RESIDENTIAL CARE REFORMS (FOR ELDERLY PEOPLE) IN BRITAIN —The Implications for Japanese Policy and Practice—

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Contents

1. Introduction

The theme of this study is to pursue 'Residential Care Reforms' in Britain. In my observations, the characteristics of Residential Care in Britain consist in the legislative and administrative regulations, the practical guidance based on the regulation and the inspection system. Additionally, in particular, standards and guidance emphasised that the residents are to be treated as same as of other human beings and have the same basic

human rights, based on the combination of the above characteristics.

The change of the trend of thoughts in social welfare policy has two parts: on the one hand, the making and pervasion of community care and on the other hand, the remaking and reforming of the institutions. The so-called idea of normalisation should be also grasped in these two senses, namely, normalising the life of the insititutionalised persons towards community life (deinsitutionalisation) and normalising the residential life of residents.

With regard to this latter point, it looks that the reforming of institutions for the various groups with handicaps has been implemented steadily in Britain. This stream might be called 'Residential Care Reforms - silent reforms -'. Why 'silent' reforms? Because, although 'Community Care Reforms' are based on the 'brilliant' legislative epoch making - NHS and Community Care Act 1990 -, 'Residential Care Reforms' have not had such publicity, rather it seems that they are in the process of reforming. Of course, Residential (or institutional) Care as one of the social institutions has been regulated or controlled by the legislations of that time, but the changes have not had the very name 'Reforms', as have the 'NHS Reforms' and 'Community Care Reforms'.

This research is based on the conjectural hypothesis that "in the long hisotry of Residential Care for elderly people in Britain, there were changes which deserve to be termed 'Resiential Care Reforms' and are still going to advance".

2. What are 'Residential Care Reforms'?

To envisage what is meant by 'Residential Care Reforms', it is necessary to clarify the meanings of 'Reforms', and then to consider whether the term should be applied to the history of Residential Care.

When change to social affairs is desired, legislation is the most powerful instrument under the modern admistrative state. Furthermore, if the term 'Reform' means the judgement of the preceeding and/or existing conditions and the artificial alteration of them, understanding the intentions of 'Reform' is very important, although it is another problem whether the intentions could be achieved or not. As mentioned above, if the term 'Reforms' relates to legislation which was intended to generate changes in social affairs, the trial of the conception 'Residential Care Reforms' must search for such relationships. On the other hand, in the residential care which has a day to day practical setting, the very practice of day to day events could be the setting for reforms, when the practice aims at the better level. Therefore, there are two aspects within 'Residential Care Reforms', that is, the external reforms and internal reforms.

3. Historical Trace of 'Residential Care Reforms': the Reform of Provision

It is my conjectural hypothesis that, in the history after the World War II in Britain, 'Residential Care Reforms' have followed three stages: reform of provision, reform of regulation and reform of care practice.

In that history, what should had been reformed? To answer this question means to summarise the legacy of the workhouse under the Poor Law.

Hughes & Wilkin (1987), after characterising the local authority residential homes for elderly people as being uniquely British institutions, continue as follows:

They have their roots in the Poor Law of Victorian England, where enforced institutionalisation was the penalty for poverty and misfortune. With the post-war advent of the welfare state an attempt was made to transform the old asylums into residential

homes which would provide hotels and rest homes to which the more affluent were able to retire in thieir later years. It was intended that these homes should provide for people who, although unable to continue to live independently in their own homes, did not require skilled nursing care. In practice the homes have never entirely escaped from their associations with the Poor Law and the workhouse whilst at the same time they have found themselves catering for an increasingly desabled population. The result is that British local authority residential homes embody a range of characterisitcs which have come to be recognised as more or less universal amongst institutions for disabled people in general and the elderly in particular. The negative features of total institutions in Goffman's terms are common to institutions from prisons to hospitals (pp.399-400).

Concerning the Workhouse and the situation of management and life of residents (inmates), according to the Webbs (1909), the one positive recommendation of the Poor Law Report of 1834, was "where these classes (the children and the aged) are povided for in institution, however perfect might be the nominal classification, but in entirely separate buildings, with distinct rules and arrangements, and under quite independent management (p.3)" was not implemented except for lesser examples until then and that "the great majority of the non-abled-bodied poor for whom institutional treatment is provided still to be found intermingled with the able-bodied men and women in these institutions (the General Mixed Workhouse)" (p.5).

What were the 'inherent defects' in the GMW suggested by the Minority Report? It is important to remember that the Report clarly stated that "we do not wish to suggest or imply that the Workhouses of to-day are places of cruelty; or that their 250,000 inmates are subjected to any deliberate ill-treament" (p.6). However, the term 'promiscuity' and 'unspecialised management' were the typical features of GMW.

Moreover, that Report suggests that "it is to be noted that this condemnation applies alike to the five or six hundred smaller Workhouses or Poorhouses of rural districts of the United Kingdom, as well as to the two or three hundred larger establishments" (p.13). Therefore, "these institutions have a depressing, degrading and positively injurious effect on the character of all classes of their inmates, tending to unfit them for the life of respectable and independent citizenship" (p.25), and "we have to report that there exists in all parts of the kingdom, among all classes, the greatest dislike and distrust of this typical Poor Law Institution" (p.12).

About 40 years after the Minority Report, though within this period, the Workhouse was changed to the Public Assistance Institution (PAI) under the Local Government Act 1929 and the Poor Law Act 1930, we can observe in the Nuffield Survey Committee Report (1947), that, even though they had to inherit the negative workhouse tradition (para.160), the following aims were establisehd: i) the classification of institutions; ii) the de-institutionalisation of regimes; iii) the change of national attitude towards residential homes; iv) the changes of name of residential establishments first from workhouse to institutions and then to homes; v) the diversification of organisations of provision and so on.

But what were the reality of such institutions and homes? The Committee reported on the one hand the general improvements: for example, size of bedrooms, married quarters, sitting-rooms, belongings, daily time-table, pocket-money and so on, on the other hand, the various problems such as: in PAI, breakdown of provision for sick and infirm aged (aged persons dying in circumstances of great squalor and loneliness), insufficient classification, unsuitable buildings and rigid rules, insufficient staffing (training, ratio, other professionals and so on), and poor inspection, and in voluntary and private homes, lower staff ratio as general (sometimes, cruel exploitation or neglect of old people),

insufficient inspection and so on.

In fact, this period following World War II should have been one of the first reforms of residential care for elderly people in Britain. Universal condemnation against the workhouse, groping for the anwsers to that condemnation, the changing attitude of the nation towards the residential care for elderly people, re-organisation of local authorities, the appearance of the independent sector as a provider of residential homes for the aged, and 'evacuation scheme under the Air Raids in W.W.II' generated the tendency towards the reform of provision of residential care for elderly people.

Means & Smith (1985) gave the term 'reforms' to chapter 3 of their book *"The development of welfare services for elderly people,"* namely, "Civilian Morale and Elderly People: The Emergence of 'Reforms' in Residential and Domiciliary Welfare Services". One of their study's aims were revealed in the title of their earlier article (1983), namely, "From Public Assistance Institutions to 'Sunshine Hotels': changing State perceptions about residential care for elderly people, 1939-48". They stated their study's aim like this:

One aspect of this work has been to study the impact of the Second World War upon welfare provision for elderly people and how this in turn influenced political thinking behind the 1948 National Assistance Act, which placed a duty on local authorities to provide 'residential accommodation for persons who by reasons of age, infirmity or any other circumstances are in need and attention which is not otherwise available to them' (1983, pp.157-158).

This National Assistance Act 1948 also abolished the term 'public assistance institution' which had been introduced by the 1930 Poor Law Act. In a sense, the persons interested in this problem all had known what should be reformed with residential care for elderly people as already stated above. In a word, 'de-workhouse' might it be.

In addition, World War II influenced the situation as follows:

(a) undermined the position of those already in institutional care, (b) increased the need of many frail elderly people for support from the state and (c) led to a reformulation of attitudes amongst officials towards residential provision for elderly people (Means & Smith 1983, p.162). Particularly, the Evacuation Scheme under the Air Raids, though the area which had been implemented was not so wide, accumulated the experiences of the evacuation hostels. These hostels had varieties in terms of the running organisations (both government and voluntary sectors) and the users (evacuees, some for the homeless, some for the frail and some for the completely bedridden) (Means & Smith 1983, p.166). "However, the cruicial feature of all such hostels was that people were seen as residents not inmates; they were not covered by any of the poor law legislation and they did not have to give up their pension" (Means & Smith 1983, p.166).

Under the background, legacy and experiences which have been traced above, after all "the apparent intention of Part III of the National Assistance Act was to make such homes more readily available through replacing the large old public institutions by 30 to 40 beds residential homes that would inpose no loss of social rights upon residents" (Means & Smith 1985, p.131). We might call this intention 'the reform of provision'.

"The old institutions or workhouses are to go all together. In their place will be attractive hostels or hotels, each accommodating 25 to 30 old people, who will live there as guests not inmates. Each guest will pay for his accommodation - those with private income out of that, those without private income out of the payments they get from the Nationa Assistance Board - and nobody need know whether they have private means or not. Thus, the stigma of 'relief' - very real too, and acutely felt by many old people - will vanish at least" (Means & Smith 1985, p.167).

Judge (1986) also stated as follows: These hotels were considered to offer two important advantages over the Poor Law

workhouse. First, they were small and therefore able to offer a more personal atmosphere than was possible in the large workhouses. Second, the relationship between the resident and the service provider was markedly different from that inherent in the Poor Law provision (pp.5-6).

But "such hopes were never realised", Means & Smith said (1985, p.167). "The period after 1948 did not see a major expansion to small homes for elderly people. Consequently, many remained in former public assistance insitutions" (1985, p.150). "The economic recovery proved slow to occur. The capital building programme, including new residential homes for elderly people, was severely restricted. Despite attempts to adapt older buildings into small residential units, the new welfare departments remained heavily dependent upon both poor law stafff and poor law buidings, a situation that was to be so ruthlessly exposed in 1962 by Peter Townsend in The Last Refuge" (1983, p.174). "At the same time, the Act did little that was positive to destroy the old poor law tradition of institutional care. No consideration was given to the staffing of residential homes and the need to retrain those used to the regimentation and authoritarian ethos of many public assistance institutions" (1985, p.155).

The various debates of the division of residential homes between the normal, frail, sick and mentally ill, of the design of purpose built residential homes (whether single-rooms or shared rooms, the size of rooms etc.), of the size of residential homes, of the quality of life on residents in residential homes, of the demographic change of population, of the family responsibility of care for elderly people, and so on, after all, could not find the proper solusions "in response to the capital expenditure cuts required because of the rearmament programme" (Means & Smith 1985, p.203).

4. History of Criticisms of Residential Homes and Residential Care

At present, if we intend to focus on the raison d'être of Residential Care Homes, we will have to comprehend the twofold failure of care for people who are unable to manage their own lives. One is of course the failure of residential care, but at the same time the other one is the failure of community care. Moreover, each failure has to be understood as containing dual structure, that is, the basic failure of each care system and the occasional abuse in each setting.

Here, the failure of residential care is examined. The residential homes and care including the physical conditions, have been criticised in various modes. Possibly, these criticisms will never stop and in a sense, they confess the structural failure of care for the dependent people in that society. These criticisms have been developed not only in the area of residential care for elderly people, but also in the areas of child care, care for the physically handicapped, care for mentally handicapped, and long-term hopital etc. among various countries.

It may be said that the core of such failures are historically developed as 'institutionlism' or 'institutionalisation'. As for the traditonal regime which had given rise to institutionalism, at the first time, there is 'institutional neurosis' (Barton 1959) which denotes the outcomes of long-term hospitalisation of schizophrenia patients. As the most classical suggestion, Goffman (1961) suggested the concept of 'total institution'. Presumably, the workhouse had had these features to a greater or lessor extent. And Townsend (1962) drew the meaning of living in institutions like this: a minimum of privacy, slender relationships with each other, subsistence in a kind of defensive shell of isolation, etc. (pp.328-329).

Further, other suggestions will be added. The concept of 'Social Death' was developed by Miller & Gwaynne (1972) to

highlight the situation of residential institutions for the physically handicapped. In the 1980s, according to Baldwin et al (1993), are added concepts of: 'enforced dependency' from Wilkin & Hughes (1987), the 'steam-press' model from Booth (1985), 'anticipatory socialisation' from Willcoks et al (1987) and so on.

Recently, Clough (1993), based on the historical review, showed not the hard 'institutionalisation' but institutionl 'tendency or pressure'. He says that "it is right that not all residential establishments are like Goffman's stereo-type. Neverthless, I think it essential to acknowledge the tendency, even in small homes" (pp.79-80).

There is scope to research in line with whether the negative effects on residents of residential living are as Goffman's hard institutionalisation, namely: abasements, degradations, humiliations, profanations, contaminations, regimentations of self, or Clough's "tendency or pressure". In any case, as long as residential insititutions continue to exist in society, the quality of care within them has to be continuously reviewed both externally and internally.

On the other hand, as alredy mentioned above, another aspect of failure in residential setting has to be analysed, that is, the occasional abuse in residential care settings.

Although it is not the aim of this study to consider the elder abuse itself, we have to overview the ways of understandig that. Glendenning (Decalmer & Glendenning 1993) suggested that the neglect and abuse of old people is not new. What is new is the attempt, since the end of the 1970s, to find out why it happens. It is established that miscare, mistreatment, physical, emotional or material abuse take place (p.1). To have not been recognised does not mean that abuse did not exist. Because focus has been mainly on abuse in domestic settings, public recognition of abuse in residential care settings was furtherly delayed. But it does not mean that abuse in residentia settings did not exist unitl then. "There

is a considerable history in the form of injuries and scandals" (Biggs et al. 1995, p.77). It is an important suggestion that in Britain, a distinction is drawn between individual acts of abuse in insitutions and institutional abuse (Glendenning 1993, p.14).

However, there is not yet unified definiton of abuse, non, therefore, a unified classification. Clough (1995) suggested that all of anything unsatisfactory does not mean to be abusive (p.2). In addition, there is a difficulty of demarcation between abuse and crime, for example between financial abuse and theft (Clough 1995). Hugman (1995) insisted more definitely on the need to make clear a distinction between acts which can be regarded as 'abuse' and those which could be seen as 'criminal', and that too loose a definition weakens the significance of the issue by making abuse synonymous with all harm or risk faced by older people (p.505). In some categorisation of abuse, it is noteworthy that 'forced entry into a nursing home' is included in abuse.

What are the findings or understandings of abuse in residential care settings? Phillipson (Decalmer & Glendenning 1993) suggested that the identification of elder abuse as a form of family violence has led to an additional problem: the failure, especially in the British context, to give proper weight to abuse in intitutional settings. This must be considered surprising given the long history of mistreatment of the old within poor law institutions, elderly people's homes and long-stay hospitals (p.82). Here, the merger of the structural (institutional abuse) and the occasional (individual acts of abuse) is seen. In a sense, the big issue is the relation between the structural and the occasionalof abuse in the residential setting.

Clough (1987) abstracted the various forms of neglect and abuse out of plentiful examples (of scandals or bad practice) in residential centres as follows: institutionlised practices whereby residents are treated en masse; indifference to and neglect of residents, illustrated by leaving people in urine soaked clothes or of not being aware of health problems; physical cruelty; humiliation

of residents; a life-style that is too authoritarian; a life-style that is dull and depressing; an overcrowded and run-down environment; staff arguing and fighting; and staff using money or goods inappropriately (p.8).

Above Phillipson (Decalmer & Glendenning 1993) extracted some findings out of research: for example, verbal aggression was characteristic of a number of the cases; a combination of physical abuse and verbal aggression is contained; abuse may also occur where homes deny basic standards of privacy to residents (pp.82-83), and quoted Kayser-Jones's four categories of Infantilizaton, Depersonalization, Dehumanization, and Victimization (p.84).

How is abuse in institutional setting explained? If abuse in institutional setting is structural, as Biggs et al (1995) questioned "Are institutions abusive in themselves?", the answer or explanation becomes 'institutionalism'. However, Clough (1987) tried to list the explanations as follows: 1. Failure of different groups to agree about purpose and task; 2. Failure to manage life in the centre in an appropriate way; 3. Resources - buildings and staff; 4. Confusion and lack of knowledge about guidelines; 5. The attitudes and behaviour of staff; 6. Staff capacity, and lack of training; 7. Low staff morale; 8. The low status ascribed to the work; and 9. Failure to see a pattern in events (p.24). Although in these explanations there are some explanations which require future explanation, it needs to be understood that factors which generate abuse in residential care settings are not only structural.

Gillard (Eastman 1994) stated 'aetiological modes of institutional abuse' consisted of five points: 1) lack of staff training and education (ignorance), 2) culture and structure of the organization, 3) pathological characteristics of care staff, 4) work-related stress and professional burn-out, and 5) patient characteristics as victimes (p.103).

When we consider the failures as a whole of residential or institutional care, we have to distinguish at least two dimensions,

namely the structural and the occasional, though there is a difficulty in analysis as many authors merged these dimensions. In addition, there remains many issues of abuse concerning the definition, categorisation, prevalence, aetiology, and so on. However, the phenomenon has changed from scandals to abuse. If we cannot establish paradise on earth, we have to continue to strive to improve the care in residential homes, in both senses of the structural and the occasional. In a sense, these are the ultimate tasks of residential care reforms.

5. The Registered Homes Act 1984 and the Reform of Regulation

As is generally known, the 1980s have seen a massive growth in private sector residential care (Allen et al, 1992). Allen et al, having quoted Kellaher et al. (1988), listed the reasons for this growth: the changing demography of an ageing population, with an increase in peopole aged 75 years and over; changes in the nature of family care; a need to develop alternative forms of long-term care as increasing pressure was placed on hospital beds, and perhaps the most important stimulus of all, the public funding of independent sector provision through the introduction in 1980 of Supplementary Benefits regulation which enabled people entering private residential care to obtain financial support through board and lodgings payments (p.257).

This shift of providers of residential care for elderly people from public sector to private sector generated new problems within that sphere. These problems influenced the second reform of residential care for elderly people, namely the reform of regulation.

Vyvyan (1987) uses the term 'reform' in his article "The Registerd Homes Act 1984: reform and response". He quoted the change of figures of residential care homes in the independent sector. According to the quotation, between 1979 and 1986 the

number of registered private and voluntary residential care homes in England and Wales rose from 3,500 to as estimated 10,000. And over the same period, the number of elderly, physically handicapped or mentally disordered people resident in the independent sector increased from 75,000 to as estimated 170,000 (p.84). We have already seen the factors of the drastic growth of residential homes in the independent sector. Since Britain had the Residential Homes Act 1980, why was new legislation needed?

Brooke Ross (1985) suggested some points as background to the Act 1980: gaps in the legislation and the government's intention to extend the Act; the rapid expansion of private sector care and the forecasted development and importance of the private and voluntary sector (including the sheltered and very sheltered housing); some of the problems which had arisen - and it was hoped the new legislation would deal with - were the range of establishments and the variation in standards between homes, and the low standards and poor quality of care in some often when residents were ill or became frailer; the registration fee could not be considered ralistic; difficulty of assessment of the fitness of a person to be a manager and proprietor; residents too often lacked a clear system to make complaints and so on (pp.86-87).

1980 Act itself sets out the authority of regulations: Registration of homes includes powers of refusal or cancellation of registration, of Appeals against refusal or cancellation and of Inspection of homes in that content. In a sense, it provides the necessary and sufficient conditions of regulations to the Homes. However, in 1982, DHSS and Welsh Office published *"A GOOD HOME: A consultative document on the registration system for accommodation registered under the Residential Homes Act 1980"*. Those items suggested by this document conincide with the conditions which Brooke Ross suggested as the background. It is understandable, therefore, that these items intend total alteration of the regulation system of residential (and nursing) homes, system

including authorities, registration, inspection, code of practice, etc. We can descend this intention as the 'Reform of Regulation'.

According to Vyvyan (1987), the intention of *"A Good Home"* at once was turned into the Health and Social Services and Social Security Adjudications Act 1983, and this HASSASSA 1983 was immediately repealed and replaced by the 1984 Act. In addition, this Act was a part of a packege which included the folloiing documents.

- The Registered Care Homes Regulations 1984 (SI 1984 No 1345)
- The Registered Homes Tribunal Rules 1984 (SI 1984 No 1346)
- Home Life: a code of practice for residential care (Centre for Policy on Ageing, 1984), and
- Guidance Notes, issued under DHSS Circular LAC (84) 15 in England and Welsh Office Circular 40/84 in Wales.

The major changes introduced by the 1984 Act were as follows (Vyvyan 1987): the definition of those homes requiring registration, the provison for dual registration, both proprietor and manager have to be registered, a minimum frequency of inspection (at least once in every twelve months), registration fees (£100 on initial registration and an annual fee of £10 per place), and the establishment of new machinery of hearing appeals by proprietors against the decisions of registration authorities (The Registered Homes Tribunal).

At first glance, this package of Regulation looks to be completed in both procedural and practical aspects. However, we can see various comments (Carson 1985, Brooke Ross 1985). Furthermore, Brammer (1994), recently, listed a varietyof criticisms which directed both at the legislation itself and at the tribunal's interpretation and application thereof as follows: the criterion (meaning) of 'fit person'; confusion concerning the power to add

conditions; the contradiction of the power for and emergnecy order against no power to take over management of the home; the difficulties of the registration authority to satisfy the civil standard of proof; the difficulties of the tribunal to ensure in advance the 'managerial, financial and communication skills' of the home owner; the paternalistic framework and the failure to place sufficient stress on the rights of residents coherent in the legislation; the question of whether residents should be consulted before the closure of their home; (particularly in terms of the situation from April 1991) no additional resources for the extensions of the role of inspection and understaffing of many inspection units. Although these commentators stressed aspects of the law, the shortcomings of the 1984 Act as an act were made clear in both structural aspects and practical aspects. However, when we again consider the reform of regulation, it is acknowledged that the years after 1984 was the period of 'registration'. That is, as Vyvyan (1987) described, "fifteen months after the introduction of the 1984 package on 1 January 1985 a few tantative conclusions are possible about the early experience. Most striking is the way in which the responsibilities for exsiting homes - in inspection, support and development - have taken a lower priority, while authorities have concentrated on new registrations" (p.95). In practice, DHSS Social Services Inspectorate (1989) mentioned that "Eighteen months after the implementation of the Act, half the homes included in this study had only been inspected once. Another quarter had received two inspections. The length ofthe inspections and the degree of detail of the examination varied. The results of this study indicate that local authorities are not fully geared up to inspect with either the frequency or the comprehensiveness which their responsibilities under the Act require. Registration officers have so far concentrated inspection on the "hard" evidence of facilities and physical environment. Insufficient attention has been given to the difficlut but crucial examination of the quality of care offered in the home" (para.6.1).

Vyvyan (1987) explained these situations around registration and inspection in the beginning period, which should be the two wheels of regulation (pp.95-98):

- almost all authorities have clear minimum standards for new registration, but many have no formal policy on the frequency and content of inspections or on how they should be reported;
- many registration and inspection officers have made a deliberate decision to concentrate their effort on gatekeeping, or ensuring that only suitable proprietors likely to provide good care and facilities enter the residential care field in the first place;
- in many areas, even when dealing with homes they regard as wholly unacceptable, authorities have felt unsure about their power to act;
- registration and inspection staff have also suggested that, even where they consider the situation in a home so serious as to warrant closure, the 1984 Act may not provide all the powers they need;
- registration and inspection staff feel particularly uncertain about their powers to concern themselves with the financial affairs of the home and its residents.... but neither the Act nor the Regulations give authorities explicit powers to examine financial documents and so to satisfy themselves about the financial viability of new projects;
- the two areas (registration and inspection) of work also involve quite different skills. It is perhaps more straightforward to decide whether a new application does or does not meet the authority's minimum standards for registration. To work in a more dynamic way with existing proprietors to enhance the quality of life for residents call for skills of a different kind. Inspection officers do not always feel well fitted by their training and background for this

aspect of their work, and to date the specific staff development opportunities for registration and inspection staff have been at best patchy;

- authorities are aware that to insist upon the Code of Practice philosophy in the independent sector, they will need first to set a good example on issues of privacy, dignity, autonomy and individuality in the public sector.

After all, the reform of regulation for residential care homes was not completed by the 1984 Act, because at least, the following points remained as problems: a) in practice, the 1984 Act led to an emphasised registration; then consequently, inspection as the other component of regulation was inmature, b) the 1984 Act intended to regulate the homes in the independent sector; therefore impartiality between the public and independent sectors was emphasised as a problem, c) the area of application of the 1984 Act is limited to the residential accomodation which offers both board and personal care for 4 and over persons; therefore the border line area remained as not needed to register, and d) as an organisational issue, if the inspecton has to be applied even to the public sector, it was odd that the inspector or inspection unit remain within the local authorities. Therefore, in the history of Britain, the reform of regulation for residential care homes has passed the course of preparation at first registration, then the inspection.

6. The Preparation of the Inspection System

In the 1984 Act, inspection of homes was provided in accordance with the regulations as to conduct of residential care homes. Thus, it is clear that the Act 1984 had the objects of inspection and the power of inspection of authority. But this system *did not function sufficiently due to the reasons which Vyvyan* suggested above. It might be said that the effort of clear

implementation for the effective working of inspection system began since the publication of *"Making Sense of Inspection: A Training Course for Registration and Inspection Staff"*(DoH & Welsh Office 1988). It is indeed that this document did not totally resolve the problem a) above, but certainly, was a part of solution.

This document which defined inspections as 'occasions when performance in an establishment is considered' (p.60), suggested twofold goals of inspection:

(1) there should be some mechanism or system whereby the original and stated goals or standards are matched against current perfomance. Essentially, inspection is the central mechanism within the regulatory system for making this comparison, and for bringing performance back into line with the orginal terms of the contract where this performance is too far out of line.
(2) by ensuring that an individual establishment's performance corresponds to the 'agreement' made at registration, the regulating authority ensures that its system of standards, for provision generally, remains intact and that its philosophy for the care and treatment of vulnerable groups is being put into practice.

These goals were translated in terms of practical aims as follows:

(a) to judge the effectiveness of the home's management and its routine monitoring systems. Inspectors would be seeing that the homes managers were doing their own monitoring.
(b) to make a separate assessment of the quality of life of the care received by residents/patients. (p.60)

Moreover, this document states that inspection has a number of facets and these can range from the highly formal with a greater or lesser *policing element,* to less focused, informal procedures

which contain a sizable *support element* (p.60).

Concerning the inspection system, what needs to be given attention, additionlly to the above document and a series of publications of "Inspecting for Quality" by DoH/SSI, is the establishment of the inspection units in local authority social services departments (SSDs), introduced by the direction of the Secretary of State (on 23.11.90) to set up by 1. 4. 1991 SSD inspection units to inspect residential care homes in the public (or local authority) as well as private and voluntary sectors (cf. DoH SSI 1994, Appendix A), and the implementing an inspection of the work of inspecton units by Social Services Inspectorate. Griffiths & Roberts (1995) stated that "the Inspection Units were also set up to be 'free standing' in order to have an independent regulatory role. This has meant the Units are not part of the social services department as such and are directly accountable to the Director. The Director of Social Services is responsible for their management and organisation and for safeguarding their independence (para.4.14.1)."

It seems that by the establishment of Inspection Units, 2 of 4 problems mentioned above, namely b) partiality between the public and independen sectors and d) the need of independent organisation of inspection, were solved. What was the reality? The research by Counsel and Care (1994) reported the results as one of the success stories of Community Care, but as having many problems.

Further, the main findings of a national inspection of Local Authority residential care homes by Social Services Inspectorate, which has been undertaken since 1993, to examine the extent to which Local Authority residential homes for older people are able to meet the individual needs of user, were reported (27 LA homes in nine areas, DoH SSI 1995).

In these findings, the successes and insufficiencies of both individual homes' care and the successes and problems of the inspection system are clearly suggested.

The Social Services Inspectorate introduced the Inspection Division into the organisation in 1992 (DoH SSI 1993 b). According to the findings of results implemented by this Inspection Division (27 LASSDs, DoH SSI 1994), although a picture of steady progress being made by most SSDs in achieving the standard set by the SSI, the following siginificant areas of under-achievement were listed:

- providing information to the public; and particularly service providers and users, about inspection units and their responsibilities, policies and practices and about advisory committees;
- demonstrating that units were sufficiently structurally indepenent;
- monitoring units' activities and effectiveness, including presentaion of data and analysis about both inspection outputs and outcomes;
- conducting the number of inspections each year required by legislation and guidance;
- making explicit statements of service standards, publishing them and consulting providers and users about them;
- agreeing policies and procedures for sharing information between different parts of SSDs;
- agreeing policies and procedures for consulting with service providers about draft reports;
- recruiting suitably qualified staff to inspect children's homes and boarding schools;
- promoting and developing the role of advisory committees;
- agreeing policies and procedures for making inspection reports accessible to the public in an appropriate form; and
- agreeing policies and porcedures to ensure and demonstrate even-handed enforcement of inspection findings. (pp.2-3)

Inspection system is in the midst of trial and error in both institutional apparatus and training the inspectors. Despite the welcome suggested by Counsel and Care (1994), Bradshaw says that there is evidence of the improvement of standars in day and residential establishments since the introduction of inspecton but no proof that this can be attributed directly to the process of inspection.... It is difficulut to gauge the extent to which it is the existence of inspectorates or their active intervention which creates the alteration (Clough 1994, p.158).

Another problem was c) small residential homes which cater for fewer than four persons. The Registered Homes (Amendment) Act 1991 was the solution to this problem. But, although "many people welcomed the introduction of the 1991 Act because of concerns that many unscrupulous proprietors were deliberately setting up small homes to avoid registration and keep standards low", Griffiths and Roberts (1995) write, "It was Minister's intention 'to apply a lighter touch to such homes'". For example, in particular, once a 'small home' is registered there is no continuing requirement to check routinely whether the standards set or other requiremet are being met. Or authorities are neither required nor expected to inspect small homes, either on registration or regularly thereafter. In practice, the new provision is a mixed bag.... the expected gains from registration, in terms of inspection and accountability, are unlikely to materialise because of the 'lighter touch' approach" (para.4.16.1). Although these criticisms are severe, it is certain that the small homes which were left in noninterference so far, were included even partly within an umbrella of regulation.

In addition, the recent consultation document *"Moving Forward"* (DoH & Welsh Office 1995), which has the sub-title 'A Consultation document on the Regulation and Inspection of Social Services', raised about the regulation as a whole many important issues. First, the government's view of the essential principles which any system for the regulation of social services ought to meet

is as follows: protection of the service users by setting, and monitoring compliance with, minimum standards; even-handed, fair and consisitent approach to all providers, ie both public and independent sectors; reasonable consistency in the standards applied and in the approach to regulation and inpsection; flexibility to allow regulation to meet the special needs of the differnt services and client groups; consisitency so fa as possible with the approach to regulation and inspection in other areas of public provision (eg. schools); the reasonable costs of essential regulation should normally be met by those regulated unless there are special reasons suggesting otherwise; if it is decided to substitute costs for any reason, this should be transparent; the system should deliver value for money; effective arrangements for monitoring, transparency and accountablity; and effective rights of redress (eg. appeal) against unfair decisions (para.38).

Attention should be paid to emphasising the flexibility and costs of regulation. This document offers 19 questions in total about the role of statutory regulation today and the organisational structure of regulation and inspection. Although the answers partiticular groups concerned would send are predictitable, here rather "possible alternative models which Government prepared for the organisational structure of regulation and inspection" may be more important.

On the organisation of regulation, it appears that the Government's intention that the old and new issues of first the national vs. local and secondly social services vs. health services should be solved. In addition, particularly, the second option for inspection is noteworthy, since this suggests the privatisation of inspection.

Finally, I would like to add one point. The point is that this document refers to 'self regulation by provider groups', indicating that "if the Government were satisfied that systems for accreditation were sufficiently robust, responsibility for the regulaion of at any rate some social services could be turned over to associations

of providers and voluntary organisations" (para.69), and "alternatively, there may be ways of introducing some level of self regulation through accreditation schemes alongside a continued but reduced role for a public regulator/inspector" (para.70). We should not overlook this move to further privatisation or deregulation. It is clear, neverthless, that this document implies, so to speak, re-reform of regulation, particularly in the aspect of the organisation of regulation.

So far we have developed the theme of reform of provision and regulation in the history of 'residential care reforms'. The development until now of this paper is, so to speak, of the input and process of the residential care system; however, the reforms of provison and registration mean input and process of inspection which are external. We have to continue to search for internal process and outcome. These aspects are developed in the next section on the reform of care practice.

7. The Reform of Care Practice: Good Care Practice and Quality Assurance

Sinclair concluded after his review that the vast majority of elderly people do not want to go into residential care. Asked to consider the possibility that they cannnot look after themselves at home, most are likely to opt for sheltered housing (NISW 1988, p.279). We can question whether in an ideal society or in ideal community care (with 24 hours provision of good services, and with good housing which could cope with the needs of elderly people), it is possible that residential care could be absorbed into community care and housing provision. Clough (1982) wrote: "I want to escape the sterile argument about whether homes would be needed in an ideal society. I start from two premises: first, that society has an obligation to provide the best possible lifestyle for those who are misfits, whatever may be the reason or the route by

which they have become known as misfits; second, that families are not always good places in which to live and that residential homes may be both good and fulfilling" (p.122). We might be presumably able to add that community care is not always good provision and that the community is not always a good place where to live. At the present stage of time, we must still treat residential care not as something that should exist as of right but as of fact. And if we provide residential care for people for any reason at all, we have an obligation to make the provision worth living in, and to ensure the conditions for the maintenance of the human dignity of residents. These effors towards good care practice and/or quality assurance are the third stage of Residential Care Reforms in my conjectural hypothesis.

Everywhere and everytime there are efforts and trials which aim to improve the conditions of residents in the residential homes, even in a small way. From where must we start the consideration of reform of care practice in this sense? It will be possibly best to start from *"Home Life: a code of practice for residential care"* which was published in the year of the beginning of the reform of regulation, though there will be occasional reference to an earlier legacy.

The Chairman of tne working party expressed the nature of this report in the Introduction as follows: this code of practice has authority in scenes both of registration and inspection to require the registered homes and the homes applying for registration to comply with its contents on care practice. In this sense, this code is different from individual practice or individual assertion for good care practice. This is the reason that I begin to consider the reform of care practice from *"Home Life"*.

Concepts such as privacy, autonomy, individuality, esteem, choice and responsible risk-taking in "Home Life" are not minmum standards but maximum concepts because they are the final result or outcome. In addition, these concepts are able to be re-

comprehended as basic human rights. Clough (1982) acknowledged the call for 'rights for residents', and argued that "in social work, rights movements have emphasised both the right of disadvantaged groups to be offered the same services and opportunities as other citizens, and the rights of those who are entitled to particular services to have those provided without fuss and humiliation" (p.95). In addition, he recognised appropriately that "the more services that are provided, the more dependent the resident. The less contact with outsiders, the more vulnerable the resident. Staff control both the resources and the manner in which they are provided" (p.96). Thus 'rights' mean not only the outcome, but also the process. When we understand this mechanism, we can also understand that the code of practice means the discipline of care process of the staff, because the very process which was created by the efforts of staff (within the relationships with residents) is the producer of outcome.

However, the abstract expression of outcomes or objectives needs to be interpreted or operationalised into the concrete behaviour system, into the ways which should promise to actualise the objectives.

On the other hand, the Wagner Report (1988) indicated the *future direction of residential care as a whole*, as "A Positive Choice". This move, 'from the last resort to a positive choice' is a mark of residential care in the historical perspective. The characteristics of the Wagner Report are indicated in the summary of principles and recommendations. The key points in those princples are 'positive choice' in admission, 'positive experience' in residential living, and retaining of 'rights'. The authors emphasise "one of the major principles of good residential practice" is "that residents should have as much control over their own lives as possible, maintaining normal lifestyles and exercising choice" (p.35). As further details of good practice, the report listed up five inter-related principles (Caring, Choice, Continuity, Change and

Common Values) and barriers to good practice. As barriers to good practice, five points are indicated: lack of planning and organisation, lack of leadership, fear of risk-taking, stigma and lack of resources (pp.65-67). Therefore, the report suggests the importance of expert management and the role of 'external' management (so-called 'good management' as a factor of good practice), and the importance of staff support and training (in four phases consisting of Induction training, Core training, Team development and Regular appraisal of training needs) (p.90). We can see the components of good care practice as (1) good care, (2) good management and (3) good staff training. These factors come eventually to relate to quality of care and quality assurance as seen later.

After *"Home Life"* and the "Wagner Report", many volumes of guidance on satndards, aimed at operationalising or beaking down the philosophical or idealistic concepts into concrete rules and procedures, have been published by the Department of Health (Social Services Inspectorate). This is the same structure as that of the inspection system which breaks down from the Act's conditions through the Regulations to Recommended Standards, or from Philosophy through Policy to Practice (DoH & Welsh Office 1990).

In the area of residential care for elderly people, *"Homes are for living in"* is important, which suggests a model for evaluating quality of care provided, and quality of care experienced, in residential care homes for elderly people (DoH SSI 1989). The model identified six factors (or values) which contribute to good quality care and life experience in homes: namely, privacy, dignity, independence, choice, rights, and fulfilment. Furthermore, each of the six values is specified in a checklist in the chart, across eight factors of care: physical environment, care practices, staff, staff-training and development, procedures, case recording, documents, and meals and meal times (pp.18-19).

The operationalisation or beaking down like this is possibly

an effective way for staff to review their daily practices, and this trend is a characteristic of British residential care towards good care practice, although in practice, it demands further inspection. Furthermore, *"Caring for Quality: Guidance on Standards for Residential Homes for Elderly People"* (DoH SSI 1990) offered a basic overview of standards of some aspects of residential homes provision: a way of thinking about standards for homes and their management; some clarification of the differences between standards for management, standards for care and a good quality of life; and a consideration of the way in which standards developed by the SSI in recent years apply to particular contexts and issues. Moreover, *"Inspecting for Quality: Standards for the Residential Care of Elderly People with Mental Disorders"* (DoH SSI 1993 a) proposed a way of moving from the detail of practical activities towards actualisation of each value.

Thus standards and guidance are getting more detailed. It is clear that when these details are examined by inspectors, the result will contribute to an improvement of care. But inspection is external in nature and a snapshot. Warr & Kelly write "a number of people in the social care field have fallen into the trap of equating 'inspection' with 'quality assurance'... quality assurance is a much wider approach based on the continuing need to monitor and enhance quality. Inspection, whilst important, represents only a part of quality assurance" (Kelly & Warr 1992. p.5).

Youll (NISW 1993) reported the results of "The Caring in Homes Initiative (CHI)" which aimed to demonstrate how several of the recommentdations and issues highlighted by the Wagner Review might be put into practice and was set up in 1989 as a three year programme of developmental research. The aim of research was to find ways of improving quality of life by promoting good practice, and the work was conducted in close collaboration with front-line workers in care establishments and, wherever possible, residents themselves. The programme entitled 'Inside Quality

Assurance (IQA)' emphasised the point that the system to be developed was about carrying out an in-house review. The IQA System is described in a package of materials which contains a description of the process, a detailed set of guidlines, interviewing schedules and checklists.

If 'Quality' means 'the totality of features and characteristics of a product or service that bear on its ablity to satisfy stated or implied needs' (British Standard 4778, Kelley & Warr 1992, p.4), some questions loom up such as: What are the featurues and characteristics of a product or service?; Whose needs should be considered or given the priority?; and In what way does the QA evaluate process? The "Committed Quality" (DoH 1992) emphasised the centrality of users' views in defining quality. The IQA Sytem mentioned above, reported success in including residents. On the other hand, Warr & Kelly, again relating QA to inspection, said that inspecton most frequently concentrates on the inputs and prcesses of a service and, to some extent, on outputs (the immediate 'results' of the inputs and process)...The inspector cannot be confident of systematically evaluating the outcomes (in other words whether the service users lead happier and more fulfilled lives as a result of access to that service),...Evaluation of outputs, processes and inputs should be informed by the overall effectiveness of any service in terms of the outcomes (Kelly & Warr 1992, pp.10-11).

On the analysis of service in terms of input, process, output, and outcome, Clough (1994) said critically that the problem with these types of analysis is that while they are helpful at one level in trying to break down the task, the act of breaking down into parts destroys the whole. The reality is that for service users the outcome is a totality of factors (p.101).

Quality Assurance contains many unsolved problems such as process-product ambiguity or unsymmetry; the part and the totality issue; standards setting issue; indicators-oriented vs. sensation-oriented measurement; resident's (mental) incapacity

issue; and so on. Neverthless, it can definitely be said that the two streams of good care practice and quality assurance, possibly complementing each other, are building up the ongoing reform of care practice. If "society is judged by how it cares for its most vulnerable members" (Howe,1992 p.4), residential care homes must also be judged by how they care for their residents. This is the third stage of residential care reforms in Britain.

8. Conclusion - Some Implications for Japanese Policy and Practice

I have developed so far my conjectural hypothesis that in the long British history of residential care for elderly people there has been the process of reforms of care. That outline of the process of reforms could be described as follows:

Reforms of residential care for elderly people begin from an aim of breaking through the limitations of General Mixed Workhouse under the Poor Law. Based on some amendments of legislation, the alteration of name of old people's homes was noted, from workhouse to public assistance institution and from PAI to home (or hostel). But the first *reform of provsion* of residential care under the hotel model between and after the second World War, was not completed. Although the National Assistance Act placed on local authorities the duty of providing residential accommodation for elderly people, it was, in particular, of the growth of the independent sector as the provider of residential and nursing homes for elderly people in the 1980s, which generated *the reform of regulation* to be seen as the second stage. In the regulation, stages were developed first registration, to be followed by inspection systems, and this reform has been continued. On the other hand, the long history of residenitial or institutional care in Britain have been accompanied by an equivalent history of criticisms of inhumane care in institutions, expressed in the form

of institutionalism and elder abuse. Both reforms of provision and regulation have aimed at improving care for residents. But those external reforms have had limited effectiveness. At the present time, the reforms of residential care are running into the third stage, namely *the reform of care practice* comprising good care practice and quality assurance. These external and internal reforms will be completed when the residential care would be located legitimately and validly in the spectrum of care.

Finally, I would like to end up my consideration of residential care reforms in Britain by suggesting some implications for Japanese Policy and Practice.

1) The charcteristic process of reforms in Britain consists of a combination of legislation and guidance (in various manuals) which aim to bring together administrative objective and practice reality. In Japan, although there are legislation and minimum standard, the intermediate phase of liaison between policy and practice is weak. Therefore, guidance is much needed to improve this weakness.
2) The issues of 'fitness' of person, premises and care at the stage of registration, and the inspection system as a whole have much value for the Japanese system, because in particuar the monitoring of the precess of care is weak.
3) The residential care reforms in Britain, based on concepts of fundamental human rights of residents, quality, good care practice and so on, will influence the future of residential care practice in Japan which has had traditions of paternalism or maternalism and professionalism.
4) The trends which Britain has experienced such as down-sizing of homes, the development of multi-purpose homes or resource centres are full of implications, because Japan also has been experiencing similar tendencies.
5) The outcome of elder abuse in residential settings in Britain

is very suggestive in terms of method and result of research. In Japan, elder abuse stays at the stage of scandals. Thus, the full-scale and organisational research is a very important theme in future.

6) The gale or ground swell of privatisation is a precious lesson for Japan which is also in a similar ground swell.

This study is one of the outcomes of my study abroad in 1995-96 at the Unversity of Lancaster in Britain. I would like to express my heartfelt thanks for good supervision by Professor Roger Clough, and for useful suggestions by Professor Roger Hadley and Professor Keith Soothill at Lancaster University.

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