet need (high and low) are distinguished by whether there are likely to be any health consequences from the situation continuing. An additional section identifies serious events that have occurred over the previous month.

The results of the conjoint analysis indicated that the most important domain was personal care, followed by social participation and involvement, followed by control over daily life, followed by food, followed by safety (see figure 1).

**Figure 1 Older people's view of the importance of meeting different needs**



The analysis allowed the development of an index that reflects the relative importance of meeting each level of need in each domain: the Older People's Utility Scale for Social Care (OPUS-SC). One 'full' index includes a weight for every element of the measure. Another 'limited' index includes just those levels and domains found statistically significant. As a result the limited index omits the domain that reflected feelings of safety and security.

Preferences were not associated with gender but were associated with age, living circumstances and reporting both an impairment and currently

receiving services. People aged 85 and over were more concerned about food and nutrition and less concerned about social contact than younger respondents. People who lived with others weighted social participation and involvement much higher than those who lived alone. Disabled people in receipt of services ranked food and nutrition highest, followed by social participation.

### Further information

More information about publications from the Costs and Outcomes programme of work is given on page 31.

### Using OPUS-SC

The measure could be used in a variety of ways. In a research setting the outcome of services can be derived from comparing scores with and without service inputs. Incorporation in assessment and reviews and subsequent scoring would allow local authorities to monitor the level of unmet need in individuals approaching them and the subsequent levels of benefit accruing as a result of interventions. This could be done from the perspective of the individual, the carer and the assessor. Independent evaluations of service users would also allow comparison across areas or local authorities in levels of welfare among existing clients.

## Unit Costs of Health and Social Care

The ninth annual unit costs report is now available in print and on the PSSRU website (see the ordering details on page 34). The main purpose of this volume is to present up-to-date and increasingly accurate data on the unit costs of the various component costs of the many services involved in providing health and social care, with a commentary on each describing how the costs are estimated.

Each volume has also included articles on a variety of issues in costing methodology and practice, and this year's edition reviews those that have appeared to date as well as presenting new articles on: child care costs; estimates of the costs of hospital acquired infections; an ongoing source of information about unit costs in other countries; and the research background to information about home care prices.

# Economics of Child Social Care

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Jennifer Beecham

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## Introduction

\* For further information about other research projects funded under this initiative, contact Ian Sinclair, SWRDU, University of York: [acs5@york.ac.uk](mailto:acs5@york.ac.uk)

This research programme is currently based on four projects funded under the Department of Health's *Costs and Effectiveness of Services to Children in Need*\* research initiative. All but one of these projects are collaborative, bringing together expertise from child care research with the economic perspectives developed over many years of PSSRU research.

Each project fits closely with the Government's objectives for children's social services. There are eleven objectives which, supported by *Quality Protects* set out the social services role with regard to children for whom they have direct responsibilities. The objectives include ensuring children are securely attached to carers, and that children gain maximum life chances from educational opportunities, health care and social care.

The final objective concerns making the best use of resources — to maximise the benefit to service users from the resources available. Yet little is known about the costs of social services support for young people and even less about the links between costs and effectiveness. These research projects all have as a specific aim the analysis of cost variations — asking why costs vary. Is higher expenditure on foster care services associated with better performance? What are the costs associated with different types of placement and who uses these facilities? Such information provides a vital link between the Government's objectives and their implementation.

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## Child Care Costs: Variations and Unit Costs

### Further information

For further information about these projects, contact Jennifer Beecham at the PSSRU: [J.K.Beecham@ukc.ac.uk](mailto:J.K.Beecham@ukc.ac.uk)

This re-analysis of the *Children in Need (CiN) Activity and Expenditure Survey* will contribute to a key objective of *Modernising Social Services* — to improve efficiency in the delivery of services. The CiN Survey links children's needs, service responses and costs data allowing exploration not only of the scope of cost variation between local authorities but also of the reasons why costs might vary. Preliminary analyses have been undertaken at the local authority level drawing on the first year CiN data as well as other data that describe factors that affect the supply and demand for services, local policies, and organisational features. The full analyses draw on the second CiN survey for which anonymous data on all children seen during the survey week in autumn 2001 will be returned to the DH.

This work builds on the PSSRU's long-running programme of work on needs-based planning. Specifically, these analyses will help improve understanding of the underlying reasons for the variation in child care costs and will support planning and research by providing more accurate nationally-applicable unit cost estimates. Unit costs estimated from the survey data will be available in *Unit Costs of Health and Social Care 2002* and the final report will be submitted in early 2003.

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## Remuneration and Performance in Foster Care

This is a three-year project led by the University of Kent School of Social Policy, Sociology and Social Research (contact: [D.Kirton@ukc.ac.uk](mailto:D.Kirton@ukc.ac.uk)) and the PSSRU. Wide variations in the levels and systems of payment and support to foster carers and differences in philosophy — whether it is a voluntary activity or a job — provide the context, alongside the perceived crisis in foster care, particularly in relation to recruitment and retention of carers.

Stage I of the research uses publicly available data to identify the statistical associations between expenditure on foster care in all local authorities and their performance indicators. Stage 2 complements these analyses by exploring in more depth the provision of, and attitudes to, foster care in 20 local authorities and independent sector organisations. Three main data sources will be drawn together in Stage 2. First, agency level data on performance indicators are collated and interviews held with foster care service managers. Second, focus groups are held with foster carers and foster care social workers and finally,

a postal survey is underway of around 2000 foster carers from these agencies.

The first report will be submitted to the Department of Health early in 2002 and field-work for Stage 2 is underway. The project will be completed in 2003.

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### **Costs and Consequences of Services for Troubled Adolescents: An Exploratory, Analytic Study**

In this research project we examine the three major venues in which difficult adolescents are likely to be placed; children's homes, foster homes and residential schools for pupils with emotional and behavioural difficulties (EBD). Building on the production of welfare approach, the research aims to develop a common theoretical and methodological framework that will facilitate future evaluations across care and education settings. Four local authorities have identified their most commonly used children's homes or EBD schools and research interviews and data collection have been undertaken in the 20 establishments identified. Children's characteristics and needs have been assessed, and the organisational characteristics of the venues and their associated costs compared. In addition, the case notes of about 140 children in foster care have been examined and a qualitative interview piloted with six young people and nine professional carers to explore perceptions of the placements.

This research is undertaken in collaboration with University of Luton (contact: [david.berridge@luton.ac.uk](mailto:david.berridge@luton.ac.uk)) and the University of Birmingham. A report will be submitted to the Department of Health in late 2001.

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### **Meeting the Mental Health Needs of Children in the Child Protection System**

The Government's third objective for children's services includes meeting the mental health needs of children and young people. Here we track how multidisciplinary teams identify and deal with at-risk young people. Eight local authorities are participating in an exercise to identify the links between social services and mental health services and to map services that respond to mental health needs. Broad cost estimates can be derived from these data, facilitated by the close links between the PSSRU and the Centre for the Economics of Mental Health at the Institute of Psychiatry.

The second phase of the research involves randomly selecting 400-600 young people who are on child protection registers in five local authorities. Their mental health needs and use of services will be assessed from case files and telephone interviews. A subsample of 150 parents/carers and 30 young people will be interviewed to provide more detailed quantitative and qualitative information. The main objectives of the study are to provide information for policy-makers on the relative costs and outcomes of different approaches to children with mental health as well as child protection needs, and for service planners on good practice and best value.

The research is undertaken in collaboration with the Policy Research Bureau (contact: [admin@prb.org.uk](mailto:admin@prb.org.uk)) and the University of Manchester. Data collection for Stage 1 of the project is almost complete and ethical permission has been negotiated for the second phase. The project will be completed in 2003.

#### **Research on child and adolescent mental health services at the Centre for the Economics of Mental Health, Institute of Psychiatry, London**

Projects undertaken at the PSSRU complement topic areas studied at CEMH where many economic evaluations of specialist mental health services for adolescents and children are undertaken. The current programme includes evaluations of cognitive behaviour therapy for depression, multi-agency care for children with complex problems, the costs and outcomes of inpatient hospital care, and the provision of home based support for families. Longitudinal studies allow us to explore the consequences of childhood mental health problems in adulthood.

The programme also incorporates evaluations of services for children and adolescents with learning disabilities, eating disorders and needs relating to abuse.

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

For more information on CEMH activities, visit the CEMH website, [www.iop.kcl.ac.uk/loP/Departments/HSR/CEMH/](http://www.iop.kcl.ac.uk/loP/Departments/HSR/CEMH/), or contact Jennifer Beecham, Senior Lecturer ([J.Beecham@iop.kcl.ac.uk](mailto:J.Beecham@iop.kcl.ac.uk)).



# Evaluating Community Care of Elderly People (ECCEP)

Bleddyn Davies and José Luis Fernández

The ECCEP study represents the most recent phase of a programme launched in 1982, designed to evaluate the effects of the community care reforms. Key features include that it is (a) *longitudinal*, with continuous tracking of service utilisation and needs over five years and with two rounds of interviews, first at the end of the set-up stage of the care management process (as the full intended care plan came into effect) and six months later, its units being new assessments for community social services; (b) *triadic*, with interviews containing perceptions about relationships and processes between and by the three key actors in the set-up stage of care management, 419 users and their principal informal carers and care managers; with (c) *several supplementary collections* including investigations into value systems and policies of authorities as perceived by 132 managers in social services departments and 100 in partner agencies.

The ECCEP project is to describe, explain, and evaluate issues connected with targeting, service and package impacts and ‘productivities’, and aspects of efficiency post-reform and to compare them with pre-reform evidence. What follows illustrates recent analysis focused on understanding the efficient mixing of services, their degree of ‘substitutability’ and ‘complementarity’, and the implications of these for key current policy dilemmas.

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## Substituting loci of care

### *Substituting home and community services for residential and nursing care*

Results indicate a significant degree of substitutability between home and community services (HACS) and institutional care. Hence, the system appears to be able to affect significantly the balance between care in alternative loci. In our recent book, *Equity and Efficiency Policy in Community Care* (see page 32), we suggested current levels of HACS accounted for around 30% of the time, following assessment, that an average person spent in the community before being admitted to a residential or nursing home. The contribution of services to helping older people to remain in the community was found to be particularly significant for the most dependent users.

Providing HACS has large cost implications. The analysis suggests that observed packages of care achieve significant cost savings relative to the alternative of care exclusively in institutions. The results also suggest that only relatively minor further cost savings could be achieved by diluting current care packages significantly, or by spreading resources more evenly, by decreasing their concentration on the neediest. (The provision of high cost packages was an important reform aim. It was realised that this was at the expense of fewer persons receiving low cost packages.)

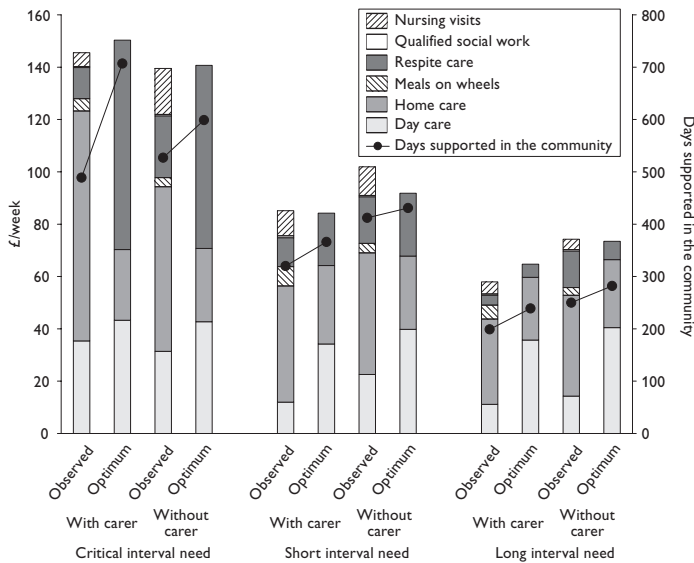
*Substituting HACS for hospital inpatient days.* HACS reduce significantly the use of inpatient care. Our preliminary estimates suggest their effect to be to reduce the average probability of inpatient admission over the two years subsequent to assessment for HACS from around 63% to approximately 41%. The results indicate smaller effects for average duration of stay. The reduction in inpatient costs was estimated to be equivalent to one fifth of the average cost of HACS and over one half of the average cost of hospital inpatient care over the two years observed. Cost savings were much greater for the more dependent. Viewed as front-loaded investment, the spending on home and community care yielded a rate of return which was only slightly less than 10% for the least dependent, but approximately 25% among cognitively impaired people and 28% for those in critical interval need. We are currently investigating how patterns differ between ward types, and consequences of alternative targeting policies.

### *Substituting between HACS to use resources most efficiently*

Our article in PSSRU Bulletin 12 illustrated some ECCEP estimates of the impact of HACS on seventeen measures of outcomes. The results suggest the majority of services have some positive effects on most outcome measures. But they also show that their relative effectiveness differs greatly between types of outcomes and user groups. The analysis has investigated which gains in outcomes levels would be obtainable from current resources by changing service mixes.

Figure 1 illustrates results for the indicator of length of stay in the community, for each group

**Figure 1 Input mix efficiency for length of stay in the community: 'unconstrained' optimisation**



in a crude typology of users. (The most and least dependent are those with critical and long interval needs respectively.) It shows the changes in input mixes (illustrated by the different shadings of the columns) and the length of time users are able to stay in the community (indicated by the black dots) that would follow a move from the observed allocation of resources to that which would maximise users' stay in the community (the *optimum* allocation). The results imply that significant improvements could be obtained for all user types, particularly the most dependent, but that they would require important reductions in home care levels and higher levels of day care and respite care.

The equivalent results assuming fixed aggregated amounts of each service imply much smaller potential for gains. In contrast with figure 1, they also imply a limited redistribution of expenditure away from the most dependent.

Similar analyses for other important outcomes suggest even greater potential for improvement. However, improvements in the system's efficiency with respect to one outcome often imply losses in efficiency in the production of other outcomes.

Achieving efficiency overall requires flexible service supply and the balancing of efficiency improvements across care outcomes. Flexibility in the supply of services will be less likely (a) when economic activity is highest, (b) in the short term, (c) where growth in labour demand causes workers to drift from the publicly-commissioned/provided sector, and (d) where local authorities conform to the old pattern of incremental growth of each service.

*Substituting qualified for unqualified care managers.* The Kent Community Care Project and its descendants showed the potential of its type of care management for the selected minorities of users targeted. But participation in project management suggested that circumstances of users and carers making care management inputs productive were present for considerably higher proportion of users than could be served. The Department of Health's care management guidance of 1990 implied that there should be care management input and emphasis for all users. However, authorities should use their most skilled workers for more intensive care management for users with needs which were 'complex' in ways making such skill and intensity most productive.

Preliminary analysis has focused on the costs of care management time during the set-up phase (from screening to the operation of the care plan) for two groups: fully professionally qualified care managers and others. There are important findings. (a) Fully professionally qualified social workers are the efficient choice for the most dependent, irrespective of the care management input postulated; less qualified staff are more efficient for others. (b) The optimum input levels from qualified professionals for the setting up of care packages for the most dependent cases would be roughly equivalent to the observed levels. The optimum input level from non-qualified professionals for the others would be much higher than the observed level. So for them lower caseloads would be associated with lower costs. Training and managing these less highly qualified workers better should be a high priority, particularly because caseload sizes of the less qualified may be less protected. Therefore increased demand is likely to impact more on them.

**Further information**

Two major books from the ECCEP programme of work were published last year: see page 32 for details.

A 24 page Bulletin on ECCEP was published in November 1998, and articles on the programme appeared in PSSRU Bulletins 11 and 12. These three publications are available free of charge from the PSSRU librarian in Canterbury and may be viewed and downloaded from the PSSRU website.

**The policy importance of understanding substitution opportunities**

Alfred Marshall wrote in his classic *Principles of Economics* that 'the Principle of substitution is ever seen at work' as one of the main mechanisms of economic and social progress. That is so too for health and social care more than a century later. Revealing the often unexpected consequences of policy in interdependent systems usually amounts to discussing likely substitutions. Pioneers in the application of micro-economics in government advocated it precisely because it reveals unexpected consequences. Indeed, one of the fundamental contributions of micro-economics compared with other social sciences has been to show how to describe and quantify interrelationships in complex systems. That is as much needed as ever in our world of systems of targets and performance management.

## PSSRU Research Programmes

These pages give a brief listing of most work current at January 2002, 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 35) for further details. The PSSRU website – [www.ukc.ac/PSSRU/](http://www.ukc.ac/PSSRU/) – gives more information.

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

#### Towards a national standard assessment instrument in care homes for older people for use by staff in the UK

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. The effects of the structured assessment process in one group of homes are compared with the normal processes in a similar set of homes.

Funded by: Joseph Rowntree Foundation.

David Challis, Karen Stewart, Glenys Harrison, Angela Worden. With staff at other organisations: Iain Carpenter, Deborah Sturdy.

#### Towards a national standard assessment instrument in continuing care homes: translation of the MDS RAI into a manual for use by staff in the UK

Continuing the previous MDS study, converting the MDS-RAI from its US format for use in UK residential and nursing homes.

Funded by: Joseph Rowntree Foundation.

David Challis, Karen Stewart, Glenys Harrison, Angela Worden. With staff at other organisations: Iain Carpenter, Deborah Sturdy.

### Commissioning and Performance (formerly Mixed Economy of Care)

#### Commissioning and performance

A long-running programme of research, until recently jointly conducted with the Nuffield Institute for Health (University of Leeds), focusing on purchasing strategies, commissioning, providers and markets for social care services in England. Recent work focuses on domiciliary care markets, local authority commissioning (2001 England survey) and micro-commissioning.

Funded by: Department of Health.

Martin Knapp, Julien Forder, Jeremy Kendall, Tihana Matosevic.

#### Comparative cross national research project

Comprehensive study of the voluntary (non-profit) sector in the UK, 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.

Funded by: Joseph Rowntree Foundation, Charities Aid Foundation, Home Office.

Martin Knapp, Jeremy Kendall, Stephen Almond.

#### Third (voluntary) sector employment in comparative perspective

Systematic comparison of the character of paid employment in the third (voluntary), private (for-profit) and public sectors.

Funded by: National Council for Voluntary Organisations.

Jeremy Kendall, Stephen Almond. With staff at other organisations: LSE Centre for Civil Society.

#### Measuring the outcomes of voluntary activity

A review of the performance domains for voluntary (non-profit) organisations in Northern Ireland, based on theories of the existence and roles of these organisations.

Martin Knapp, Jeremy Kendall.

#### Economic model of care homes market

Modelling of demand and supply for residential care and nursing home beds in England.

Funded by: Department of Health.

Julien Forder, José Luis Fernández.

#### Health-social care interface

A review of policy and practice issues.

Funded by: Department of Health.

Melanie Henwood.

### Community Care Reform: UK and International

#### 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.

Funded by: CCC/Age Concern.

David Challis, Jane Hughes, Angela Worden.

#### 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.

David Challis, Robin Darton, Jane Hughes, Faye McNiven, Karen Stewart, Angela Worden.

#### Estimation of the impact of redistribution of the Residential Allowance

Estimating the potential range of effects of these changes from the perspective of managers and practitioners.

Funded by: Department of Health.

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

#### Evaluation of Lewisham care management scheme for the cognitively impaired

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

Funded by: Department of Health.

David Challis, Jane Hughes, Glenys Harrison, Caroline Sutcliffe.

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

This project aims to identify the distinctive characteristics of

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

Funded by: Department of Health.

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

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### **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. With staff at other organisations: Alistair Burns.

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### **Performance indicators in social care for older people**

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

Funded by: Local authority.

David Challis, Paul Clarkson. With staff at other organisations: William Warburton (DH).

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### **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. With staff at other organisations: Alistair Burns, Ken Wilson and Helen Gilchrist.

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### **The value of multi-disciplinary assessment of vulnerable older people**

The aims of the project are: to evaluate the effect of provision of a clinical contribution to the assessment process; and to examine the costs and benefits of this multi-disciplinary process of assessment for older people and their carers, and also for health and social services.

Funded by: Department of Health.

David Challis, Jane Hughes, Melanie Nixon, Ashley Weinberg, Janine Williamson. With staff at other organisations: Alistair Burns (Manchester Mental Health Partnership), Ray Tallis.

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### **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. With staff at other organisations: Alistair Burns, Ken Wilson.

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## **Criminal Justice**

*These projects are linked with the PSSRU through the Kent Criminal Justice Centre. See page 22 for more details on this programme.*

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### **Evaluating a project tackling racial crime in four London Boroughs**

Evaluation of the Metropolitan Police proposal for tackling racial crime, piloted across four London boroughs. To improve knowledge of the effectiveness and cost-effectiveness of approaches to reducing racially-motivated crime and to indicate which of the innovative methods work and in what circumstances.

Funded by: Home Office.

Ann Netten, Charlotte Harris, Liz Gilling. With staff at other organisations: Chris Hale, Steve Uglow, Tim Newburn (project leader).

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### **Evaluation of The Kent and Medway Acts 2001**

These Acts place registration and record keeping requirements on dealers of second-hand goods and are intended to help Kent Police to tackle some of the problems associated with the circulation of stolen goods through various forms of second-hand trading.

Funded by: Home Office.

Charlotte Harris, Robin Saunders. With staff at other organisations: Chris Hale (KCJC, project leader).

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### **Evaluation of projects reducing the market for stolen goods**

To improve knowledge of the effectiveness and cost-effectiveness of the market reduction strategy employed in Medway and Stockport and to indicate which of the innovative methods work and in what circumstances.

Funded by: Home Office.

Charlotte Harris, Liz Gillings, Ann Netten. With staff at other organisations: Chris Hale (project leader), Steve Uglow, Tim Newburn.

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### **Evaluation of Youth Justice Board restorative justice schemes (AMENDS)**

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

Funded by: AMENDS.

Kate Doolin. With staff at other organisations: Chris Hale (project leader), Steve Uglow.

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### **Parenting provision study**

Funded by: Home Office.

Robert Jago. With staff at other organisations: Chris Hale (project leader), Steve Uglow.

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### **Problematic substance use and the young homeless**

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

Funded by: Home Office.

Gemma Buckland. With staff at other organisations: Emma Wincup (KCJC, project leader), Rhiannon Bayliss.

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### **Research on the implementation of referral orders for juvenile offenders**

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

Funded by: Home Office.

Ann Netten, Robin Saunders. With staff at other organisations: Tim Newburn (project leader), Adam Crawford, Chris Hale, Steve Uglow and others.

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## **Economics of Child Social Care**

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### **Childcare costs: variations and unit costs**

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

Funded by: Department of Health.

Jennifer Beecham, Andrew Bebbington.

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

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

Funded by: Department of Health via the Policy Research Bureau.  
Jennifer Beecham. With staff at other organisations: Ann Hagell, Deborah Ghate and Sunita Bhabra (Policy Research Bureau, London).

### **The costs and consequences of services for troubled adolescents**

Focusing on residential schools, foster care and children's homes, this research aims to develop a common analytical framework for comparing and contrasting these services and their users.

Funded by: Department of Health via University of Luton.  
Jennifer Beecham, Martin Knapp. With staff at other organisations: David Berridge, Isabelle Brodie (University of Luton).

### **Remuneration and performance in foster care**

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

Funded by: Department of Health.  
Jennifer Beecham. With staff at other organisations: Dr Derek Kirton, Catherine Ogilvie (SSPSSR, University of Kent).

## **Evaluating Community Care for Elderly People (ECCEP)**

### **Evaluating community care of elderly people (ECCEP)**

ECCEP aims to describe community care needs, resources, outcomes and processes from the perspective of users, carers and care managers; to show how local authority values, resources, structures and priorities influence targeting; to study the nature of the impacts of resource inputs on welfare outcomes and their implications for policy; and to examine how utilisation, service productivities, and outcomes changed between two cohorts. It builds on a series of large-scale studies of community care in the 1980s and 1990s.

Funded by: Department of Health.  
Bleddyn Davies, Robin Saunders, Linda Pickard, José Luis Fernández.

### **Describing post-reform community care for elderly people**

Funded by: Department of Health.  
Bleddyn Davies, Robin Saunders, Linda Pickard, José Luis Fernández.

### **Evaluating the defensibility of allocating SSD resources**

Funded by: Department of Health.  
Bleddyn Davies, Robin Saunders, Linda Pickard, José Luis Fernández.

## **Evaluation of Care Direct**

Care Direct is intended to improve the access of users and carers to information and advice about services for older and disabled people by providing a single gateway. The PSSRU will study and evaluate the pilot implementation and operation of the new single service in six areas of south-west England and then in 24 areas nationally over a period of three years.

Funded by: Department of Health.  
Andrew Bebbington, Judith Unell, Sarah Lawrence.

## **Financing Long-Term Care**

### **Long-term care demand and finance for elderly people**

The aims of this project are to make projections of likely demand and expenditure on long-term care for elderly people in England to 2031.

Funded by: Department of Health.  
Raphael Wittenberg, Adelina Comas-Herrera, Linda Pickard, Robin Darton and Bleddyn Davies.

### **Cognitive impairment: implications for future demand for services**

This study aims to estimate the costs of long-term care services for older people with cognitive impairment over the next 30 years.

Funded by: Alzheimer's Research Trust.  
Martin Knapp, Adelina Comas-Herrera, Linda Pickard, Raphael Wittenberg, Bleddyn Davies.

## **Measurement of Costs and Outcomes**

*This programme of work aims to develop, improve, and investigate variations in, measures of cost and outcome.*

### **Developing a measure of social care outcome for older people (OPUS-SC)**

As part of a research initiative on outcomes of social care for adults (OSCA) the Department of Health has commissioned the PSSRU to develop a utility measure specific to the social care of older people.

Funded by: Department of Health (OSCA).  
Ann Netten, Andrew Healey, Martin Knapp. With staff at other organisations: Mandy Ryan (HERU, Aberdeen), Til Wykes (IOP), Martin Orrell, Diane Skatun.

### **Unit costs of health and social care**

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

Funded by: Department of Health.  
Ann Netten, Lesley Curtis.

## **Mental Health Economics and Policy**

*The mental health programme conducts 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 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 (until September 2001), Jennifer Beecham, Andrew Healey, David McDaid, Adelina Comas-Herrera, Judit Simon.

### **Cost-effectiveness of schizophrenia treatment**

A linked collection of evaluative and review studies, covering drug and psychological interventions.

Funded by: Janssen, Pfizer, Department of Health.  
Martin Knapp, Andrew Healey, Stephen Almond, Judit Simon.

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### Home treatment systematic review

An international systematic review of studies of home-based treatment for people with mental health problems. Published in *Health Technology Assessment* in 2001.

Martin Knapp, Andrew Healey, Juliet Henderson. With staff at other organisations: Tom Burns, Jos Catty, Chris Wright (St George's Hospital, London).

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### North West Region Dementia Services Research and Development Centre

Funded by: NHS Executive (North West).

Mandy Bryant, David Challis, Helen Gilchrist, Jane Hughes, Angela Worden.

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### Psychological therapy package for dementia

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

Martin Knapp. With staff at other organisations: Martin Orrell, Lene Thorgrimsen, University College London.

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### Quality of life measurement in dementia

Andrew Healey, David McDaid. With staff at other organisations: Project leader: Sube Banerjee (Institute of Psychiatry)

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### Secure units: long-term outcomes and costs

An economic appraisal of medium secure psychiatric units and community aftercare services.

Funded by: Department of Health.

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

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

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

Funded by: Department of Health.

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

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### Mental health problems and employee absenteeism

Funded by: Department of Health.

Andrew Healey, Stephen Almond.

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### Valuing reductions in violent crime

Funded by: Home Office.

Andrew Healey.

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### Mental health in Europe

Funded by: European Observatory on Health (WHO).

David McDaid, Martin Knapp, Elios Mossialos (LSE Health & Social Care).

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### European mental health economics network

Funding under discussion with the European Commission in expectation of a start in June 2002.

Martin Knapp, David McDaid.

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### Needs of older people with dementia

Funded by: Wellcome Trust.

David Challis, Martin Knapp. With staff at other organisations: Martin Orrell (UCL) and others.

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### Healthy living centres — evaluations

Funded by: Department of Health and New Opportunities Fund.

David McDaid, Martin Knapp. With staff at other organisations: Elliot Stern (Tavistock, lead).

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## Needs-Based Planning

### Healthy active life expectancy — update

To extend the series of studies of healthy life expectancy in England and Wales based on the General Household Survey and to incorporate evidence from the 1996/7 survey which contained a section on the health of elderly people comparable with that asked in 1980, 1985 and 1994/5. Also 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 health transition probabilities and to comment on the potential design implications for a longitudinal health survey of elderly people.

Funded by: Department of Health.

Andrew Bebbington, Adelina Comas-Herrera.

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### Needs-based planning (2001-)

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

Funded by: Department of Health

Andrew Bebbington. With staff at other organisations: Karin Janzon.

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### Resource allocation methodology

Funded by: Department of Health.

Andrew Bebbington.

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## Roles, Quality and Costs of Care Homes

*For over 25 years the PSSRU has undertaken work in the fields of economics and quality of care home provision in a variety of care programmes and individually funded projects. The aim of the programme is to build on and consolidate this work by developing and analysing the databases from PSSRU surveys, as part of the core programme, and designing further subsidiary data collections to inform policy.*

*At the time of writing we are analysing data from a survey of inspection units and interviews with owners and managers of homes that have closed. Work is also in progress to analyse a survey of admissions to care homes carried out in 1999/2000 to assess how well the system works for those who fund their own care.*

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### Longitudinal study of elderly people admitted to residential and nursing homes

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

Funded by: Department of Health.

Ann Netten, Robin Darton, Andrew Bebbington, Lesley Curtis.

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### Survey of self-funded admissions to residential care

Aims 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. Also to establish length of stay of privately-funded residents and to what extent to which self-funded residents are admitted at levels of dependency that might have been maintained in the community.

Funded by: DSS (now DWP).

Ann Netten, Robin Darton, Lesley Curtis.

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# Research on Criminal Justice

## Kent Criminal Justice Centre

Researchers from the Personal Social Services Research Unit (PSSRU), the Kent Law School (KLS) and the School of Social Policy, Sociology and Social Research (SSPSSR) have joined together to become the Kent Criminal Justice Centre (KCJC). The Centre was established in 1996 under the Directorship of Professor Chris Hale, Dean of the Social Policy Faculty. The current Director is Steve Uglow from KLS. To facilitate this collaboration KCJC is located within PSSRU at Kent. Dr Ann Netten, the PSSRU Kent Director, manages the programme for the PSSRU.

KCJC is unique in the multidisciplinary background of its core members, spanning a range of disciplines including sociology, economics, law and statistics and a methodological expertise covering sophisticated quantitative techniques, economic modelling and qualitative methods.

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 the Centre was well placed to contribute to this. The Unit has also developed links and other working collaborations both within the University of Kent and with other institutions (notably Goldsmiths College and the University of Cardiff).

All core members are highly experienced researchers and managers, with excellent track records in the timely production of high quality reports for the Home Office, Department of Health and other major funders. The group has successfully bid for contracts to evaluate projects within the Home Office's Crime Reduction Programme and for the Youth Justice Board and is currently carrying out research on youth justice, parenting, substance use and the young homeless and targeted policing. Brief details of these projects can be found in the listings on page 19.

Staff of the Centre supervise part-time and full-time students on research degrees within its areas of interest. They are also active in developing teaching programmes in the area. Currently they are involved with the KLS post-graduate LLM in Criminal Justice, taught on a full-time or part-time basis at UKC and with the SSPSSR Certificate in Criminology, Crime and Social Control, a Level 1 part-time programme taught at Bridge Wardens' College, Chatham, Kent. New undergraduate degree programmes in Criminology & Sociology, Criminology & Social Policy and Law & Criminology will begin in September 2001.

As well as its research and teaching activities, KCJC has also sought to develop its profile and impact by running a series of annual seminar programmes and conferences. These have grown in popularity and are attended by professionals and volunteers from criminal justice agencies across the country, including the Police, Probation, Youth Offending Teams, the Crown Prosecution Service, Drug Action Teams and Victim Support, as well as academics, researchers and students from UKC and elsewhere. The October 2001 conference 'UK Drug Policy in Crisis?' was organised in conjunction with the Kent Institute of Medicine and Health Sciences (UKC).

## Evaluating restorative justice

There is increasing emphasis in current criminal justice policy on the principles of restorative justice. Although the term is used across a wide range of formal and informal interventions, the basic principle is that offenders should face the implications of their actions and ideally make amends for the harm that they have caused. A Home Office funded study of the cost-effectiveness of seven restorative justice schemes across England was conducted between July 1999 and November 2000. Two schemes dealt mainly with adult offenders and five with juveniles.

The aims of the research were:

- to identify which elements, or which combination 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.

There was considerable variation in the nature of the schemes' work with victims and offenders. They engaged in activities ranging from, on the one hand, full-scale family group conferences and face-to-face meetings between victims and offenders to, on the other, general 'victim awareness' sessions and initiatives in which offenders write letters of apology. Where contact with victims was not a high priority there were serious doubts as to whether they could reasonably be called restorative justice schemes at all.

In general it was found that, where they were involved, victims were well disposed towards the aims of restorative justice and offenders welcomed the opportunity to meet their victims and to apologise. Indeed one of the most positive aspects of mediation for victims was the humanising effect of meeting and hearing from, and about, the offender. Where intervention was seen to be most beneficial, the actual process of mediation could take a considerable period of time. It was felt that the length of the process strengthened the overall impact of the service and enhanced its effectiveness.

Letters of apology played an important part in many of the schemes. Personal letters of apology, which had clearly been written by their offenders and not corrected by the scheme, were well received by victims. For offenders engaged in direct mediation, the response of the victim and the victim's family was a key factor in their reaction to the process. Most offenders felt positive about mediation and the other interventions in which they were engaged.

There was evidence of an impact on re-offending for only one of the schemes: West Yorkshire. Two features of this Scheme that may be relevant to its comparative success were that:

- it was made very clear to offenders from the outset that participation would have no bearing on their sentence, and
- many of the offenders it dealt with had committed very serious offences and/or were serving long prison sentences.

In this scheme the proportion of offenders at the highest risk of re-offending that did not re-offend over the subsequent two years was relatively low. However, in terms of cost per prevented offence the evidence suggested this would appear to be the most cost-effective group to target. Within the schemes generally the involvement of victims tended to be associated with higher costs. However, the only scheme that routinely involved victims (West Yorkshire) was, for the most part, both lower cost and more effective than the other schemes.

## Community Care Reform: UK and International

Bleddyn Davies

The value of horizon-scanning of experience and discourse overseas for the development of policy in the UK has long been recognised. There has been growing understanding of community and long-term care and support in other countries. An example is its effects on the British community care reforms of the last fifteen years. PSSRU members played a role in that description and distillation of lessons from other countries in the care of elderly people. Indeed, a notable feature of some of PSSRU's most important work has been the discussion of logics of innovations in the care of elderly persons in other countries, and the analysis of evidence and experience about how they have worked. That has particularly been the case for care management and related areas.

Beginning in autumn 2002, Bleddyn Davies will be undertaking a broad review of frameworks and modernisation logics, why they take the form they do, and how they are reflected in meso and micro care system arrangements. A carefully evidence-based book will be written, covering international experience in community care reform, and placing particular emphasis on fairness in access, utilisation, and outcomes, effectiveness, efficiency, and costs.

## Public policy and mentally disordered offenders

### An economic appraisal of medium secure psychiatric units and community aftercare services

Evaluative evidence on the comparative costs and outcomes of forensic psychiatric services is virtually non-existent. This research will seek to fill this evidence gap in an attempt to improve and inform current decision making in an important area of mental health policy. The project, which is funded for four years, will examine existing data generated on a cohort of over 1500 mentally disordered offenders discharged from seven regional medium secure psychiatric units in the UK. Each patient has been followed up over a five to nine year period with pre-admission and post-discharge data generated on a variety of clinical and social variables, including criminal behaviour and rates of clinical relapse. The primary research question is concerned with testing for and quantifying any link between hospital- and community-based mental health care inputs and patient outcomes expressed in terms of reduced rates of offending and reduced risk of hospitalisation and re-admission to secure units. Multivariate methods of analysis will be used to examine these 'production of welfare' relationships.

The project will also look more closely at the economic implications of compulsory aftercare subsequent to discharge from a secure unit under the 1983 Mental Health Act. This legislation was put in place as a means of protecting patients deemed to be a risk to themselves as well as mechanism for protecting the public against people exhibiting violent and anti-social behaviour. Nevertheless, compulsory after-care is likely to impose additional costs in both public resource terms and due to the restrictions and loss of freedom imposed on

patients. It is therefore important to be sure that this element of mental health legislation offers at least some benefits to both patients and the wider public. The resource cost implications of compulsory aftercare will be assessed and multivariate methods will be used to test whether these legal restrictions have an effect on rates of criminal recidivism whilst patients reside in the community.

In keeping with other areas of PSSRU research into the mixed economy of social care markets, the project will also undertake a more in-depth qualitative analysis of the market conditions under which medium secure units are delivered, based on interviews with provider agencies. A quantitative exploration of the comparative costs and outcomes, and therefore the comparative efficiency, of public and private sector secure facilities included within the study will also be carried out to supplement the qualitative work, which will also include an assessment of the characteristics of medium secure facilities in both sectors to aid the interpretation of findings.

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This work is funded by the Department of Health, and being conducted by Andrew Healey and Martin Knapp (PSSRU, LSE), with Jeremy Coid (project head) and Nicole Hickey (Forensic Psychiatric Research Unit, St Bartholomew's Hospital, London).

Research findings will be published as the project progresses. For more details contact Andrew Healey: telephone 020 7955 6134, email [a.t.healey@lse.ac.uk](mailto:a.t.healey@lse.ac.uk).

## Valuing reductions in violent crime

The PSSRU at LSE, in collaboration with the Department of Geography and Environment (LSE) and Imperial College, London, has recently completed a twelve month project on estimating public willingness to pay for reductions in violent crime. The scope of the project paid particular attention to generating robust values for improved levels of public safety with reference to the physical injuries and symptoms of mental distress that typically arise when individuals are exposed to physical assaults of varying degrees of severity. A report on the project's findings will be published by the Home Office early in 2002. For further information please contact Andrew Healey.



# Financing Long-Term Care for Older People

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

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**Background and aims** The long-term care finance project aims to inform the continuing debate on how best to fund long-term care for older people. The project has developed a computer simulation model to make projections to 2031 of demand for long-term care for older people under a range of scenarios. The model makes projections of numbers of older people by dependency, volumes of services demanded and public and private long-term care expenditure by source of funding.

The project began in 1996. A report on the initial model was first published in December 1998, projections were published in the report of the Royal Commission on Long Term Care in March 1999 and updated projections were published in November 2001 (see Further Information box). Substantial further work to expand and improve the model and further dissemination are planned over the next four years.

**Policy question** The key policy issue on the financing of long-term care is the appropriate balance of finance between public and private sources. The Government set up in 1997 the Royal Commission on Long Term Care to make recommendations on this issue. The Royal Commission recommended that personal care should be provided free without user charges. This was a majority recommendation, with two commissioners dissenting.

The Government published in the NHS Plan of July 2000 their response to the Royal Commission in respect of England. Their response involved the introduction of free nursing care in all settings and various detailed changes to the means test for residential care but not the introduction of free personal care. The Scottish Administration, however, is proposing to introduce free personal care in Scotland.

**Design of the model** The project has involved the construction of a cell-based projection model in the form of a spreadsheet to make projections to 2031. The model has four parts. The first part estimates the numbers of people aged 65 and over with different levels of dependency by age group, gender, household type and housing tenure. Official GAD population and marital status projections, Anchor Housing Trust housing tenure projections and data from the General Household Survey (GHS) are used. The second part then estimates the levels of long-term care services demanded by type of service, under current patterns of utilisation. The probability of receipt of residential care is estimated by age, gender and household type using Department of Health data and data from PSSRU surveys of residential care. The probability of receipt of non-residential care by age, dependency, household type and housing tenure is estimated from GHS data.

The third part of the model estimates total health and social services expenditure by multiplying projected amounts of services demanded by the unit costs of services. Finally, in the fourth part, expenditure is allocated to each funding source: health care expenditure is allocated to the NHS and social care expenditure is divided between social services and older people themselves, using Laing & Buisson, PSSRU and Department of Health data.

**Key findings** The model projects that, to keep pace with demographic pressures over the next thirty years, residential and nursing home places would need to expand by around 65% and numbers of hours of home care by around 48%, assuming unchanged dependency rates. The model also projects that long-term care expenditure will need to rise by around 150% in real terms over the next 30 years to meet demographic pressures and to allow for likely real rises in care costs. This projection is highly sensitive to the projected growth in the numbers of older people, to future dependency rates and to future real rises in care costs, but is less sensitive to future household composition.

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**National, international and local projections**

The recommendations of the Royal Commission and the Government response have prompted renewed interest in the financing of long-term care. The project team has been asked to carry out work for a number of organisations with an interest in long-term care expenditure, including the European Union, HM Treasury and the Institute for Public Policy Research. The team has recently produced projections for Somerset Health Authority, and would be interested to prepare local projections for other areas, in collaboration with local authorities and health authorities.

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**New data on use of services and new scenarios**

The model has recently been updated to make use of new data on the receipt of long-term care services. The latest version of the model uses analyses of receipt of community services, related to the characteristics of the older population, derived from the 1998/9 GHS. This has involved multivariate analyses of data from the 1998/9 GHS and incorporation of the analyses into the model.

The analysis of service receipt from the 1998/9 GHS has been compared to a similar analysis from the 1994/5 GHS, which was incorporated into an earlier version of the model. A preliminary finding is that there has been an increase in expenditure on privately purchased formal community services. This relates to the question of the division of responsibility between private individuals and public expenditure.

Another key research activity is the development of new scenarios, which explore the implications of assumptions that differ from the central assumptions used in the model. The project has explored further the impact of the Government Actuary's Department (GAD) variant population projections. It has also explored various scenarios about future trends in dependency rates. Further scenarios will be suggested by the new research initiatives discussed below.

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**Further development of the model**

The Department of Health is conducting a study of residential care supply in view of concerns about the declining numbers of nursing home beds. It commissioned the project team to produce new projections of the numbers of people likely to require residential care. These projections include scenarios involving a changing balance between residential and home care. Further scenarios on the balance of care are planned, to be based on analysis of data from the Unit's evaluating community care for elderly people (ECCEP) study.

**Further information**

The report *Demand for Long-Term Care: Projections of Long-Term Care Finance for Elderly People* was published by the PSSRU in December 1998 and may be viewed/ downloaded from the PSSRU website.

An overview of the model appeared in PSSRU Bulletin 11, also on the website. Informal care projections can be found in Pickard et al. (2000) *Relying on informal care in the new century? Informal care for elderly people in England to 2031, Ageing and Society*, 20. More recent projections are given in Wittenberg et al. (2001) *Demand for long-term care for older people in England to 2031, Health Statistics Quarterly*, 12.

The research team is conducting a related study, financed by the Alzheimer's Research Trust, to investigate the impact of cognitive impairment on long-term care demand and expenditure. It involves projecting for the next 30 years the numbers of older people with cognitive impairment, their demand for services and the costs of their care. It builds on the model developed by the long-term care project, which has not taken separate account of cognitive impairment.

The project is concerned with informal care by family and friends as well as with formal services. Changes in the supply of informal care could have substantial implications for demand for formal services. The model takes account of informal care by spouses through the use of marital status projections (see Further Information box). An analysis of past trends in the supply of informal care suggests that there has been an increase in care by spouses relative to care by children. This analysis can help to inform scenarios involving potential changes in the supply of care by children.

Changes in the real incomes and assets of older people will affect their ability to contribute to the costs of their long-term care. The model takes account of projected changes in the housing tenure of older people. The project will consider the effects of likely changes in real incomes and financial savings.

The future availability of staff to provide formal services is another key issue. One reason for its importance is its link with future rises in the real costs of services, such as the cost of an hour's home care. Real unit costs of care may need to rise to attract the workforce to provide services. The research team plans to expand the model to make projections of the workforce required to provide projected services.

# Mental Health Economics and Policy

Martin Knapp, Andrew Healey, David McDaid and Adelina Comas-Herrera

Economic questions feature prominently in discussions of mental health policy and practice. Cost-effectiveness and similar analyses are regularly called upon to shed light on the resources expended and saved as a result of changes in direction, in comparison to the consequences for health and quality of life. It is also widely recognised that mental health problems themselves have considerable costs. Depression is the second most common health-related reason for absence from work and is also a major cause of reduced productivity whilst at the workplace. Many people with mental health problems experience social exclusion, and family difficulties are common.

Over the past 15 years, the PSSRU has conducted numerous economics studies in the mental health policy and practice fields. Many other studies have been carried out by the Centre for the Economics of Mental Health, Institute of Psychiatry, which has close links with PSSRU. Most of those studies have been funded through the usual competitive channels (MRC, HTA, DH initiatives, research charities). However, the core programme at PSSRU has been able to support some of our central research activities, complementing studies which are funded 'externally'.

The summaries below give a flavour of some of our key activities. Fuller details are available (as ever) from our websites and direct from the research teams. We also annually publish the *Mental Health Research Review*, which allows space for greater depth of information. Copies are available from the PSSRU librarian in Canterbury and can be downloaded free of charge from the PSSRU website: [www.ukc.ac.uk/PSSRU](http://www.ukc.ac.uk/PSSRU).

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## Mental distress and employee absenteeism

This study aimed to examine the impact of (self-reported) 'mental distress' on employee labour market absenteeism using empirical household data. Individual data were taken from the Quarterly Labour Force Survey 1998-99 covering 30,000 people in paid employment over five quarters (i.e. 15 months). The focus of interest was on the number of days absence taken during a typical working week due to mental distress, and in particular the impact of any co-morbid health problems.

Econometric modelling was carried out by Stephen Almond (who has now moved from the PSSRU to the Home Office) and Andrew Healey, using generalized linear models within a random utility framework. The analyses found that, compared with any other illness group, workers who self-report mental distress alongside other forms of (chronic) sickness and disability have the highest levels of absenteeism. The development of additional mental health problems increases the propensity for individuals to take time off.

The detailed analyses have been submitted for publication. Further information from Andrew Healey.

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## Home treatment

A review based on the search methodology of Cochrane systematic reviews was commissioned by the Health Technology Assessment (NHS) programme to examine the effectiveness and cost-effectiveness of 'home-based treatments' for mental health problems. For the purposes of the review, *home treatment* was defined as 'a service that enables the person with mental health problems to be treated out of hospital as far as possible and to stay in their usual place of residence'. This broad definition was chosen because labels such as assertive community treatment or case management are inconsistently applied: the same term can refer to markedly different arrangements, and identical approaches can be given different names. There are already four completed Cochrane reviews in this field (none deal specifically with economic evaluations), although each is confined to randomised controlled trials (RCTs) within specific service definitions that fall under the broader heading of 'home-based treatment' chosen here. This new review therefore covers a broader range of interventions, and also looks at non-RCT studies.

The review was led by Professor Tom Burns (St. George's Hospital Medical School)

and included a close look at the economic evidence carried out by PSSRU (Andrew Healey, Juliet Henderson and Martin Knapp). The review and meta-analyses were hampered by poor data: although there are many published studies in the field, their reported findings and the heterogeneity of control services make generalisations problematic. However, the evidence base for home treatment compared with other community-based services is not strong, although it does show that home treatment reduces days spent in hospital compared with inpatient treatment. There is also evidence that visiting patients at home regularly and taking responsibility for health and social care each reduce days in hospital.

The full report was published by HTA in 2001 ([www.hta.nhsweb.nhs.uk](http://www.hta.nhsweb.nhs.uk)): Tom Burns, Martin Knapp, Jos Catty, Andrew Healey, Juliet Henderson et al. Home treatment for mental health problems: a systematic review, *Health Technology Assessment*, 5, 15, 2001.

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### **Mental health economics in a global context**

A series of activities on the financing and economics of mental health services in different health care systems is nearing completion, funded in part by the WHO. This includes studies of particular aspects of financing, equity and economic 'barriers' to better mental health care, especially in developing countries. A series of papers is in preparation.

New activities in 2002 include comparative examinations of key features of mental health systems in Europe (in conjunction with the European Observatory on Health Care Systems in LSE Health and Social Care) and the establishment of a European mental health economics network.

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### **Studies in the intellectual disability area**

A recent PSSRU study collected and analysed service utilisation and cost data for adults with intellectual disabilities with reference to their characteristics, specifically to build what have become known as 'resource groups' and 'benefit groups' for use by the NHS. The purpose of these groupings is to assist the commissioning process, particularly when trying to match resources to needs within available budgets. Associated analyses are exploring the sources of cost variation between individuals. A focus of these multivariate analyses is whether costs and service utilisation more generally are linked to the levels of disability and challenging behaviour.

#### **Further information**

A project list appears on page 20 of this Bulletin and recent publications from the mental health programme are listed on page 32.

Contact details for the PSSRU staff involved are on page 35.

In another study, people with intellectual disabilities who had left long-stay ('mental handicap') hospitals twelve years previously were followed up in the community. The Department of Health's *Care in the Community* demonstration programme of the 1980s did much to explore different ways of helping people to move from hospital and to establish themselves in well-supported community settings. This study revisited people who had permanently moved from hospital under that programme. The findings will be publicly available in spring 2002. This same study also followed up a group of people with mental health problems who had left their long-stay hospital accommodation twelve years earlier.

The PSSRU contributed to the major DH-funded study of village communities, NHS campuses and dispersed housing which was led by Professor Eric Emerson (Lancaster). Papers from the evaluation are now being published.

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### **The continuing research programme**

Discussions are currently being held with the Department of Health as to the content of the PSSRU's small 'main grant' mental health programme. Research activities funded from other sources include: a series of studies of schizophrenia and its treatment (especially the economic consequences); two studies of psychological interventions for older people with dementia; methodological work to construct (monetary) benefit measures and utility-like indicators in parts of the mental health field; long-term follow-up studies into mid adulthood of people who as children had mental health problems; and participation in two linked national evaluations of 'healthy living centres'. We are also continuing to develop working links with the LSE's Centre for the Analysis of Social Exclusion.

# Roles, Quality and Costs of Care Homes

Ann Netten, Robin Darton, Julien Forder and Jacquetta Williams

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## Aims and activities

For over 25 years the PSSRU has undertaken work in the fields of economics and quality of care home provision in a variety of core programmes and individually funded projects. This has included large-scale surveys of homes and admissions, a longitudinal study of mortality and dependency of residents, studies of quality of life in care homes and investigations of motivations and behaviour of independent providers under various commissioning arrangements (see the publications list, page 33). The aim of the programme is to build on and consolidate this work by developing and analysing the databases as part of the core programme, and designing further subsidiary data collections to inform policy.

### *Planned work*

A series of analyses of current datasets are planned to investigate specific questions. For example, linking a study of admissions and cross-sectional data to explore mortality and dependency outcomes will allow us to investigate characteristics of homes found to be associated with improved functioning of residents. The databases also provide a valuable baseline point of comparison for investigating the costs and quality implications of the changing role of care homes, such as the increased emphasis on intermediate care and new regulatory arrangements.

### *Home closures*

Key current concerns are the causes and consequences of an increased rate of closures of homes for older people. At the time of writing we are analysing data from a survey of inspection units and interviews with owners and managers of homes that have closed. Links with the PSSRU Commissioning and Performance programme are being used to inform this work and to maximise the value of the resulting data. Further work is planned to investigate the impact of closures on residents, relatives and staff of homes.

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## Self-funded admissions — how well are they being served?

Self-funded residents form a substantial and important minority of the population of care homes. Much of the ongoing debate about financing long-term care directly affects these people, yet we know very little about them: the resources on which they can draw or the choices they (and their relatives) make. Previously commissioned studies of care home residents identified basic information about fees paid and levels of dependency (Netten et al., 2001), but information about the circumstances of admission were only available for publicly-funded residents (Bebbington et al., 2001). As a result, the Department for Work and Pensions (previously DSS) commissioned a study of admissions, which was conducted in 1999/2000. In addition to establishing financial and informal resources available to residents prior to admission, the aim was to identify the degree to which people needed to be admitted to care homes and their expected length of stay once they were admitted. Here we briefly consider the evidence that self-funded people are admitted who, had they been publicly-funded, would have been able to remain at home.

### *Method*

There are considerable methodological problems of sensitivity and access in obtaining information about people at the point of admission to care homes. A feasibility study preceded the main study and informed the design. For the main study a sample of 500 homes in England, Scotland and Wales was approached and, among the 481 (96%) that were prepared to participate, a retrospective sample of admissions over the previous six months was identified. Where there had been a self-funded admission, home managers were interviewed about the home and the resident.

If the resident had been admitted during the previous two months, information was collected about their dependency characteristics at admission. Where there was a relative or friend of the resident, permission was sought to contact them to identify more

### Further information

Recent publications from this research programme, including two new reports which are available at the PSSRU website, are listed on page 33.

Contact details for the PSSRU staff involved are on page 35.

detailed information about the circumstances of the admission and the formal and informal resources on which the resident could draw. This process was repeated prospectively every few months so all self-funded admissions were identified over a fourteen-month period during 1999/2000. Data were collected to facilitate comparison with the 1995 longitudinal study of publicly-funded admissions and the 1996 cross-sectional study of homes.

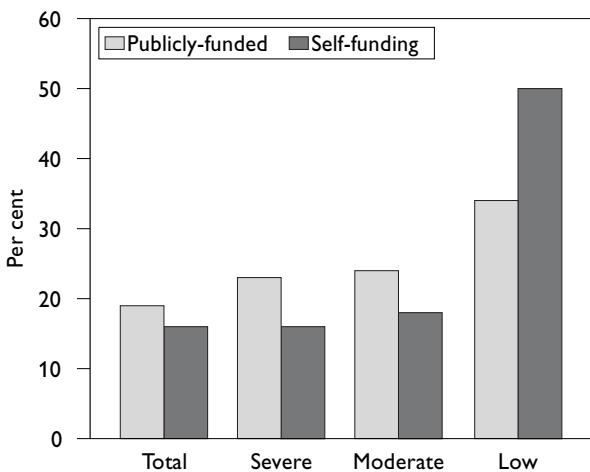
### Results

In total, information was collected about 921 residents admitted to 292 homes, 65% of whom were admitted to a residential place. This represented a rather higher proportion being admitted to residential care than had been expected (54% of publicly-funded residents were admitted to residential care in 1995). The name of a relative or friend was identified for 609 cases (65% of the sample). Responses were obtained from 331 relatives or friends (a response rate of 54%).

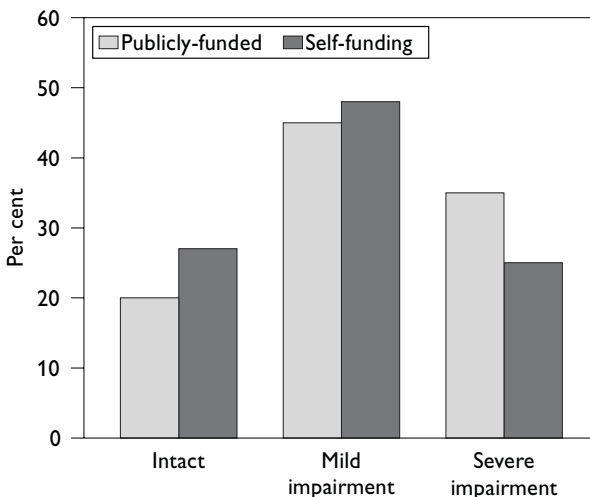
Self-funders were significantly less dependent than publicly-funded residents at the point of admission (see figures 1 and 2). This suggests that a substantial proportion of people were being admitted who could be maintained in private households. This raises the question whether this is through choice or as a result of lack of access to adequate community support.

The majority (60%) had seen a care manager or social worker prior to admission and a full assessment had been conducted in 54% of cases. For nearly all of these (50%) admission had been recommended.

**Figure 1 Dependency on admission (measured using the Barthel scale)**



**Figure 2 Cognitive impairment on admission (measured using the MDS-CPS)**



However, self-funders were less likely to receive home care services than publicly-funded admissions (55% compared with 64%). They were also less likely to receive more than five hours per week (30% compared with 45%). Those self-funders who organised their own home care (21% of cases) received on average 24 hours per week, compared with an average of eight hours per week among those receiving home care organised by the local authority (46% of cases), a difference which suggests a lack of access to adequate support. Fifteen per cent of those receiving local authority home care services had topped these hours up through private provision. The evidence that people did not have adequate access to services, support or advice was further reinforced by relatives' responses to the open-ended question at the end of the interview.

Relatives were asked directly about unmet need using an adapted version of the measure of social care outcome described on page 12. Nearly all (91% of cases) identified unmet need in one or more domain. The most frequently identified issue was the relative's concern about the older person's safety.

### Conclusion

While local authorities bear at least some of the cost of community packages for people who will become self-funders of residential or nursing home care, the perverse incentive to admit them to care rather than support them in the community remains. The evidence that self-funders are less dependent than publicly-funded residents at the point of admission suggests that some at least could have been maintained in the community. This is reinforced by evidence of lack of support and access to services.

## Recent Publications

These pages list publications by PSSRU authors (often in collaboration with colleagues at other institutions) since the previous Bulletin in November 2000, along with other publications giving further information on the research covered in this issue. Articles are arranged in alphabetical order of title by programme of work.

### 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 January 2002; cheques should be payable to 'UniKent'.

### Newsletters

The *Mental Health Research Review 8* (a joint production with the Centre for the Economics of Mental Health at the Institute of Psychiatry) was published in June 2001. Back issues of some editions of the PSSRU Bulletin, the *Mental Health Research Review*, and the *Mixed Economy of Care Bulletin* are available. All these can be accessed at the PSSRU website and are available free of charge from the PSSRU in Canterbury.

### Discussion papers

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

### Further details, enquiries and orders

Fuller details of all PSSRU books in print, as well as of journal articles by PSSRU authors and discussion papers, can be viewed on the Unit's website at <http://www.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](mailto:pssru_library@ukc.ac.uk)).

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

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

Stewart, K., Challis, D., Carpenter, I. and Dickinson, E. (1999) *International Journal of Geriatric Psychiatry*, 14, 2, 147-156.

### Assessment in Continuing Care Homes: Towards a National Standard Instrument

Challis, D., Carpenter, I. and Traske, K. (1996) Personal Social Services Research Unit, University of Kent at Canterbury.

### Care Management in Social and Primary Health Care

Challis, D., Chesterman, J., Luckett, R., Stewart, K. and Chessum, R. (forthcoming 2002) Arena, Aldershot, ISBN 1 85742 206 6.

### Developing Performance Indicators for Mental Health Care

Clarkson, P. and Challis, D. (forthcoming 2002) *Journal of Mental Health*.

### Performance Measurement in Older People's Services

Challis, D., Clarkson, P. and Warburton, R. (forthcoming) Ashgate, Aldershot.

### UK Long Term Care Resident Assessment Instrument: Users Manual

Challis, D. Stewart, K., Sturdy, D. and Worden, A. (2000) York: interRAI UK.

## Commissioning and Performance (formerly Mixed Economy of Care)

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

Knapp, M., Hardy, B. and Forder, J. (2001) *Journal of Social Policy*, 30, 2, 2001, 283-306.

### Domiciliary Care Providers in the Independent Sector

Matosevic, T., Knapp, M., Kendall, J., Forder, J., Ware, P., Hardy (2001) PSSRU Discussion Paper 1605, ISBN 1-902671-21-X (with the Nuffield Institute for Health, University of Leeds).

### Measuring the performance of voluntary organisations

Kendall, J. and Knapp, M. (2000) *Public Management*, 2, 1, 105-132.

### Mental health: market power and governance

Forder, J. (2000) *Journal of Health Economics*, 19, 6, 877-905.

### Mixed Modes of Governance and Mixed Economies of Care

Brian Hardy, Patricia Ware, Gerald Wistow, Julien Forder, Jeremy Kendall, Martin Knapp and Tihana Matosevic (2001) Nuffield Institute for Health, University of Leeds.

### The Motivations of Domiciliary Care Providers in England: New Concepts, New Findings

Kendall, J., Matosevic, T., Forder, J., Knapp, M., Hardy, B. and Ware, P. (2001) PSSRU, London School of Economics.

### Movement and Change: Independent Sector Domiciliary Care Providers between 1995 and 1999

Ware, P., Matosevic, T., Forder, J., Hardy, B., Kendall, J., Knapp, M. and Wistow, G. (2001) Nuffield Institute for Health, University of Leeds.

### Movement and change: independent sector domiciliary care providers between 1995 and 1999

Ware, P., Matosevic, T., Forder, J., Hardy, B., Kendall, J. and Knapp, M. (forthcoming 2002) *Health and Social Care in the Community*.

### Of knights, knaves and merchants: the case of residential care for older people in England in the late 1990s

Kendall, J. (2001) *Social Policy and Administration*, 35, 4, 360-375.

### Prices, Contracts and Domiciliary Care

Forder, J., Kendall, J., Knapp, M., Matosevic, T., Hardy, B. and Ware, P. (2001) PSSRU, London School of Economics.

### Voluntary sector providers of care for older people in comparative perspective

Kendall, J. and Knapp, M. (2001) in M. Harris and C. Rochester (eds) *Voluntary Organisations and Social Policy in Britain*, Macmillan, London.

## Coordinated Care, Care Management, Service Integration and Partnerships

### Assessment and care management: development since the community care reforms

Challis, D. (1999) in G. Wistow and M. Henwood (eds) *Evaluating the Impact of Caring for People, With Respect to Old Age, Research Volume Three*, 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. and Weiner, K. (2001) *International Journal of Geriatric Psychiatry*, 16, 3, 266-272.

### Care management in the United Kingdom

Challis, D. (2000) in R. Applebaum and M. White (eds) *Key Issues in Case Management Around the Globe*, American Society on Aging, San Francisco.

### Community Care, Secondary Health Care and Care Management

Challis, D., Darton, R. and Stewart, K. (eds) (1998) Ashgate, Aldershot.

### 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., Hughes, J., Stewart, K. and Weiner, K. (1998) CI(98)15, Department of Health, London.

### Effective care management

Challis, D. (1999) in J. Campbell and N. Ikegami (eds) *Long-term Care for Frail Older People: Reaching the Ideal System*, Keio University Symposia for Life Science and Medicine 4, Springer, Tokyo.

### Emerging models of care management for older people and those with mental health problems in the United Kingdom

Challis, D., Darton, R., Hughes, J., Huxley, P. and Stewart, K. (1998) *Journal of Case Management*, 7, 153-160.

### Emerging patterns of care management: arrangements for older people in England

Challis, D., Weiner, K., Darton, R., Jane Hughes and Karen Stewart (2001) *Social Policy and Administration*, 35, 6, 672-687.

### Integrating health and social care: problems, opportunities and possibilities,

Challis, D. (1998) *Research, Policy and Planning*, 16, 7-12.

### Intensive care-management at home: an alternative to institutional care?

Challis, D., Darton, R., Hughes, J., Stewart, K. and Weiner, K. (2001) *Age and Ageing*, 30, 5, 409-413.

### Research and Policy Update

Issues 1, 2, 3 and 4 (these reports on the PSSRU mapping project are available free of charge and can be viewed/downloaded from the PSSRU website).

## Costs and Outcomes

### Applying economic approaches and concepts to independent living

Netten, A. (2001) pp. 110-144 in A. O'Neil and J. Lewis, *Cost-Effectiveness and Independent Living*. Proceedings of a JRF conference June 2000, York Publishing Services Ltd, York.

### Alternative strategies for stroke care: a prospective randomised controlled trial

Kalra, L., Evans, A., Perez, I., Knapp, M., Donaldson, N. and Swift, C. (2000) *The Lancet*, 356, 894-900.

### The challenge of integrating health and social care — the economist's perspective

Knapp M. and Netten, A. (forthcoming) in D. Kernick (ed.) *Getting Health Economics into Practice*, Radcliffe Medical Press, Abingdon.

### The development of a measure of social care outcome for older people

Netten, A., Ryan, M., Smith, P., Skatun, D., Healey, A., Knapp, M. and Wykes, T. (2002) PSSRU Discussion Paper 1690/2.

### Estimating costs

Netten, A. and Kernick, D. (forthcoming) in D. Kernick (ed.) *Getting Health Economics into Practice*, Radcliffe Medical Press, Abingdon.

## Unit Costs of Health and Social Care 2001

### Ann Netten, Tony Rees and Glenys Harrison

PSSRU, Canterbury, 2001, 187 pages, ISSN 0 969 4226, ISBN 1 902671 22 8 (pbk). Price £18.00. Also available online at [www.ukc.ac.uk/PSSRU/](http://www.ukc.ac.uk/PSSRU/) Unit Costs volumes for previous years back to 1995 (with articles on different aspects of costing research and methodology) are still available, and are priced at £10 for the 2000 volume and £1 each for previous years (if ordered with the 2001 volume). All prices include post and packing.

The aim of the series is to advance the accuracy and extent of costs knowledge. It brings together the most up-to-date information about national unit costs of services in a widely-used handbook for those involved in providing or evaluating care and those undertaking costs research.

## Criminal Justice

### An Exploratory Evaluation of Restorative Justice Schemes

Miers, D., Maguire, M., Goldie, S., Sharpe, K., Hale, C., Netten, A., Uglow, S., Doolin, K., Hallam, A., Enterkin, J. and Newburn, T., (2001) Home Office Crime Reduction Series Paper 9, Home Office, London, ISBN 184082 692 4.

### The Introduction of Referral Orders into the Youth Justice System

Newburn, T., Crawford, A., Earle, R., Goldie, S., Hale, C., Masters, G., Netten, A., Saunders, R., Sharpe, K. and Uglow, S. (2001) Home Office RDS Occasional Paper No. 70, ISBN 184082 624 X (available at the RDS website: [www.homeoffice.gov.uk/rds/pdfs/occ70-youth.pdf](http://www.homeoffice.gov.uk/rds/pdfs/occ70-youth.pdf)).

### The Public Defender Solicitors' Office in Edinburgh: An Independent Evaluation

Goriely, T., McCrone, P., Duff, P., Knapp, M., Henry, A., Tata, C., Lancaster, B. and Sherr, A. (2001) Scottish Executive, Edinburgh (ISBN 1-85317-925-6).

## Economics of Child Social Care

### Children with severe learning disabilities; needs services and costs

Beecham, J., Chadwick, O., Fidan, D. and Bernard, S. (forthcoming 2002) *Children & Society*.

### The TAPS project: a report on thirteen years of research, 1985-1998

Leff, J., Trieman, N., Knapp, M. and Hallam, A. (2000) *Psychiatric Bulletin*, 24, 5, 165-168.

### Time costs of caring for children with severe disabilities compared with caring for children without disabilities

Curran, A., Sharples, P., White, C. and Knapp, M. (2001) *Developmental Medicine and Child Neurology*, 43, 529-533.

### Respite care for children with severe learning disabilities and their families: Who needs it? Who receives it?

Chadwick, C., Beecham, J., Piroth, N., Bernard, S., and Taylor, E. (2001) *Child Psychiatry and Psychology Review*, forthcoming.

### Supporting young adults with hemiplegia: services and costs

Beecham, J., O'Neil T., Goodman, R. (2001) *Health and Social Care in the Community*, 9, 1, 51-59.



**The Maudsley long-term follow-up of child and adolescent depression: 3. Impact of comorbid conduct disorder on service use and costs in adulthood**

Knapp, M., McCrone, P., Fombonne, E., Beecham, J. and Wostear, G. (2002) *British Journal of Psychiatry*, 180, 19-23.

**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.

**Evaluating Community Care of Elderly People (ECCEP)**

**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.

**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.

**Evaluation of Care Direct**

The PSSRU Care Direct evaluation began in 2001. The first of a series of newsletters appeared in November 2001. Copies can be obtained from Lesley Cox (01227 823963) or downloaded from the PSSRU website.

**Financing Long-Term Care for Older People**

**Carer break or carer-blind? policies for informal carers in the UK**

Pickard, L. (2001) *Social Policy and Administration*, 35, 4, 441-458.

**Community care for frail older people: analysis using the 1998/9 General Household Survey**

Pickard, L., Wittenberg, R., Comas-Herrera, A., Davies, B. and Darton, R. (2001) pp. 201-206 in Tester, S., Archibald, C., Rowlings, C. and Turner, S. (eds) *Quality in Later Life: Rights, Rhetoric and Reality*, Proceedings of the British Society of Gerontology 30th Annual Conference, Stirling, 31 August-2 September, Department of Applied Social Science, University of Stirling.

**Demand for Long-Term Care for Older People in England to 2031**

(2001) *Health Statistics Quarterly*, 12, Winter, 5-17, The Stationery Office, London. Also on the ONS website at [www.statistics.gov.uk/products/p6725.asp](http://www.statistics.gov.uk/products/p6725.asp).

**Funding long-term care: the public and private options**

Wittenberg, R., Sandhu, B. and Knapp, M. (forthcoming 2002) in E. Mossialos, J. Figueras and A. Dixon (eds) *Funding Long-Term Care: the Public and Private Options*, Oxford University Press, Oxford.

**The interface between informal and formal care of older people now and over the next 20 years**

Pickard, L., Wittenberg, R., Comas-Herrera, A., Davies, B. and Darton, R. (2001) *Proceedings from the Health Trends Review Conference*, 18 and 19 October 2001, London.

**Mental Health Economics and Policy**

**Alzheimer's disease in the UK: comparative evidence on cost-of-illness and volume of health services research funding**

Lowin, A., McCrone, P. and Knapp, M. (2001) *International Journal of Geriatric Psychiatry*, 16, 1143-1148.

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

Comas-Herrera, A., Knapp, M., Beecham, J., Pendaries, C. and Carthew, R. (2001) *Journal of Applied Research in Intellectual Disabilities*, 14, 2, 120-140.

**The burden of informal care for Alzheimer's Disease: carer perceptions from an empirical study in England, Italy and Sweden**

McDaid, D. and Sassi, F. (2001) *Mental Health Research Review*, 8, 34-36.

**Carer burden. The difficulties and rewards of caregiving**

Murray, J. and McDaid, D. (2001) pp. 61-67 in M.M. Warner, S. Furnish, M. Longley and B. Lawlor (eds) *Alzheimer's Disease Policy and Practice Across Europe*, Radcliffe Medical Press, Oxford.

**Comparing patterns and costs of schizophrenia care in five European countries: The EPSILON study**

Knapp, M., Chisholm, D., Leese, M., Amaddeo, F., Schene, A., Thornicroft, G., Vasquez-Barquero, J.L., Knudson, H.C., Becker, T. and the EPSILON study group (2001) *Acta Psychiatrica Scandinavica*.

**Costing psychiatric interventions**

Beecham, J. and Knapp, M. (2001) pp. 200-224 in G. Thornicroft, C. Brewin and J. Wing (eds) *Measuring Mental Health Needs*, Gaskell, London (second edition).

**Costs and outcomes management in supported housing**

Krister Järbrink, Angela Hallam and Martin Knapp (2001), *Journal of Mental Health*, 10, 1, 99-108.

**The costs of village community, residential campus and dispersed housing provision for people with intellectual disability**

Hallam, A., Knapp, M., Jarbrink, K., Netten, A., Emerson, E. Robertson, J., Gregory, N., Hatton, C., Kessissoglou, S. and Durkan, J. (forthcoming 2002) *Journal of Intellectual Disability Research*.

**Developing a UK health equity network**

Oliver, A., Cookson, R., McDaid, D. and Exworthy, M. (2001) *Public Health*, 115, 87-88.

**Disseminating information on Alzheimer's Disease to European stakeholders**

McDaid, D., Georges, J. and Meulenberg, L. (2001) pp. 159-173 in M.M. Warner, S. Furnish, M. Longley and B. Lawlor (eds) *Alzheimer's Disease Policy and Practice Across Europe*, Radcliffe Medical Press, Oxford.

**Economic evaluation and conduct disorders**

Martin Knapp (2001), pp. 478-506 in Jonathan Hill and Barbara Maughan (eds) *Conduct Disorders in Childhood and Adolescence*, Cambridge University Press, Cambridge.

**The economic impact of autism in Britain**

Krister Järbrink and Martin Knapp (2001), *Autism*, 5, 7-22.

**Estimating the costs of informal care for people with Alzheimer's Disease: methodological and practical challenges**

McDaid, D. (2001) *International Journal of Geriatric Psychiatry*, 16, 400-405.

**European health technology assessment. Quo vadis?**

McDaid, D. (2001) *Eurohealth*, 7, 6, 27-28.

**The economics of mental health care**

Knapp, M. (2001) pp. 259-277 in F. Henn, N. Sartorius, H. Helmchen and H. Lauter (eds) *Contemporary Psychiatry. Volume 1: Foundations of Psychiatry*, Springer-Verlag, Heidelberg.

**The economics of schizophrenia care in Europe: the EPSILON study**

Chisholm, D. and Knapp, M. (2002) *Epidemiologia e Psichiatria Sociale*.

**Family views of the quality of residential supports**

Noonan Walsh, P., Lineham, C., Hillery, J., Durkan, J., Emerson, E. and Hatton, C. (2001) *Journal of Applied Research in Intellectual Disabilities*, 14, 292-309.

**Financial cost of social exclusion: follow-up study of antisocial children into adulthood**

Scott, S., Knapp, M., Henderson, J. and Maughan, B. (2001) *British Medical Journal*, 323, 191-194.

**Financing, economics and mental health**

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**Residential and nursing home care of elderly people with cognitive impairment: prevalence, mortality and costs**

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**Residential or nursing home care? The appropriateness of placement decisions**

Netten, A., Darton, R., Bebbington, A. and Brown, P. (2001) *Ageing and Society*, 21, 1, 3-23.

**Self-funded admissions to care homes**

Netten, A., Darton, R. and Curtis, L. (2002) Department for Work and Pensions Research Report No. 159, Corporate Document Services, Leeds, ISBN 1 84123 420 6.

**Survey of self-funded admissions to residential and nursing homes**

Darton, R., Netten, A. and Whitfield, G. (2000) pp. 57-66 in A. Fleiss (ed.) *Department of Social Security Research Yearbook 1999/2000*, Corporate Document Services, Leeds.

**NEW BOOK Pharmacoeconomics in Psychiatry**

Edited by David Taylor, Martin Knapp and Robert Kerwin

Published by Martin Dunitz, London, January 2002, price £24.95. ISBN 1-85317-925-6.

As the affordability of new medical technologies continues to be the subject of heated debate, so attention increasingly focuses on cost-effectiveness — the balance between costs and outcomes. Drug therapy, which is perhaps the most readily measured treatment cost, has attracted particular scrutiny. New drug therapies for mental illness have been the focus of special attention, largely because, with the advent of new generations of antipsychotics and antidepressants, health care providers are now searching for justification for the use of these much more expensive treatments.

For this book, aimed at practising clinicians, healthcare purchasers and health care providers, an internationally renowned team of experts has reviewed and drawn together the literature on this subject to explain the process of economic analyses, and provide practical conclusions and advice about their application to different drug groups. The information is presented in a clear and easily accessible manner. Chapter topics include: pharmacoeconomic evaluation and psychiatry; schizophrenia; depression; anxiety disorders; bipolar affective disorder; dementia: evidence and issues; evidence and practice.

## PSSRU evaluation of Care Direct

The Department of Health has commissioned the PSSRU to undertake the evaluation of the pilots of Care Direct, the new one-stop shop for information covering social care, health, housing and social security benefits for elderly and disabled people. Care Direct aims to help users and carers:

- Know where to go for information and advice;
- Get the information and advice they need, when they need it;
- Get the support they need, when they need it — delivered in an integrated way, to consistent standards;
- Make informed decisions about their need for care.

The evaluation will inform decisions about whether and how to roll out Care Direct as a national service. The first pilot will start towards the end of 2001 and take place in six local authorities in the south-west region.

Further information about the background to the project and its aims is available at the Care Direct website at <http://www.caredirect.gov.uk>. For information about the PSSRU evaluation, please contact either Andrew Bebbington on 01227 827525, email [acb@ukc.ac.uk](mailto:acb@ukc.ac.uk), or Judith Unell on 0115 965 3893, email [J.M.Unell@ukc.ac.uk](mailto:J.M.Unell@ukc.ac.uk). The first of a series of twice-yearly newsletters on the evaluation of the pilot is now available at the PSSRU website, along with a brief project outline.

# CARE direct

*If we were a new nation state with no history and a blank canvas would we really organise social care, housing, benefits and health in the way we have it now? Would we have a patchwork of public, private and voluntary organisations with an increasing blurring at the boundaries? Care Direct is new and creates opportunities to bring together disparate services. However to achieve this we need to challenge what many of us had spent years developing in a piecemeal fashion.*

Mark Sharman, Director, Help and Care, describing how Care Direct is being implemented in Bournemouth, in the first Care Direct newsletter.

## Economic evaluation in social welfare: developing the infrastructure

The Joseph Rowntree Foundation supported a programme of work at the LSE which examined how economic evaluation techniques may be applied to different areas of social welfare (broadly defined to span much of social policy, excluding mainstream health, education, transport and the environment). In addition to conceptual and methodological analysis, and a review of the literature, case studies using economic evaluation were conducted in the areas of community development, support for young homeless people, energy efficiency, and foster care. A virtual network of researchers with an interest in this area has also been established, with a dedicated mailing list [econeval-social-welfare@jiscmail.ac.uk](mailto:econeval-social-welfare@jiscmail.ac.uk), and an ongoing seminar series.

The project is a joint venture between PSSRU (at both the LSE and Kent), the LSE's Centre for the Analysis of Social Exclusion, LSE Health and Social Care and the Centre for the Economics of Mental Health (Institute of Psychiatry). The project is nearing completion and a number of publications will be available early in 2002. Information on publications and additional documentation will also be available on the project website [www.econeval-social-welfare.org](http://www.econeval-social-welfare.org).

Reports and papers available from the project will focus on different aspects of the study.

### Main report

Volume 1: Making the most of it: economic evaluation in the social welfare field

Tom Sefton, Sarah Byford, David McDaid, John Hills and Martin Knapp

Volume 2: A practical guide to using economic evaluation

Sarah Byford, David McDaid and Tom Sefton

### Other papers

Some like it hot: the demand for warmth in the UK  
Simon Burgess and Tom Sefton

First aid: economic evaluation in social welfare — lessons from health economics  
Tom Sefton and Sarah Byford

At what cost? — approaches to cost measurement in social welfare evaluation  
David McDaid

Economic evaluations in social welfare: a review of the literature

David McDaid and Tom Sefton

Developing a search strategy to identify economic evaluations in social welfare

David McDaid and Tom Sefton

Evaluating small-scale community projects — can the circle be squared?

Tom Sefton and Liz Richardson

Finding a home for economic evaluation: issues in evaluating a youth homelessness prevention programme

Tom Sefton

Coming in from the cold? Modelling the impact of the government's home energy efficiency scheme

Tom Sefton

## Staff Contact Details

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