revenue – will be required for future health services.

viii. *The private contribution to care*

a. *Para 6.49:* Griffiths makes strong recommendations for the expansion of private care and the voluntary sectors. 'Central government should not fund a general expansion of local authority run homes'. In addition, local authorities 'should negotiate the best possible prices in the private sector'.

We are concerned both with the quality of private care at 'the best possible price' and of its geographical distribution, which is very unevenly spread at present and makes for particular difficulties in liaison with health authorities. In some particularly deprived boroughs, there are very few private facilities and these seem unlikely to develop in the future. It is possible that voluntary sector care may be arranged, but we feel that the contribution of statutorily funded facilities are underemphasised. Some of the most innovative developments are to be found within the statutory sector.

b. *Para 6.51:* We support the statement providing a significant input to domiciliary care, and that assessments should not be considered between residential care and very little else. These decisions should, however, be made on the basis of need and not of expense.

ix. *Registration and inspection* (paras 6.52–6.58)

The recommendations on 'Setting and Maintaining Standards', contained in *Residential Care – A Positive Choice: a Report of the Independent Review of Residential Care* ('Wagner Committee'), seem rather more stringent, and we would support them.

4. **Chapter 8: Other issues**

i. *Professional roles* (para 8.4)

There may well be a case for a new occupation of 'community carers' to undertake the front-line personal and social support of dependent people and for the development of multipurpose domiciliary services. We would envisage these as being recruited from the local neighbourhood and given a little basic training.

They should not be confused with 'case managers' who would take a co-ordinating role and would require to be trained staff, as would those involved in training mentally ill or handicapped people, to cope with everyday demands and to make use of the local facilities.

ii. *Training* (paras 8.5–8.8)

We are pleased that the Griffiths Report makes a particular point of mentioning training which is extremely important in the implementation of community care. We have already noted our regret that social workers are not going to receive a third year of training. We are particularly concerned about the organisation of training in private care. The 'best possible price' of private care may be obtained by not allowing residential staff and other workers time off to complete their training and studies and by not providing any teaching staff. At present, practically all the training for the NHS and in local authorities is provided at public expense; there is very little training in private facilities. If private and voluntary facilities are to take an increased role in the provision of community care, the cost of training their personnel must be included in their costs.

Approved by Council – June 1988

Centenary of the Gaskell Medal

To mark the centenary of the inauguration of the Gaskell Medal, the members of the Gaskell Club have very kindly presented a silver candelabrum to the College. The candelabrum bears the following inscription:

"1887–1987. Presented by the Gaskell Club to The Royal College of Psychiatrists to Mark the Centenary of the Gaskell Medal".

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