mental psychology has been the complete lack of any useful models for change.' (p. 56) There has been little concern with experimental investigation of the change in function which occurs with the onset of mental illness, ageing, or alterations in brain biochemistry. Psychometricians, he argues, have been much more concerned with the issue of understanding change, but progress has been limited by undue reliance on functional models derived almost exclusively from correlational data, and with consequent logical limitations.

Rapid progress by experimental psychologists in developing models for change can be anticipated, with progress currently being achieved in appreciating the importance of active, self-optimizing cognitive control systems, and the growing use of microprocessors to widen the range of tasks which can be simultaneously monitored in the laboratory.

Kendrick's reply makes an effective defence of psychometric investigation of cognitive impairment, indicating that simple performance indices can achieve diagnostic accuracy and be sensitive to change to a degree that demonstrates their relevance.

He welcomes communication between experimental and clinical workers as a hopeful sign for future research developments.

One must reflect that while this debate does indeed carry seeds of hope they could take a long time to germinate. The necessity for psychologists in clinical practice with old people to use the principles of experimental psychology in a more dynamic approach to assessment with greater emphasis on measurement of change has been clearly argued before, by James Inglis – 20 years ago.[1]

NOTE

1 Inglis, J., Psychological practice in geriatric problems, *Journal of Mental Science*, 1962, 108, 669–74.

Oxford D.H.A.

Sociology and Social Policy

John Bond

Walker, A., Dependency and old age. *Social Policy and Administration*, 16, 1982, 115–35.

In this article Walker has attempted to do what a decade ago Bradshaw[1] did for the concept of need: develop a theoretical framework for the con-

cept of dependency. Like need, dependency has been widely used at the social service planners. Dependency means different things to different theoretical and the practical level, both by social policy theorists and by people and the concept has been defined in a variety of ways according to its application. Regrettably it has been only the minority who have clearly defined the concept and it is hoped that this article will encourage greater conceptual clarity by the majority.

Walker provides a fivefold taxonomy for dependency: life cycle dependency, physical and psychological dependency, political dependency, economic and financial dependency and structural dependency.

Walker credits Rowntree[2] with the concept of life cycle dependency derived from his studies of poverty and the life cycle of family need. The social construction of life cycle dependency relates the different stages of the life cycle: birth, childhood, adolescence, education, marriage, work, family building, retirement, grandparenthood and death, to chronological age. The needs of each individual change throughout the life cycle, but because age provides an administratively simple method of discriminating between different stages of the life cycle the individual's needs are related to age and not to the stage of his life cycle. Thus at the simplest level all old people are dependent since at the end of the life cycle most people are physically dependent and because of the way we structure rewards in society most are economically and politically dependent. The numerous exceptions such as the young chronic sick and the economically active elderly are ignored for the purposes of life cycle dependency.

Physical and psychological dependency has been widely applied in studies of the elderly and disabled. In general greater conceptual clarity has been achieved by researchers and planners employing this concept.[3] Definitions are usually tighter and therefore more directly applicable to policy formulations. For example, physical and psychological dependency 'synthesises the inability of an individual to carry out for him or herself the activities necessary to maintain a normative standard of everyday living... A number of dimensions have been identified as basic to everyday living...: mobility, personal selfcare, housecare capacity, mental capacity, social desolation and social isolation'.[4] As Walker points out, the social construction of physical and psychological dependency is determined by who defines incapity: the individual or someone else. All too often in the application of this concept it has been someone else, often the researcher, but usually the professional. Although most researchers and planners who use this concept appreciate this essential distinction it is unfortunate that too few attempt to take account of the individual's perspective in their research, professional and planning activities

Political dependency relates to the curtailment or restriction of freedom

on the part of the individual to determine his or her own course of action. The way in which researchers, professionals and planners have applied the concept of physical and psychological dependency is one example of the way an individual's freedom is restricted. If a professional defines an elderly person as physically or psychologically dependent without taking account of the individual's perspective then the professional has restricted the individual's freedom. Walker emphasizes that this is the situation throughout the health and welfare system. The receiver is usually in a subordinate position to the provider so that the former is politically dependent.

Financial or economic dependency, has been taken to mean reliance on the State for financial support. The structure of rewards in modern society links this concept to the concept of life cycle dependency and since both imply a restriction of freedom to the concept of political dependency. As Walker points out so little work has been done on defining the causes of financial dependency that the concept is of limited value in policy analysis.

These four concepts of dependency have been widely used. Walker argues that too little attention has been paid to the different meanings of dependency and to the social processes which create and sustain dependency. He introduces the fifth concept: structural dependency, in order to explain the existence of dependent status. It is argued that dependency is structurally determined by the denial or restriction of access to a wide range of social resources, including income, status and power. In other words political, financial and physical dependency are a function of social organization and distribution of resources, status and power. This theory of structural dependence suggests that the dependence of different groups in society such as the elderly, the unemployed, and women are socially constructed.

In the last section of this article Walker goes on to identify the main social processes and institutions which have combined to create, enhance or maintain a dependent status.

First, Walker identifies a large number of social policies which have created a dependent status for the elderly. An important example cited is that of retirement policy. Nowadays old age can be socially defined as the age at which older workers leave the work force. Even where older workers remain economically active there is a downward shift in resources, status and power.

Second, Walker describes professional and institutional practices. For example he suggests that many professional interests: doctors, architects, caterers, builders, local politicians, administrators and planners have all tended to favour institutional care for the elderly. They have all worked

to maintain the institutional sector despite policy statements favouring community care.

Third, Walker has identified various changes in the structure and organization of production and in the social division of labour which have combined to increase the dependency of elderly people in industrial societies. A number of developments such as the rise in shift work, assembly line production, part time work, professional organizations, the micro differentiation of tasks are cited as examples of change which have worked to exclude the older workers from the work force.

Walker concludes that dependency is socially constructed since it is a reflection of the pressures of economic, social and psychological structures of society rather than of biological ageing. The individual who is incapacitated may or may not be dependent. This status depends on the interaction between the incapacitated individual and his environment.

COMMENT

Whereas Bradshaw provided us with a precise taxonomy of need Walker provides no similar taxonomy for dependency. The concepts of financial dependency and physical and psychological dependency, on the one hand, are based on the subjective interpretations of social situations which if appropriately and operationally defined can be fairly objectively measured. The problem surrounds the question of who defines and measures dependency. On the other hand life cycle dependency and political dependency are more difficult to operationalize. They overlap with the other two categories but are on a different conceptual level. The concept of structural dependence is a useful concept but does not fit easily into this taxonomy. The useful contribution made by this article is, therefore, not its taxonomy of dependency but the insight into the way that various concepts are socially constructed and socially re-enforced by the status quo. Any person intending to measure dependency, whichever of the four kinds, should read this article in order to understand this important notion. Meanwhile, I will wait for someone to bring together in one unitary classification the various concepts of dependency.

NOTES

1 Bradshaw, J., The concept of social need, In McLachlan, G., ed., *Problems and Progress in Medical Care*, Oxford University Press, London, 1972.
2 Rowntree, B. S., *Poverty: A Study of Town Life*, London, Macmillan, 1901.

3 See for example Munnichs, J. M. A. and van den Heuvel, W. J. A., *Dependency or interdependency in old age*, Martinus Nijhoff, The Hague, 1976.
4 Bond, J., Dependency and the elderly: problems of conceptualisation and measurements, in Munnichs, J. M. A. and van den Heuvel, W. J. A., *op. cit.*, pp. 11–23.

Tobin, S. S. and Kulys, R., The family in the institutionalization of the elderly. *Journal of Social Issues*, 37, 1981, 145–157.

One reaction to the increasing numbers of dependent elderly is the increasing interest of both social policy theorists and social service planners of the role of the family in the care of the elderly throughout the industrialized world. Tobin and Kulys' article reviews the relationship of the family in the process of institutionalization drawing heavily on American and British studies mounted over the last two decades.

The review falls under six headings: the family and community care, family burden, helping the family, family relationships during the process of becoming institutionalized, family relationships with institutionalized elderly and the future of family caring.

Presenting data from the early cross national studies of Shanas *et al.*, and more recent American data, Tobin and Kulys remind us that there are a larger number of elderly people homebound than there are institutionalized elderly, and that the care of these dependent people is provided mainly by close relatives and friends. The spouse, particularly the wife, is the major provider of care in the community. However, the spouse often requires help in providing assistance and they rely heavily on children and outside paid, voluntary or statutory help.

The issue of the burden that caring places on the family is one which pervades much of the gerontological literature. It is one, however, which has been rarely researched and indeed the effectiveness of the family in providing care for the elderly disabled has not been systematically studied. This review, therefore, reports the very early studies of Grad and her colleagues who reviewed the strain on careers of caring for the mentally impaired elderly. There has been more recent work in this area, not reported in this review, which, however does not supersede the work of Grad. (Lancet, i, 1963, 544–547)

One area which has been a central focus of research in recent years is that of innovations for helping the family. Tobin and Kulys review a variety of American programmes. Day care has been widely used to alleviate the strain on the family. Quoting from just one evaluation of day care the authors suggest that day care may not be the panacea that

it is often made out to be. Social work intervention is also reviewed. Again quoting one study Tobin and Kulys imply that experienced professionals are more likely unnecessarily to institutionalize the elderly dependent than untrained workers. From these schemes have emerged the programmes designed to provide home care through family support. However, description and evaluation of such schemes is not very detailed.

One of the most sensitive and difficult issues to systematically research is that of family relationships. Tobin and Kulys emphasize that family members often move the older person into their own home to avoid institutionalization. This review shows that institutionalization follows when these arrangements break down; more often than not because there are family changes such as moving to a new area or grandchildren getting older. However, death of the spouse is the major factor leading to institutionalization. Research into family relationships suggests the older person cannot avoid feelings of abandonment and the family feelings of guilt.

Contrary to expectations family involvement once an elderly relative is admitted to an institution is not insubstantial. Regular visiting is a common feature for residents who have relatives, which is something that is essential in order to normalise the lives of residents.

Following this brief and to my mind rather patchy review Tobin and Kulys get out their crystal balls and attempt to predict the future of family caring. They argue that supporting families who care for their impaired elderly at home could reduce premature and unnecessary institutionalization. It is their view that family policies and practices must be developed to assist families care for the elderly, to help families cope with the process of institutionalization and to provide the aged with congregate environments that lessen the families' guilt and maximize beneficial involvement with their elderly member. The authors note that demographic changes: smaller families, less unmarried daughters, and increased life expectation will necessitate the continuing existence of of institutions. They also suggest that social policies should be developed which avoid institutionalization for some of the elderly who have no family support. Their panacea to achieve this is comprehensive community care.

COMMENT

This review is not a comprehensive account of the role of the family in the institutionalization of the elderly. It lacks a proper overview of research in this area. However, it brings together a number of important issues and in so doing buries a number of myths. The family plays a

central role in preventing institutionalization and families generally carry out this task without hesitation or recrimination. Of course, as Walker would argue, families also help to encourage and maintain the dependent status of the elderly.

Social Services

John E. Tibbitt

Kramer, Jane and Piachaud, David: 'The micro-economics of old peoples homes', *British Journal of Social Work*, 12, 1982, 171–87.

The amount of money people have at their disposal and their degree of control over its use are probably the most fundamental determinants of life-style and freedom of choice in present day society. In times when policies of normalization underpin the development of regimes in residential care of the elderly it is perhaps surprising that questions about the availability of money to residents and their opportunities for and patterns of expenditure have received so little attention in the literature. This paper presents the results of a small research study into the role of money in residential care and highlights some important issues which arise.

The study was conducted in 11 homes (9 local authority and 2 voluntary), and used loosely structured methods to discover practices used for the administration of money in each home and to understand residents' involvement with handling their own money. For almost all clients in the local authority homes, but few in the voluntary homes, pension books were held centrally and a personal allowance, the balance after accommodation charges had been deducted, paid to residents by a variety of more or less formal or public methods. Only about half the residents realized the personal allowance was money from social security rather than from charity or the home itself. None of them understood how the allowance was calculated. Almost all though the allowance (at the time of the research £4.65 per week) was plenty of money since the home provided for all their daily needs.

It was not possible for the research to investigate 'need' for money. Essentially the money was seen as being for 'extras' – sweets, toiletries and the like. Some residents had accounts for newspapers in shops, a hairdresser visited each home, and some had private arrangements either with fitter residents, relatives, or voluntary visitors to purchase other items required. Few of those interviewed ever visited external shops, but all