Appendix 2

Sampling and methods

Within each of the three local authorities studied, we made a further selection of three districts with different characteristics.

Elderly people and carers
The aim was to interview 100 elderly people living in the community (33 from each area) and 100 elderly people in residential care, half from local authority homes and half from private homes (again 33 in total from each area).

We also aimed to interview the informal carers of the elderly people, the social workers or other professional advisers of those living in the community, and the heads of homes of those living in residential care.

The study was restricted to elderly people of 75 and over who were not suffering from senile dementia or other acute mental frailty.

Community sample
The elderly people living in the community were all known to social services departments and were ‘at the margin’ of community care and residential care. Criteria for selecting elderly people who might be ‘at risk’ of entering residential care were agreed with the local authorities.

The elderly people were selected at random from lists supplied by social workers or domiciliary care officers.

i) In the outer London borough, there were specialised elderly care teams. We sampled from elderly people aged 75+ who were receiving social work or welfare officer support.

We interviewed 33 elderly people living in the community in the London area, selected from 15 social workers’ and welfare officers’ caseloads. We interviewed 18 informal carers of the elderly people selected. We were not able to achieve interviews with three of the elderly people selected, although we interviewed their carers.
ii) In the *southern county*, the sampling procedure was slightly different in each of the three districts. In one district, social workers were based in the residential homes and assessed elderly people for all domiciliary and community services, as well as residential care. We selected three residential homes to give a good geographical spread and made a random selection of elderly people on the social workers’ ‘active’ caseload. The ‘active’ caseload was made up of elderly people being visited by a social worker. In this district, we interviewed 11 elderly people from 7 social workers’ caseloads.

In the second district, the social work team was generic. We selected elderly people from social workers’ ‘active’ cases. We excluded a social worker who worked mainly with children and a student, both of whom had only two or three elderly people on their caseload. In this area, we interviewed 11 elderly people from eight social workers’ caseloads.

In the third district in the southern area, the organisation was different again. There were two social work teams, one of which worked with elderly people. The social workers did not have ‘caseloads’ but were associated with different services. With the help of the four social workers, we compiled a list of elderly people receiving two or more domiciliary and community services and selected 12 elderly people at random.

We interviewed 34 elderly people living in the community in the southern area, selected with the help of 19 social workers. We interviewed 26 informal carers of the elderly people interviewed.

iii) In the *northern county*, there was little or no social work with elderly people. Instead, domiciliary care organisers worked with elderly people, managing and organising all domiciliary care services and putting together packages of care. As social workers were not as a rule working with elderly people, we selected our sample from those on DCOs’ caseloads. The DCOs kept records of elderly people receiving home help. These records indicated how dependent the elderly person was on the service. We selected a range of elderly people from those who were very dependent to those who were less dependent.

We interviewed 36 elderly people living in the community in the northern area, selected from 11 DCOs’ caseloads. We interviewed 28 informal carers of the elderly people interviewed.

iv) Overall, we interviewed 100 elderly people living in the community and 72 of their informal carers, representing 103 elderly people, three of whom could not be interviewed. In three cases the carer refused to be interviewed and in eight cases the elderly person refused on their behalf. In 19 cases, we could not identify an informal carer, and in one case the carer lived a considerable distance away.

v) *Methods of approach* Social workers and DCOs helped us approach elderly people if they thought this was necessary or advisable. Informal carers were identified as the person who was providing most help or support to the elderly people.
person in the community. These carers were identified with the help of the elderly people themselves, as well as the social workers/DCOs.

**Residential care sample**

We wanted to ensure that the move into residential care had been a relatively recent event, so that people’s memories were still relatively fresh about what had happened around the time of the move.

The elderly people living in residential care were all selected at random from lists supplied by the residential homes of those who had entered the homes in the previous twelve months.

In each home, we listed the names of all residents aged 75 plus who had been admitted as long-stay residents within the previous twelve months. We excluded people who had not previously been living in the community (i.e. those who had been in an institution or hospital for a long period of time), those who were very ill or were very confused and those who had entered the home very recently (i.e. within the previous week). We included people who had entered from hospital or another residential home as long as they had not been there for a long period.

We then selected, at random, a number of elderly people, ranging from one to five, depending on the size of the home and the number of eligible residents.

**a) Local authority residential care sample**

i) In the London area, we conducted interviews in four of the five homes located within the three areas selected for study (see above). The fifth home was excluded as it specialised in care of elderly mentally ill people.

*We interviewed 17 local authority residents from four homes in the London area. We interviewed 12 informal carers of the elderly people interviewed.*

ii) In one of the districts in the southern area, three local authority homes were selected to give a good geographical spread. These were the homes in which the social workers were based from whose lists we selected our community sample of elderly people. In the other two districts, we conducted interviews in all the homes located in the area.

*We interviewed 18 local authority residents from eight homes in the southern county. We interviewed 16 informal carers of the elderly people interviewed.*

iii) In the northern county, we conducted interviews in all five local authority homes managed by the selected neighbourhood teams. We also interviewed in another local authority home which was located in one of our areas, and drew residents from the area, but was actually managed by another neighbourhood team.

*We interviewed 17 local authority residents from seven homes in the northern area. We interviewed 14 informal carers of the elderly people interviewed.*
iv) Overall, we interviewed 52 local authority residents from 19 homes and 42 of their informal carers.

b) Private residential care sample

i) In the London area, a list of homes was provided by the Private and Voluntary Homes Inspector. There were only seven private residential homes across the whole borough and these homes did not always fall into our three selected areas. Because of the small number and small size of the homes, it was clear that if we only interviewed in the homes located in our three areas, we would not achieve a large enough sample. We therefore approached all seven private homes in the borough. One of the homes refused to participate and one had not had any new residents in the past 12 months.

We interviewed 14 private residents from five homes in the London area. We interviewed eight informal carers of the elderly people interviewed.

ii) There was a large number of private homes in the southern county. Lists were provided by the Senior Assistants responsible for registration and inspection. Across our three areas, there were 50 private homes for elderly people. We selected private homes that were located in the same vicinity as the local authority homes and we selected homes to give a range of sizes. One home preferred not to participate in the study and a replacement home was selected in the same area.

We interviewed 18 private residents from nine homes in the southern area. We interviewed 9 informal carers of the elderly people selected. We were not able to achieve an interview with one elderly person selected, although we interviewed her carer.

iii) There was also a large number of homes in the northern county. The Principal Officer (Registration) provided us with lists of private homes across the county. We again decided to select private homes in the same areas as the community and local authority samples. There were 31 private homes for elderly people across the three selected areas. Homes were selected at random and none refused to participate.

We interviewed 19 private residents from ten homes in the northern area. We interviewed 15 informal carers of the elderly people interviewed.

iv) Across the three areas, we interviewed 51 private residents from 24 homes and 32 informal carers of the elderly people interviewed.

v) Methods of approach A letter was sent to selected homes by each of the local authorities, outlining the objectives of the research and asking them to cooperate. This letter was followed up by a telephone call from PSI asking if the home would be willing to participate.
Because of the small number of homes in some areas and the small number of residents in some homes, the residents to be interviewed were often self-selecting; if they fitted the criteria, they were interviewed.

c) Local authority and private residential care sample

Overall, we interviewed 103 elderly people from 43 residential homes and 74 of their informal carers, representing 104 elderly people, one of whom could not be interviewed. In three cases the carer refused to be interviewed and in six cases the elderly person refused on their behalf. In 12 cases, we could not identify an informal carer, and in seven cases the carer lived a considerable distance away. In two cases, the carer was ill in hospital and could not be interviewed.

Informal carers were identified as the person who had been most involved in the decision to move into residential care. These carers had sometimes been helping to support the elderly person in the community and sometimes they had not, only appearing when residential care was imminent. Carers were identified with the help of the elderly people themselves, as well as the heads of homes and home owners/proprietors.

Professionals

i) In the London area, we interviewed 15 social workers/welfare officers and three team managers. We also interviewed four heads of the local authority homes in which we interviewed and five owners/proprietors of the private homes in which we interviewed.

ii) In the southern county, we interviewed 20 social workers and three team managers. We also interviewed eight heads of the local authority homes in which we interviewed and nine owners/proprietors of the private homes in which we interviewed.

iii) In the northern county, we interviewed 11 domiciliary care officers, five social workers (who provided little or no support to elderly people) and five neighbourhood team managers. We also interviewed seven heads of the local authority homes in which we interviewed and ten owners/proprietors of the private homes in which we interviewed.

iv) Overall, we interviewed 40 social workers and 11 team managers or team leaders (from all three areas) and 11 domiciliary care organisers (only in the northern area).

We interviewed 19 heads of the local authority residential homes in which we interviewed and 24 heads of the private residential homes in which we interviewed.

v) Social workers in the London area and southern county, DCOs in the northern county, and all heads of homes/home owners were asked specific questions about the elderly people selected from their caseloads/homes.
All professionals interviewed were asked about their views on community and residential care for elderly people.

**Questionnaires and interviewing**

i) All interviews were conducted face-to-face using a series of questionnaires which were fully structured in that all the questions were asked in a pre-determined order and the exact wording of each question was specified. Each person within the given category was asked the same questions. Interviewers included the authors of this study, PSI researchers and a small number of trained and experienced interviewers who work on a regular basis with PSI and other research organisations.

All interviews with social workers, domiciliary care organisers and team managers were carried out by the authors of this report.

ii) Social workers and domiciliary care organisers completed a short questionnaire about the services received by the elderly people selected from their caseload.

iii) Heads of homes/home owners completed a short questionnaire about occupancy and dependency levels in the home.

iv) Questionnaires were developed after extensive pre-piloting in London and the home counties. A pilot study was conducted with the help of a social services team in a large city.

v) Fieldwork was conducted between November 1988 and June 1989.