

helped under the protocol of the community care scheme are functioning better on the whole than the people in the control group. A significantly greater proportion of people in the community care scheme were being cared for at home and a significant proportion were surviving longer. These outcomes were also achieved at lower cost than those of the control group. The evaluation is now in its fourth follow-up year and is trying to discover if and when the costs of community care become greater than institutional care for some groups of elderly people.

COMMENT

This article shows the importance of developing evaluative studies at a local level which contain measures of cost and outcome and can also be generalised to other parts of the country. The use of a key social worker to tailor service delivery to individual circumstances within a constrained budget is the nearest public sector analogy to the economist's model of individual consumer choice. The results of this project are eagerly awaited throughout many different countries and if successful it could provide a model of case management which is of importance to all people requiring long-term medical and social care.

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**Social Support**

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Nancy J. Chapman and Diane L. Pancoast, 'Working with the informal helping networks of the elderly: the experiences of three programs'. *J. of Social Issues*, 41 (1985), 47-63.

Three demonstration projects intended to develop ways of strengthening the informal helping networks of elderly people are reviewed. The first, in Portland, Oregon, used homemakers to enhance the existing networks of their clients. The second, in Quebec, used a network approach in responding to requests for services, finding alternatives to nursing home placements, or interweaving formal and informal resources to provide services in the home. The third, in New York City, hoped to maximise the use of, and sensitise staff to, the active social networks which existed in single-room occupancy hotels largely housing the elderly and former mental patients.

The review focuses particularly on a comparison of the goals of

intervention, the ways in which networks are assessed, the barriers to intervention, and the evaluation of outcomes. Possible goals, for instance, included increasing the size of informal networks, changing the content of exchanges, reinforcing existing relationships, changing the structure of the networks, and creating ties between formal and informal systems. Largely, the programmes examined concentrated on the first three of these.

Barriers to intervention included the need to respect the elderly person's individual style and preference for formal or informal help. Privacy also caused problems: there was reluctance among some of the elderly to discuss their networks or have their neighbours contacted, and certain topics (e.g. money) were considered especially private. Networks were not necessarily advantageous: they could be exploitive. In the New York study the networks which were identified by the researchers were not always apparent to the residents themselves. Although volunteers were often seen as part of friend networks, it was difficult to substitute their help for that of family members. Intervention might also be limited by the very fact that first brought the client to attention – the complete lack of, or the exhaustion of, any helping network.

Each programme achieved some measure of success, though the New York project the least. The authors note the problems of evaluation, given the idiosyncratic nature of the interventions. It is concluded that although (especially in the Quebec project) ways were found to assist some people to remain in the community, on the whole attempts by service providers to enhance informal networks are more likely to help in minor ways than to reduce either the use of formal services or institutionalisation: 'The projects had some success in mobilising informal networks to work with the formal system, but less success in replacing that system.'

#### COMMENT

The authors' decision to integrate discussion of a project of their own with two comparable others seems admirable. None of these reports appears to be easily available elsewhere, and the comparison adds breadth and interest. It is perhaps a practice which should become more common.

Lars Andersson, 'Intervention against loneliness in a group of elderly women: an impact evaluation'. *Social Science and Medicine*, 20 (1985), 355–364.

Another intervention programme is described here. As part of an ageing and loneliness project in Stockholm, a sample of 207 people was taken from the waiting list for admission to senior-citizen apartments. Those who rated themselves as lonely (108) were divided into intervention and control groups. In the intervention group, social workers/home-help assistants combined the elderly people into small neighbourhood groups, who met four times to discuss particular topics (the role of the retired, the residential area, and so on).

Initially, and six months after the conclusion, both groups were interviewed and various measures were applied (UCLA Loneliness Scale, measures of social integration, alienation, psychological resources, health resources, activities).

The intervention group improved on all these measures. They experienced less loneliness, had more social contacts, felt less meaninglessness, had higher self-esteem and more ability to trust, and participated more in social activities. Interestingly, their blood pressure was also lowered. There was no change, however, in the reported availability of a close friend or confidant.

On these findings, the author bases a discussion of some of the concepts involved. Though there were changes in both loneliness and blood pressure the two were not related, and it is suggested that thus the mechanism involved cannot be a simple one. It is hypothesised that the intervening variable is associated with ability to trust, and that this is something which the group meetings generated. A model for distinguishing between different levels of intimacy is presented, based on the finding relating to the availability of a confidant. It is suggested that under normal circumstances – not at times of social loss – the absence or presence of a confidant is not particularly associated with adaptation; for daily living, the optimal level of intimacy seems to be the exchange of reciprocal help.

#### COMMENT

The common problems of the evaluation of intervention studies – the possibility of a simple ‘Hawthorne effect’, the question of the permanence of any effects, or the influence of demographic variables upon sample selection and drop-out – are all admirably dealt with. This is a model of a simple programme, evaluated in a straightforward way, which appears to offer some success. Moreover, it is an excellent example of the potential of even a simple study, if analysed with care, for leading to an interesting and informed discussion of basic concepts.

Eleanor P. Stollen, 'Exchange patterns in the informal support networks of the elderly: The impact of reciprocity on morale'. *Journal of Marriage and the Family*, 47 (1985), 335-342.

From the perspective of exchange theory, this study examines the informal helping networks of a random sample of 753 people over 65 years in the State of New York.

It has often been documented that there is an intergenerational exchange of support within the families of the elderly. Here, this was true of the majority. Most help was received from children, and the elderly people usually reciprocated in some way (though less in relationships with family members than with friends and neighbours).

The exchange perspective implies that help from others may actually have a negative effect, undermining morale, unless the elderly person is able to reciprocate. Symptoms of depression were therefore measured, as well as the help given and received. Household, level of functional impairment, and utilisation of formal services were also documented, since they were seen as possible influences on both the need for help and the ability to reciprocate.

In exchanges with children, it was found that receiving help was indeed associated with depression-related symptoms, but giving help was more strongly associated in a positive way. For other relatives, the positive effect was evident but not the negative.

A negative relationship was also shown between reliance on informal networks and the scope of formal service use. As the author notes, this may be evidence of a substitution effect, where formal services lead to a decline in the level of informal help. Or it may suggest that services are successful in targeting clients who are without other sources of help.

#### COMMENT

This is a competent example of the statistical manipulation of variables, but it is perhaps typical of work of this type that the results may appear arid rather than truly illuminating. Inevitably, the conclusions tend to the obvious ('Elders who report greater activity limitation were more likely to receive help but less likely to provide help') or provide associations that could be interpreted in many different ways. No doubt an imbalance in exchange relationships can be associated with lower morale in elderly people, but the direction of causality remains unclear.

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