BOOK REVIEW/COMPTE RENDU

Julia Johnson, Sheena Rolph, and **Randall Smith**, *Residential Care Transformed: Revisiting 'The Last Refuge.'* Basingstoke UK: Palgrave Macmillan, 2010

This is an important book. It addresses key issues about the quality of residential care for the elderly, about "institutional" life more broadly, and especially about methodologies and ethics in social science research. After a brief background sketch, we start with the related methodological and ethical issues.

In the late 1950s, Peter Townsend led a research team that visited 173 residential care homes, and in 1962 published his analysis as *The Last Refuge: A Survey of Residential Institutions in England and Wales*. Trained as a functionalist anthropologist, he used what would today be termed a "mixed methods" approach, drawing on participant observation, site visits, questionnaires, interviews, diaries, and photography. With its combination of statistically rigorous social science and passionate eloquence, his rich, thick analysis was influential in advancing the critique of "institutions" as places to house vulnerable individuals.

The authors of the current book undertook to determine how many of these 173 homes had survived 50 or so years later, with what continuities and what changes. Only 39 homes had survived, often with different ownership, new (and typically larger) buildings, sometimes in a slightly different location or under a new name. The authors ended up revisiting 20 homes, ensuring in their selection diversity of geography, size and ownership type, while assembling some data on the other 19 "survivors" as well as on the many that had not survived. Given contextual changes both for the homes and for social science, they did not and could not simply replicate Townsend's study.

To undertake an initial "tracing study," the authors recruited 79 volunteers who tracked down and wrote reports on the survivors and non-survivors in their localities. Most of the volunteers were themselves seniors contacted through the University of the Third Age, the Social Work History Network, similar agencies and local advertising. The volunteers were mainly women and mainly retired from jobs in social work, health professions, teaching, or library and information services. They thus brought skills, knowledge, and experience to the project.

The authors acknowledged and addressed concerns that could be raised about the possible exploitation of the volunteers and about the quality of their work. Consistent with other studies of volunteering, the volunteers indicated that they were motivated by general interest and a wish to contribute, by the desire to maintain and develop their research skills, and by personal connections to care homes and to lifelong learning. They were comprehensively and individually briefed, and provided with a detailed information package itself prepared with help from one of the volunteers on two tracing pilots. They received ongoing support via contact with one of the three researchers and through an occasional project newsletter. As result, the research team was satisfied both that the volunteers were not exploited and that their "detective" and reporting work was of high quality.

Unlike Townsend, who was not bound by any formal research ethics rules, the members of the later team were required to secure the approval of an ethics committee and to undergo police checks. (Interestingly, the volunteers were not, although a funding requirement for the project was to actively engage older people as research participants.) The team had to obtain informed consent from the homes they revisited, from those they interviewed and photographed, and where appropriate from their families. They had to be sure that the volunteers "did not extend their inquiries beyond their remit," while providing them with enough detail that they could undertake the tracing work. They had to balance guarantees of anonymity with acknowledgement of personal testimonies, and to balance putting people at ease with adhering to informed consent requirements, notably in regard to residents with varying degrees of dementia. They had to respect ethical issues in their use of Townsend's files in the UK Data Archives at the University of Essex and in the preparation of their own data for archiving at the same site.

The authors argue persuasively that researcher access to archived qualitative data is vital to the examination of continuity and change in society, and to reflections on changes in approaches to research. There are new questions to be asked of old data, in new ways. This access must of course be closely monitored to protect the identities of individuals and places. To insist, however, as many contemporary ethics boards do, that such data be destroyed soon after the project for which they were collected is complete, is to destroy opportunities for this examination and these reflections. The UK's Economic and Social Research Council requires that the qualitative data from projects it funds be offered to the UK Data Archives. Canadian research ethics boards and policy makers, take note

Townsend had been very critical of the appalling quality of life and of care he encountered, especially in the postwar homes that had previously been workhouses (politely termed Public Assistance Institutions). In keeping with his positivist orientation, and alongside his qualitative research, he had developed a 48-item quality measure, covering items of physical amenities, staffing and services, measures of occupation (i.e., opportunities for resident activities), freedom of daily life, and social provision. These five aspects of quality were then weighted to produce six summary evaluations, ranging from "bad" to "very good." Judging only 30 of the 173 homes to be either good or very good, he contributed significantly to the anti-institutional discourse of his day.

Revisiting his quality measures a half century later, the current authors found some improvements, notably in physical amenities (e.g., more single rooms and central heating) and in social provision (e.g., TVs and phones in individual rooms). They also examined the most recent reports produced by the government's Commission for Social Care Inspection (CSCI), which used 37 standards to construct four summary evaluations ranging from "commendable" to "major shortfalls."

Although the findings from these two sources were generally consistent, they raise several cautions about the assessment of quality. Contexts and standards have changed over 50 years. With an older, needier resident population in the later period, the notion of taking a "holiday" from the home, as some earlier residents had, is now irrelevant. By the same token, for residents in the 1950s having one's own TV set, when they cost the equivalent of £1370 (\$2200) in 2007 currency, was irrelevant. New health and safety regulations can prevent illness and injury; they can also be a defensive response to liability risks that inhibits freedom and the sense of accomplishment. Residents no longer assist in food preparation, for example. Despite the appearance of objectivity in quality measures that take numerical form, their construction and application were and remain necessarily informed by individual experiences and values. By both the Townsend and the CSCI standards, however, and consistent with most other studies in the UK and elsewhere, the private, for-profit homes tended to score more poorly than those in the voluntary sector.

Townsend was quite clear in his anti-institutional assessment. The current authors do not in the end agree. They encountered poor homes, to be sure. But they also encountered high quality homes. Siding with critical gerontologists who privilege structural inequalities, and against cultural theorists who emphasize limitations on the exercise of individual agency, they see diversity in what is available in care homes and in the degrees and kinds of choice made about living in them or not. For some, moving to a care home is a positive choice. In terms of both need

and choice, the authors argue that residential care homes will remain with us, and that alternative "personalization" strategies (such as direct payment schemes) come with their own disadvantages.

At several points, the authors locate their study at the intersection of history and sociology. One could add social work, policy analysis, nursing, anthropology, economics, gerontology, and yet other disciplines to the busy intersection they have examined. While it is not without its shortcomings — given the predominantly female residents, overwhelmingly female workers, and the undervaluing of the sector, the absence of any gender analysis comes immediately to mind — this important book has much to offer researchers and students from all these fields of inquiry. Within appropriate rather than formulaic ethical guidelines, we need the capacity and encouragement to conduct further studies, on care homes and beyond, that build on previous qualitative as well as quantitative research.

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