Chapter 3

Elderly people in the community: formal care

Some elderly people in the community had a great deal of informal care from one or more sources, but others, some of whom were very frail, had little or no informal care, often because they had few or no relatives. Friends and neighbours rarely provided much care, and even if they did, it was usually of a functional nature. Even when elderly people had a lot of support from their informal network, many were in need of formal services, not least because nearly two-thirds were living alone and over a fifth were living with an equally elderly spouse. When they were living with younger carers, most of these carers felt a need for some formal services to help them look after the elderly people.

All the elderly people we interviewed in the community were known to social services, so we might have presumed that they would have some formal services. What we did not know was the extent to which such a group of people, who were all thought to be in some way at the margin of community and residential care, would be supported by the statutory sector.

‘Community care’ is a concept which has been developed over the last few years to describe the care which helps to keep people in the community and out of residential care. Much stress has been put on the need for elderly people to have a choice in the services they receive and to retain their independence. As the White Paper, *Caring for People* (Department of Health, 1989), put it in defining community care:

> Community care means providing the right level of intervention and support to enable people to achieve maximum independence and control over their own lives. For this aim to become a reality, the development of a wide range of services provided in a variety of settings is essential...

The White Paper states that the services are part of a ‘spectrum of care’, ranging from domiciliary support in people’s own homes, ‘strengthened by the availability of respite care and day care for those with more intensive care needs, through sheltered housing, group homes and hostels where increasing levels of care are available, to residential care and nursing homes and long-stay hospital care for those for whom other forms of care are no longer enough’.
Although the White Paper acknowledges that care in the residential or hospital setting is part of the 'spectrum of care', it stresses that the government’s proposals have certain key objectives, the first of which is ‘to promote the development of domiciliary, day and respite services to enable people to live in their own homes wherever feasible and sensible’, and the second of which is ‘to ensure that service providers make practical support for carers a high priority’.

It is with the services embodied in these proposals that this chapter is concerned. The extent to which elderly people can exercise choice and participate in decisions about their services was one of the key issues we were exploring. The government’s proposals were based on this concept. To what extent were they based in reality? What kind of formal services were elderly people receiving in the community and how much say did they have in the delivery of these services?

The key to gaining access to services in the community is usually held by gatekeepers – the professional workers who know how to get into the system and who usually ration access to it. Foremost among these professionals are GPs and social workers, so we asked the elderly people about their contacts with these professionals.

**GPs**

We were interested to know how much contact the elderly people living in the community had had with their GPs. A breakdown in health after a fall, a stroke or an admission to hospital is a key factor in precipitating residential care. Some health problems are unavoidable even with constant medical care, while others occur unexpectedly. But other health problems may be averted by regular medical contact, and doctors may certainly be able to link elderly people with other services to help them remain at home.

Nearly 60 per cent of the elderly people had last seen their GPs within the

| Table 3.1 When elderly people in the community had last seen their GPs |
|-------------------------|---|---|---|
|                       | Total | London area | Southern area | Northern area |
| Within last month      | 29    | 23           | 27            | 37           |
| 1 < 3 months ago       | 29    | 30           | 24            | 33           |
| 3 < 6 months ago       | 13    | 7            | 15            | 17           |
| 6 < 12 months ago      | 4     | 3            | 9             | --           |
| More than 1 year ago   | 11    | 7            | 21            | 6            |
| Don’t know             | 14    | 30           | 6             | 8            |

Base: all elderly people living in the community (100)
hs, nearly one third of them within the last month. Over 10 per cent said they did not know when they had last seen their GPs, leaving nearly 30 per cent who had last seen their GPs more than three months before we interviewed them. Over 10 per cent said they had not seen their GPs for over a year — a small hardy group of elderly people found in all age groups, but, perhaps most remarkably among the over-ninety-year-olds, of whom a quarter said it was more than a year since they had seen a doctor. Obviously the memories of elderly people might not be as reliable as they were, but there was little doubt in the minds of the interviewers, borne out by the comments of the carers, that the picture presented by the elderly people was accurate. There were some very tough survivors in our sample of elderly people.

There were some area variations, with 70 per cent of those living in the northern area having seen their GPs in the last three months compared with just over half of those in the other two areas. This reflected to a certain extent the fact that those living in an elderly spouse were more likely to have seen a GP more recently than other groups, and elderly couples were found more frequently in the northern area than in the other two areas.

How much had the GP helped elderly people get services to help them at home? One third of the elderly people said their doctor had helped them, in half the cases to get a home help and in a third of the cases to get a district nurse or bath nurse. Apart from these services, individual elderly people mentioned help from their GP in getting aids and equipment, contact with a social worker, short-stays in hospital or residential homes, sheltered housing or benefits. The carers interviewed confirmed this picture, with around a third of them saying the GP had helped the elderly people get services at home. One or two of the carers mentioned help in getting physiotherapists and chiropodists which elderly people had not mentioned.

We asked the carers whether the GP had helped get any services specifically to help them look after the elderly person. Only 17 per cent of the carers said the GPs had done this for them, although, of course, most acknowledged that the services for the elderly people helped them as well. The main services were for respite for the carers in the form of short-stay or day care or a sitting service, but some carers mentioned district nurses or bath nurses, and aids and equipment, including incontinence pads.

The elderly people had few comments on their GPs’ help or lack of help, but some carers were angry at the lack of help they perceived the doctor to have given. Some doctors did appear to have been particularly unhelpful, in some cases where the need appeared to have been great. A daughter looking after her elderly parents at a distance found little support from the elderly people’s doctor: ‘The GP is terrible and only comes when pushed. I wrote to him 18 months ago saying that I wanted mum to see a geriatrician. I have threatened to report him and I have suggested he might pop in. I suggested he get them a nurse, and he said, "No, you can bath her..." But I live 40 miles away... The GP said to me, "If everyone asked for a nurse, the cost to the NHS would be phenomenal." I said, "No-one is saying that we wouldn’t pay." When my mum eventually saw a
geriatrician, my dad struggled to get her dressed – and it is a struggle. When the ambulance came, they said there was no room for my father. She screamed she wouldn’t go. The ambulance man said, "I’m going," so my father had to get a taxi. They saw the geriatrician, but my father said he didn’t do anything, so he won’t go to all that trouble to take her again...”

**Social workers**

Seventy per cent of the total sample of elderly people said they had ever seen a social worker, but this overall figure was skewed by the fact that elderly people in the northern area rarely saw a social worker, even if they were in touch with social services. Over 90 per cent of the elderly people in the other two areas said they had seen a social worker, compared with only 30 per cent in the northern area. These proportions were confirmed by the carers we interviewed.

Of the elderly people who had seen a social worker, two-thirds said the social worker had helped them get services to help them at home. Looking at the areas separately, rather over half the total number of elderly people in the London borough and the southern county said a social worker had helped them get services, compared with just under 30 per cent of the total in the northern area. If they had seen a social worker in the northern area they had almost invariably received a service as a result of the contact.

The main service with which the social worker had linked the elderly person was the home help service, followed by day care or short-stay care, neither of which was mentioned in the northern area. Day care and particularly short-stay care were mentioned more frequently by elderly people living with younger carers, who were less likely to have been helped by a social worker to get a home help, indicating the way in which social workers tended to look for respite services for carers if elderly people were living with them. Social workers were also said to have helped elderly people get aids, equipment and benefits, and in a handful of instances to have helped get meals on wheels, a bath nurse, private nurse or district nurse, voluntary visitors, occupational therapist and a holiday grant.

Carers reinforced the picture given by the elderly people of the main services provided by a social worker being home helps, day care and short-stay care. Interestingly, more carers mentioned social workers helping to get the meals on wheels service than the elderly people did, but there was some ambivalence among the elderly people about this service in any case.

The carers were generally more positive about the social workers’ input into getting the elderly people linked up with services than the elderly people themselves were, like this daughter in the southern area: ‘She was marvellous. She was determined to get him out and came about seven weeks on the trot trying to persuade him to go out. In the end she said, "I think it’s time you took me out to lunch. I always come and see you. You come and see me." So I got him to the day centre – and a bath seat too...’

It did not always work though, as a daughter-in-law pointed out: ‘She got her the home help, and she did her best to get her a place at a dining centre and
for dinners, but she turned them both down...I thought she would like to go to a
dining centre for the company, but she said, "I’m not going there with old people."
She likes young people...’

The carers were usually delighted with the help received from social workers
in arranging short-stay care, like this daughter in the southern area: ‘She started
the home, to get us some breaks, both day care and short-stay. I didn’t realise
until she brought it up that holidays could be arranged. The bonus is that in a
couple of months she’s going in for two weeks. It’s booked throughout the year,
and our holiday in September will be our first holiday in five years...’

But the elderly people were not always as enthusiastic, like this elderly man
in the London area: ‘The social worker got me into the short-stay home. I’ve
never had such a rotten week, and it cost over £200...’

We were interested to know to what extent social workers were involved in
counselling elderly people or in using more traditional social work skills with
them, rather than acting mainly as a referral agency for other services, with the
assessment and rationing activities that such a role might imply. We asked the
elderly people and their carers whether the social worker had done anything else
for them, in the hope that we would elicit some information about this kind of
contact with social workers.

However, both the elderly people and their carers answered this question
with a further list of practical help or contacts offered by social workers, including
trying to rehouse the elderly people, getting them furniture or equipment,
arranging other services, giving advice on money or debts, or arranging transport.
The main extra service the social workers offered was calling or phoning to check
that the elderly person was ‘all right’, according to the elderly people themselves.
Carers hardly mentioned this function, and, since it happened mainly with elderly
people living alone, it is possible that carers were not involved or did not know
about it. In addition, a handful of elderly people said the social worker had offered
services they did not want.

There was little indication given by either elderly people or carers that the
social workers gave much ongoing counselling or other social work help. The
main function of social workers, seen through the eyes of our respondents,
appeared to be very much as link-workers or facilitators, although it should be
stressed that some of the elderly people and carers spoke very warmly about the
helpfulness and kindness of the social workers.

Reasons for contact with social workers
The contact with social workers or with social services had clearly led to many
elderly people being ‘connected’ with a network of community care services.
We were interested to know how and why they had first had contact with a social
worker. Seventy of the elderly people interviewed said they had seen a social
worker, and gave a wide variety of reasons for the first contact.

In looking at issues of choice and control, it is perhaps a matter of some
concern that a quarter of those who had seen a social worker said that they did
not know why they had seen one or that the social worker had ‘just turned up’.
These were all elderly people living alone or with an elderly spouse in the southern county or in the London borough and were not found among those living with younger carers or in the northern area.

Coming out of hospital was given as a reason by about one sixth of those who had seen a social worker, and was more likely to be mentioned by those living alone or with an elderly spouse. The illness of a family member was mentioned by just over 10 per cent, and bereavement and poor sight by a handful. Otherwise, the elderly people mentioned a variety of reasons, often linked to poor health or disability. The carer’s or doctor’s approach to social services was cited by around 10 per cent altogether, but in only four cases did the elderly people say that the social worker came as a result of their own approach to the social services department. There was not much evidence of elderly people taking the initiative in making contact with one of the most important sources of access to statutory services.

The carers, who, it must be remembered, represented those elderly people who had carers, confirmed the picture of a fairly high proportion of elderly people first having contact with social workers after they came out of hospital. Rather more of them said that they themselves had instigated the contact than the elderly people had indicated, perhaps accounting for some of the social workers who had ‘just turned up’. Just under a quarter of carers of elderly people who had seen a social worker said they had initiated the contact through asking the social services department or the GP.

**Attitudes towards social workers**

Some elderly people are very independent and we wanted to know whether they felt that there was any stigma attached to seeing a social worker or whether they felt that it was part of their entitlement.

Much depended on the personality of the social worker, it appeared, not to mention the personality of the elderly person. The main reaction was one of indifference: ‘There was no necessity for her to come, but I didn’t mind her coming...’

But a quarter of those who had seen social workers were pleased to have seen them and a further quarter said how nice the social workers were: ‘I felt really good. I felt I was getting somewhere at last. She’s a marvellous woman...’

Comments on the niceness and helpfulness of the social workers were heard in all areas, but some seemed to have gone out of their way to offer help and support to elderly people, like this social worker in the southern area: ‘He said, “We can help you in every way.” I’m going to get February out of the way – my husband died last February – and then I will go to all the things Mr R has suggested. I wouldn’t part with Mr R. He’s a friend...’

But about one in six of the elderly people did not like the social worker coming, and some felt that their privacy had been violated, like this elderly woman in the London borough – ‘I didn’t take to her at all. I didn’t like her. I didn’t ask her to come. I felt it was an intrusion. I always feel they’re watching me now...’ – and, for a rather different reason, this elderly woman in the southern...
area – ‘The eye consultant suggested a social worker for the partially sighted should see me. He gave my name to the social worker. I didn’t put my name on the register, nor did any of my family. I was a bit cross…’

The desire for independence among elderly people should not be underestimated, and not everyone wanted to be part of ‘the system’, as an elderly person living alone with no carer explained: ‘I’m not sure I wanted any help. They start to take your independence away from you – getting people to do things for you…’

Carers mainly thought the elderly people were indifferent or pleased about the social worker’s visit, but over one in ten thought the elderly people were anxious or worried or felt antagonistic towards the social worker. There was no doubt that some elderly people were worried about seeing a social worker in case they were being assessed for residential care, as this daughter pointed out: ‘She was very sceptical at first. Her first words were, ”They’re going to take me away from here and put me in a home.” But we got over it and I assured her it was not the case. Young R… was quite acceptable. She liked him…’

Not all social workers were as acceptable as others, however, as this carer explained: ‘At first I had to be very, very tactful. I didn’t know how to approach it, but I told him someone was coming to visit. A casual one came once or twice, and then she was promoted. Then another casual one came – a student who smelt of cigarettes and dog hair came – and then M… came…’

And not all elderly carers were as appreciative of the social workers as the younger carers, like this wife looking after her husband: ‘Every time we see her it costs money. She got him away to (local authority home) for £275 a week. I wouldn’t put an animal in there…’

**Other professionals**

Elderly people can obtain services through professionals other than GPs and social workers, and, of course, these professionals themselves are usually providing services which may be crucial in maintaining elderly people in the community. We asked the elderly people and their carers whether they had ever had contact at home with district nurses, bath nurses, health visitors, occupational therapists, physiotherapists or chiropodists. We were interested in examining the extent to which our sample had had these services in the past as well as at present.

Thirty-seven per cent of the elderly people had seen a district nurse at home and 18 per cent had seen a bath nurse. There were quite marked differences between the areas, with only 10 per cent of the London sample having seen either a bath nurse or a district nurse, compared with nearly a third in the northern area who had seen a bath nurse and nearly 60 per cent who had seen a district nurse. It appeared that elderly people in the northern area were much more likely to have seen the community nursing services than to have seen a social worker. Those living with elderly spouses were the most likely to have been visited by bath nurses and district nurses, reflecting the frail physical condition of some of these elderly people and their elderly carers.
Thirty-seven per cent of our sample of elderly people in residential care reported that they had had contact with a district nurse at home—exactly the same proportion as found among those living in the community—and 16 per cent said they had seen a bath nurse—slightly fewer than in the community. It must be asked whether greater input from community nursing services might not help to prevent entry to residential care.

Around 10 per cent of the sample in each area had seen a health visitor, and a slightly higher proportion had seen an occupational therapist, with all of these being concentrated in the two southern areas. Not one elderly person in the northern area reported having ever seen an occupational therapist, although three of the carers in that area said the elderly person they were looking after had seen one.

One third of the elderly people said they had seen a chiropodist at home, with much higher proportions in the southern and northern areas, compared with less than one fifth in the London area. Some of these chiropodists were private, and in some cases the elderly people had been taken to the chiropodist. Only two elderly people said they had seen a physiotherapist at home, and only five carers said a physiotherapist had visited.

Comparing the reports from the elderly people with the carers’ reports, there was a high level of consistency on the whole, with rather higher proportions of the carers reporting visits from these professionals, but in line with the relative incidence reported by the elderly people. This higher reporting was not surprising since these were carers of people who had carers. The elderly people without carers were often very independent as well as having rather fewer services on the whole.

Even allowing for some under-reporting by elderly people, it did not appear that they were receiving a great deal of ongoing care from professionals employed by community health or social services. Some of the help was no longer being received, and there were many indications that district nursing input was often only available for a limited period after hospital discharge. The policy on bathing appeared to be different in the three areas, with both bath nurses and district nurses giving baths in the northern area. It was clearly sometimes difficult for the elderly person to work out who the nurse was.

**Difficulties in working out identities and roles of professionals**

With so many different agencies involved in offering help, we thought elderly people might sometimes have problems in working out who was who and what they could offer. If choice is to be exercised and people are to participate in decisions about their care and their services, it seems important that they know something about the source of these services.

Overall, only 10 per cent of the elderly people said they had any problems in working out where the different professionals came from, but over a quarter of the elderly people living with their spouses and nearly a fifth of those living in the northern area said they had problems. People living alone or with other relatives reported far fewer difficulties in identifying who came to see them.
Among the carers, over a quarter of the total thought the elderly people had difficulty in working out the roles of the various professionals, but this represented over a third of the daughters and daughters-in-law and over a third of the non-resident carers, who were clearly more concerned about the visitors of the elderly people they were looking after at a distance.

Most of the elderly people were quite sure they knew who was who, like this elderly woman in the London area—‘I’m quite clear. I’m not confused like some people. I haven’t lost my abilities. I’ve got a very forceful character...’—but some who said they had no problems working out where people came from seemed a little doubtful about their identities—‘Oh no, I know who people are. I never know who’s coming, but I have to let them come to see to see I haven’t tumbled down. There’s always different people—I don’t know their names...’—while for some the question was a little academic—‘No, my daughter does everything for me...’

But others were not sure, and there were indications that some felt a loss of control over their own destinies: ‘When you get old you don’t know about these things. Maybe I could have told you once, but I forget things now. When you get old, people don’t think of you as a whole person the same as them...’ Others seemed resigned to their loss of control: ‘There seem to be so many different people come to see me. I don’t know where they come from...’

The carers were often more worried about the variety of visitors than the elderly people were, as this daughter who was not living with her mother explained: ‘They just come and go as far as my mother is concerned. I don’t think she understands who goes in or why they are there...’ But even so, many carers thought the elderly people had no problems working out the roles of their visitors, like this elderly husband speaking about his wife: ‘Her legs might not work but there’s nothing wrong with her mind...’

The question of protecting elderly people from unsolicited or undesirable visitors was high on the agenda of some of the carers, many of whom took on the responsibility of advising the elderly people about the people who came. But, as we have seen, a fairly high proportion of these elderly people had no carers or informal advisers, and there were indications that more professional sensitivity could have been exercised in controlling the number and variety of different people visiting some of these elderly people and in giving them precise information on the role and function of their visitors.

Domiciliary and community services

Much has been heard in recent years about ‘packages of care’ which are put together to help maintain people in the community. This idea of tailor-made packages of care, geared to the needs of elderly people, was endorsed by Sir Roy Griffiths (Griffiths, 1988), and has been at the heart of the concept of care managers who manage the packages of care for elderly people.

We were particularly interested in the extent to which the elderly people we interviewed in the community had packages of care and what went into these packages. Having asked them about the professionals who had visited them, we
six services that were generally agreed to be the main ingredients of packages of ongoing services offered to elderly people: home help or home care, meals on wheels, day centres, luncheon clubs, day hospitals and short-stay residential care. After this we asked them a number of questions to elicit what other kinds of care services they were getting at home from any source, including statutory, voluntary or private. The development of care services from the independent sector is high on the agenda of the government and receives official approval in *Caring for People* (Department of Health, 1989).

Tables 3.2 and 3.3 show the proportions of elderly people receiving the six main domiciliary services outlined above and adds details of sheltered housing, alarms, aids and other domiciliary services. We were aware that some of the elderly people we were interviewing might have had services in the past which they were no longer receiving. Tables 3.2 and 3.3 show the overall proportions of those who had ever received the first six services and those who were currently receiving the services. The breakdown by area and living conditions is given for those currently receiving the service and for short-stay care. (Short-stay care is reported in the ‘ever received’ column and not in the ‘current’ column, because of the nature of how it was used as part of the package).

Two-thirds of the elderly people were currently receiving a home help or home care service and over three-quarters had received home help or home care at some time. The differences between the areas was marked, and reflected the fact that our sample of elderly people in the northern area had been selected from

### Table 3.2 Services received by elderly people living in the community by whom living with

<table>
<thead>
<tr>
<th>Service</th>
<th>Total ever</th>
<th>Total current</th>
<th>Living alone</th>
<th>Living w. spouse</th>
<th>Living w. others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home help/care</td>
<td>77</td>
<td>67</td>
<td>73</td>
<td>77</td>
<td>31</td>
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<tr>
<td>Meals on wheels</td>
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</tr>
<tr>
<td>Day centre</td>
<td>39</td>
<td>29</td>
<td>27</td>
<td>23</td>
<td>44</td>
</tr>
<tr>
<td>Luncheon club</td>
<td>9</td>
<td>5</td>
<td>11</td>
<td>–</td>
<td>44</td>
</tr>
<tr>
<td>Day hospital</td>
<td>10</td>
<td>5</td>
<td>3</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Short-stay care</td>
<td>25</td>
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<td>19</td>
<td>27</td>
<td>44</td>
</tr>
<tr>
<td>Sheltered housing</td>
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<td>18</td>
<td>27</td>
<td>5</td>
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<td>60</td>
<td>55</td>
<td>69</td>
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<td>Other domiciliary services</td>
<td>na</td>
<td>20</td>
<td>21</td>
<td>23</td>
<td>13</td>
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<td><strong>Total: all elderly people living in the community (100)</strong></td>
<td>(100)</td>
<td>(62)</td>
<td>(22)</td>
<td>(16)</td>
<td></td>
</tr>
</tbody>
</table>

Elderly people: choice, participation and satisfaction
those on the domiciliary care organisers’ lists because so few elderly people in that area were on social workers’ case-loads. There was a wide difference between the 94 per cent of elderly people receiving home help in the northern area, the 63 per cent in the London area and the 41 per cent in the southern area. Taking the London and southern areas together, 52 per cent of the elderly people were currently receiving home help. Not surprisingly, elderly people living alone or with an elderly spouse were much more likely to be receiving home help than those living with younger relatives, of whom less than one third had this service.

Twenty-four per cent of the elderly people were currently receiving meals on wheels, but as many as 40 per cent had ever received them. Again, they were more likely to be received by those living alone or with an elderly spouse and by those in the London area and the northern area.

Day centre attendance presented a different picture, with 29 per cent currently attending and 39 per cent having ever attended. In this case over 40 per cent of those living with younger carers were currently attending, compared with around a quarter of the other groups. Over 40 per cent of those in the southern county went to a day centre, compared with around a quarter in the London area and less than a fifth in the northern area. Day centres were either attached to a residential home or were located in separate accommodation.

Luncheon clubs were used by only 5 per cent of the elderly people although 9 per cent had ever used them. There were no appreciable differences between the areas, but they were currently used exclusively by those living alone.

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Table 3.3 Services received by elderly people living in the community by area

<table>
<thead>
<tr>
<th>Service</th>
<th>Total ever</th>
<th>Total current</th>
<th>London area</th>
<th>Southern area</th>
<th>Northern area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home help/care</td>
<td>77</td>
<td>67</td>
<td>63</td>
<td>41</td>
<td>94</td>
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<tr>
<td>Meals on wheels</td>
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<td>Day centre</td>
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<td>29</td>
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<td>Luncheon club</td>
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<td>10</td>
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<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Short-stay care</td>
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<td>8</td>
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<td>53</td>
<td>56</td>
<td>69</td>
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<tr>
<td>Other domiciliary services</td>
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<td>30</td>
<td>3</td>
<td>28</td>
</tr>
</tbody>
</table>

Base: all elderly people living in the community

<table>
<thead>
<tr>
<th>(100)</th>
<th>(100)</th>
<th>(30)</th>
<th>(34)</th>
<th>(36)</th>
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Day hospital attendance was similarly restricted to 5 per cent of the sample, although 10 per cent had ever been to a day hospital. There was little difference between the areas, but those living with a spouse were marginally more likely to be attending than the others, reflecting the physical frailty found among this group.

Short-stay care was rather more difficult to divide into current or ever usage, since its use varied from regular rotating care to a once-a-year stay. We included it in Tables 3.2 and 3.3 since it was used, particularly in the southern area, as part of the package of care. A quarter of the elderly people living in the community had had short-stay care — the same proportion found among the sample of elderly people in residential care. However, the area differences were considerable, ranging from nearly 50 per cent in the southern area to 20 per cent in London to less than 10 per cent in the northern area. It was also much more likely to be used by those living with younger relatives than by those living alone or with a spouse.

We examined the use of these six services in greater detail, since we wanted to know how often the elderly people used them, what they felt about them, how they had first started to use them, and, if they no longer used the service, whether it was their choice not to do so. We wanted to establish how much choice the elderly people had in using services which could be regarded as the essential ingredients of helping to maintain elderly people in the community. It must be remembered that these were all elderly people who were thought to be ‘at the margin’ of residential care. Later in this chapter we look in detail at the use of other elements in the ‘package of care’ — sheltered housing, alarms, aids and other domiciliary services.

Only one service was being used by more than 30 per cent of the sample — the home help service, which was being used by two-thirds of them taking the three areas together, but only by around half of those in the London borough and the southern area taken together, where the elderly people had been sampled from those on social workers’ caseloads.

**Home help service**

The home help or home care service is generally acknowledged to be the main service which can help to keep elderly people at home, unless they have the more intensive care supplied by some of the community care schemes such as those set up on the University of Kent model. Home help services have changed in recent years, and in many areas have become home care services, geared far more to supplying personal care than to providing the traditional cleaning service. The service is often restricted to those in greatest need, and is used more intensively for fewer people rather than spread thinly for a large number of people.

Table 3.4 shows the frequency with which the home help or home care service visited the elderly people who used it. The numbers are small, but the proportions show that in the London area, fewer elderly people used the home help service than in the northern area but they were more likely to receive the service more often and for slightly longer. This finding is confirmed by the
pattern of provision in the areas. Three-quarters of the elderly people in London received home help only once or twice a week, as did 80 per cent of those in the southern and northern areas.

To what extent was the home help service providing intensive care? Only eight elderly people in the whole sample received home help five or more times a week, of whom two received daily home help and one received it six times a week. Three of these elderly people were receiving the help more than once a day. All of them were living alone. But even among these elderly people who had frequent visits, the amount of time spent with them was not great. Only two of them had ten or more hours home help a week, and five of them had between five and nine hours a week. It is doubtful whether any of this care could really be said to be providing an alternative to residential care, and it is clear that without considerable informal input, few of these elderly people could have stayed at home even with this level of care, which was considered very intensive by the home care departments.

On average, the elderly people received under three hours of home help a week. In the northern area nearly three-quarters received one or two hours a week, in the southern area this proportion was 57 per cent and in London it was under 40 per cent. The northern area had a policy of spreading the home help service more thinly than in the other two areas, but caution should be exercised in comparing these figures because of the basis of our sample in the northern area.

### Table 3.4  Frequency of home help/home care service

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>London area</th>
<th>Southern area</th>
<th>Northern area</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 1 x day,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 days a week</td>
<td>1</td>
<td>--</td>
<td>7</td>
<td>--</td>
</tr>
<tr>
<td>6 days a week</td>
<td>1</td>
<td>5</td>
<td>--</td>
<td>3</td>
</tr>
<tr>
<td>5 days a week</td>
<td>1</td>
<td>11</td>
<td>--</td>
<td>9</td>
</tr>
<tr>
<td>4 days a week</td>
<td>3</td>
<td>--</td>
<td>--</td>
<td>6</td>
</tr>
<tr>
<td>3 days a week</td>
<td>4</td>
<td>--</td>
<td>14</td>
<td>3</td>
</tr>
<tr>
<td>2 days a week</td>
<td>28</td>
<td>42</td>
<td>29</td>
<td>21</td>
</tr>
<tr>
<td>1 day a week</td>
<td>49</td>
<td>32</td>
<td>50</td>
<td>59</td>
</tr>
<tr>
<td>Don’t know</td>
<td>7</td>
<td>11</td>
<td>7</td>
<td>6</td>
</tr>
</tbody>
</table>

Base: all elderly people in the community receiving home help

<table>
<thead>
<tr>
<th>Average no of hours per week</th>
<th>Total</th>
<th>London area</th>
<th>Southern area</th>
<th>Northern area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2.8</td>
<td>3.1</td>
<td>2.8</td>
<td>2.7</td>
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</table>

Elderly people in the community: formal care
In 80 per cent of cases the home helps provided only functional care, but in one fifth of cases in London and the southern county they also provided some personal care, such as helping to the bathroom or toilet, dressing, washing, bathing, getting to bed or getting up. This type of care was found relatively less frequently in the northern area. The overwhelming majority of home helps in all areas did the cleaning, around a quarter did the laundry, and around one in six fetched the elderly person’s pension and cooked for them. A tiny number in each area did other small jobs around the home. It could not be said that the majority of elderly people receiving home help were receiving much more than a cleaning service.

Most of the elderly people had been receiving the home help service for more than a year, and some had been receiving it for some years, particularly in the northern area, where well over half the sample had been receiving it for more than four years.

The four main reasons for receiving home help were on discharge from hospital, on the illness of a member of the family, because of illness, or because of old age or inability to manage. Nearly half the elderly men had first received home help on the illness of a member of the family, usually their wives, indicating a certain bias towards supplying elderly men with home helps.

We were particularly interested in how the elderly person first had a home help, since this is often the way in to other services which go to make up the package of care. We asked them whether they had asked for it themselves or whether someone had suggested it. If elderly people are to exercise choice, they might be expected to ask for a service. In over three quarters of the cases, the elderly person said someone had suggested it and in 10 per cent of cases they said they themselves had requested it, while over 10 per cent did not know or could not remember what had happened. It seems likely that their carers may well have had a hand in it, since a quarter of the carers we interviewed said that they themselves had requested a home help for the elderly person.

If the elderly people had asked for the service they had usually heard about it from a friend, or had had a home help before or thought it was a ‘well-known’ service. The story was often quite complicated: ‘The beginning of it was I got stuck in the bath and my son had to get me out of the bath. I told my friend and she told me about (the domiciliary care organiser), who brought me a seat for the bath. When I fell in the street, I rang him up and asked if I could get a home help. He sent one...’

Of the elderly people who had had home help suggested to them, a quarter said their doctor had suggested it, one fifth said it was the social worker, nearly one fifth said it was the hospital or a hospital social worker, and the rest mentioned a variety of people or could not remember. Many of them were very vague on who had actually arranged the home help or how it had happened. Carers also mentioned hospitals, GPs and social workers as the main contact with the home help service.

We asked the elderly people what they felt about having a home help, since so many are very independent and like to manage alone for as long as possible.
The majority said they were pleased to have a home help, although 10 per cent said they had been reluctant at first: ‘I didn’t want one at first. I had always been in good health...’

Carers too were usually very pleased that the elderly people had had a home help, and, in the cases of some elderly spouses, they were extremely relieved, like this elderly husband: ‘It is nice to get some help. By the time I have got her up and washed and dressed her, and got her breakfast, I’m starting to get tired myself...’ It was undoubtedly an enormous relief for some of the non-resident carers, like this daughter: ‘If it wasn’t for them I don’t know what she would do. She really needs 24-hour care. I can’t do a lot because I am too far away. They get her medication and do everything for her...’

But some carers had been reluctant for the elderly person to have a home help, particularly some of the wives who had been used to doing everything and one or two daughters who felt they were failing in their duty. On the other hand, some of them said they had had to persuade the elderly people to have a home help and overcome their reluctance to ‘have a stranger in the house’.

Nearly 90 per cent of the elderly people with home helps had good things to say about their home helps, although not all were as enthusiastic as this elderly woman in the London area – ‘She’s very charming – very, very sweet. The day you take her away, I’ll die. She’s always on time and sees I have everything...’ – or this elderly man in the same area – ‘Her willingness to do anything, provided it’s within her curricula, like. One day she brought in some currant buns...’ – or this elderly woman in the southern area – ‘I like everything. She’s my best friend. My brothers think she’s smashing...’

But over a fifth of the elderly people in the London area and one third of those in the northern area said there were things they did not like about their home helps. It was quite striking that there were no complaints at all in the southern area.

The main complaints in London centred round what was seen as the unreliability and restrictive nature of the service offered by the home helps. There did appear to be some turnover of staff, and this was not always acceptable to the elderly people, some of whom were ‘forceful’ old ladies living alone: ‘I’m writing to complain. She’s very unreliable. It should be once a week. She never stays the hour and three-quarters that she should. I pay £1.75. She makes no apology when she’s late. She’s unreliable. I don’t know when she’s coming or not. I don’t know when I’m going to get a different one – I think they should let me know. I asked her to wash the plates on the dresser but she said she couldn’t because they were ornaments! I asked her to shake the front door mat as it’s heavy, but she said she wasn’t allowed to do outdoor work...’

This elderly woman, like some of her counterparts in the London area, was certainly not afraid of complaining, but others were, and were worried about upsetting their home helps. This question certainly brought some very vociferous comments from the elderly people. Those in the northern area were more concerned about the short time the home helps stayed, and often made comments on the ‘chattiness’ of the home help: ‘She doesn’t always work to her full
capacity. I feel she could do more in her time. She chats a lot, but then I don’t think her health is all that good...’

We asked the 10 elderly people who had stopped having a home help whether it was their choice not to have one any more. In eight out of 10 cases they said it was, while the other two elderly people said that their carer had not needed one any more. On the whole the elderly people who no longer had a home help said they wanted to be independent or had not needed one any more. In the London area we heard again complaints about a constant stream of different home helps: ‘They keep sending different ones. You spend every week telling them what to do. Or they have emotional problems. So I haven’t bothered again. I’m not desperate. Things don’t get done. They just skim it. I do it myself once they’ve gone. I asked for one originally because the ceilings and curtains are so high and I can’t reach. But the home help was worse than me – she got vertigo...’

Meals on wheels
Of the 24 elderly people having meals on wheels, three had them every day, a quarter had them five times a week, one third had them three times a week and one fifth had them twice a week. The elderly people in the London area, where they were centrally organised, had them more often than those in the other two areas, confirming the pattern of provision we found in the areas. Meals on wheels had most commonly been set up on discharge from hospital, with illness or disability accounting for most of the other reasons. In 80 per cent of cases the elderly person said someone else had suggested it to them, usually the hospital or a social worker, although carers and other relatives were said to play a part.

On the whole the elderly people were pleased to have had the meals on wheels, although some were indifferent to them: ‘It provides a purpose. The point is to give me a meal. I’m not all that particular about food and meals...’ The ‘contact with the outside world’ was found important and some of the elderly people had good relationships with the person who delivered the meals.

Nearly 50 per cent of them found something to complain about however, and some were quite animated in their criticisms, often about the irregularity of the time the meals arrived: ‘I don’t know when they come. Sometimes they come at 12 o’clock and sometimes it’s 2 o’clock. It’s very difficult to eat regular meals. And there’s never enough greens – cabbage or Brussels sprouts – it’s always carrots or potatoes. So I bought myself some Brussels sprouts and cooked them myself. It’s necessary for my health...’

Of the 16 people who no longer had meals on wheels, 11 said it was their own choice, mainly because they had not liked the meals or the services. The timing of the deliveries was a source of dissatisfaction for this elderly woman in the southern area – ‘We were last on the list and we always had it cold and late. I only had them to please the nurse. I think the dog had them more than us...’ – and for this elderly woman in the northern area – ‘With being so near I was the first one and it was so early and you’re not supposed to warm them up again. They came too early – 11 o’clock...’
Day centre
Twenty-nine per cent of the elderly people were currently attending day centres of some kind, with the vast majority only attending one, in almost all cases run by the local authority. Nearly two-thirds of them went once a week and just under a quarter went twice a week. No-one went more than three times a week apart from one elderly person living alone in the London area who went seven days a week for day care in a residential home.

The main reason for attending a day centre was said to be for company, especially among those living alone, while a few of the elderly people living with others said it was to relieve their carer. Most of the elderly people said that someone else had suggested it, mainly someone from social services.

Most of them said they were happy to go and enjoyed the company when they got there, but a quarter said they had been hesitant at first. This elderly woman in the London area expressed the views of several elderly people: ‘I had reservations. I suppose to some extent I don’t feel like an old woman. I thought it would be a geriatric place and some geriatrics are depressing and I didn’t want someone to bring me down. I wanted my spirits bringing up. You mightn’t believe it, but I do get very depressed. So it’s the company I like, and some of them aren’t that old...’

All except one of the elderly people attending day centres found something they particularly liked about them, mainly the company and the food. The most positive comments came from elderly people living alone, like this elderly woman in the London area: ‘I think it’s wonderful – there’s so many people. Some are in wheelchairs but you never hear them complain. It makes you realise how lucky you are. It’s the company. I get very depressed. In company, I’m OK...’ But some of those living with carers were equally enthusiastic: ‘I love it. They’re all so happy and helpful – the staff and the patients. I thought I wouldn’t like the ambulance but I love it – it’s a scenic tour! We go all round the back roads, picking people up...’

Women often said how much they enjoyed the company, but men tended to be more functional, saying they liked the food or the handicraft activities or having a free bath, like this elderly man who went to the day centre to ‘give the wife a rest’: ‘You’re well looked after. You get good food. What more can you want? Some people are never satisfied. After lunch I go back to the chair and fall asleep...’

But one in six found something they did not like about the day centres. The food was not universally popular: ‘It’s OK for the men who live on their own. The meals are brought and they’re swimming with gravy. You can’t say how much you want. I don’t like the potatoes or the carrots. I like the mousse though. But I don’t like the meals, so I don’t have them usually...’

Some thought the other elderly people at the day centre grumbled too much, while one elderly man disliked having to pay. Day centres in residential homes were sometimes seen as a deterrent to residential care, as this elderly woman in the southern area said: ‘I wouldn’t like to be there all the time. Some residents suffer from senile dementia...’
Ten of the elderly people had stopped going to a day centre, all of them of their own volition. Four of them said they were too ill or disabled to go now, two said it was too far to go – ‘I’d have to go on a bus and walk both ends. It’s not worth it...’ – while two said they preferred staying at home – ‘I feel more contented to stay here, actually. It’s not such a strain on myself...’ There were some criticisms of the company or lack of activities among some of those who had stopped going, including an elderly wife with a husband suffering from dementia: ‘You get everybody’s worries. You’re next to old people full of worries. You come home thinking they’re a lot of old people, all moaning. They’ve all got their troubles, and I’ve got enough of my own...’

Just under a third of the carers interviewed said the elderly person went to a day centre, with most of these in southern area, reflecting the rather higher use of day care in this area, where it was often offered as respite for carers. Almost all of them went only once or at most twice a week, and nearly half the carers said the reason the elderly person went was to offer them respite. In the majority of cases, the day care had been suggested by a social worker, although a mixed bag of other agencies or professionals had suggested it. Carers had rarely found out about it themselves.

The day care had often been precipitated by a deterioration in an elderly person’s physical condition, particularly if they were living alone, although it was unusual to find a case as extreme as that of a very elderly farmer in the southern area who had been taken to hospital with frostbite because he refused to have proper heating in his farm. He had reluctantly agreed to attend a day centre, but discontinued it because ‘it cost him too much...’

In nearly half the cases, the elderly person was said to have been apprehensive or unhappy about going, and carers were clearly concerned that the presence of demented or severely disabled people was found off-putting for some of the elderly people they were looking after. The carers, on the other hand, were mainly delighted that the elderly person was going to the day centre, for the company, for the food, but usually because it gave them a break. It must be remembered that most of the elderly people were going for only one day a week, but this was enough for many of the carers, as this son explained: ‘It was a good idea and it gave us the chance to get out. We could go for pub lunches and enjoy ourselves. There are problems with taking her out because she can’t be away for more than ten minutes without running to the loo...’ Pub lunches seemed popular when elderly people were having day care. This elderly sister looking after her brother was relieved to have a day to herself – ‘I thought it would be a good idea – not for his sake, but for mine. I had a good spring-clean without him under my feet. I’ve been out to lunch on three Wednesdays with my sister and had a nice pub lunch...’

We were interested in what the carers of the elderly people living in the community felt about day care since respite is so frequently mentioned as being one of the main needs of carers. Ninety per cent of the carers interviewed thought it was a good idea for elderly people to be able to go for day care, but a substantial minority expressed reservations about whether the elderly person they were
looking after would like it or want to go, and many of them stressed that it depended on the elderly person or the type of day care offered and that the choice should remain with the elderly person. An elderly husband summarised the views of a number of carers: ‘It depends on the person and where they are taken. My wife likes company and good conversation. She would not thank you to take her to a day centre where they just sat and played bingo...’

We asked the carers about the advantages of day care to the elderly people and to their relatives or those looking after them. The overwhelming advantage to elderly people was thought to be the company provided, but an extra interest, stimulation, activities and meals were all thought to be beneficial, as this daughter-in-law tersely put it: ‘It gives them an extra interest and a chance to meet people. It means that’s a day when she’s fed, watered and cared for...’

There were fond hopes among some carers that day care enabled the elderly people to ‘make friends of their own age’, although some said that the last thing in the world the elderly person wanted was to be among ‘old people’, however much their carers thought it would be a good idea. The power of television had convinced some carers, but they sometimes had an uphill battle with the elderly people, like this daughter: ‘I’ve seen a programme by Jonathan Miller showing how other people cope and they all go to the day centre. I tell dad he should go...’

The main advantage for carers was thought to be the break or respite the day care gave them. Non-resident carers often stressed the advantage of knowing that the elderly people were being well looked after and were secure, while resident carers were more likely to speak of the freedom to go out. Sometimes all three were combined, as this elderly wife said: ‘It means that on a Friday I can go out and do the weekend shopping without rushing. I can take my time and I’m not rushing and worrying about what’s happening here. It gives me peace of mind...’

### Luncheon clubs

Luncheon clubs were used by 5 per cent of the elderly people, all of whom were living alone and went once a week only. Three of them lived in the southern area, one in London and one in the northern area. It had usually been suggested to them by a friend, relative or neighbour or they had asked to go to the club having been told about it by a friend. Those who were currently going to a luncheon club were generally very positive about it, as were the carers of elderly people who were going. The main benefits were thought to be the company and the opportunity to get out of the house, rather than the food, which was rarely mentioned by either the elderly people or the carers, and did not meet with universal approval by the elderly people in any case.

Four of the elderly people had stopped going to a luncheon club, mainly because they found it too tiring, or they were increasingly ill or disabled. Two of them were living with elderly spouses, and the couple had clearly decided together that the whole venture was too tiring for them both, as this wife explained: ‘When I wasn’t feeling very well, I found it was very tiring getting ready to go and making the effort to get there, so I decided to give up going...’
Her husband agreed: ‘It was getting too much of an effort to get her ready and go there...’ The ‘effort’ involved in getting ready to go to day care or luncheon clubs was often too much for elderly people, as this neighbour caring for an elderly woman in London confirmed: ‘It’s just too much effort now. It’s too much trouble. She could be collected but she won’t pay the extra 20p for transport...’ Some of the elderly people missed the company, but one went to a day centre instead and the other was ‘not bothered’ by not going to the luncheon club any more.

**Day hospital**
Five of the elderly people went to a day hospital, mainly as a result of a stroke or coming out of hospital or because they were depressed. Two of the carers mentioned that the elderly person had first gone for physiotherapy, which is a common reason for going. The day hospital had usually been suggested by a professional, with individual mentions for social workers, hospital social workers, hospital doctors, GPs, but in one case, perhaps surprisingly, the suggestion had come from another patient in hospital. Most of them went once a week, but one elderly man went three times a week.

The elderly people were fairly indifferent to the day hospital, a view confirmed by the carers, although some elderly people and carers mentioned the benefit of having company, and two of the elderly people were pleased to be picked up and given free transport to the day hospital. There were none of the enthusiastic comments we heard about day centres and luncheon clubs, however, and some did not like it, with complaints about the food, the company and the long ambulance trip to get there. The carers, too were not sure about the extent to which the elderly people liked the day hospital, as this daughter said: ‘He didn’t want to go. He was frightened they were going to operate on him. He didn’t want to get up. I have to go every Monday to bath him and get his clothes ready, otherwise he wouldn’t go...’

Of the five elderly people who had been to a day hospital in the past, two said it was their own choice not to go any more, because they felt too ill or there was no need, while three said it was the hospital’s decision because there was no need. Only one of the elderly people said they missed the day hospital, with most of them saying they had not cared for the other people they met: ‘You see a lot of people there – you couldn’t speak to them. They were too far gone. I thought, "Oh crumbs, I’ll go like that." I’m very happy at home...’

**Short-stay residential care**
Twenty-five per cent of the elderly people said they had had a short stay in a residential home and two said they had had a short stay in a nursing home. Thirty-one per cent of the carers, who represented those elderly people who had carers, said the elderly people they were looking after had been for a short stay in a residential home and a further 6 per cent said they had been for a short stay in a nursing home. The vast majority of those who had been to a residential home
said they were local authority homes. Only three had had a short-stay in a private home.

Short-stay care was much more likely to have been used by elderly people living with younger carers (44 per cent) than by those living alone, less than one fifth of whom had had short-stay care. There was a difference between the areas, with nearly 50 per cent of the elderly people in the southern area having had a short stay, compared with one fifth of the elderly people in the London borough and less than 10 per cent in the northern area.

We included short-stay care in the services we examined for our ‘package of care’, since it was said to have been part of the package by social workers, particularly in the southern area. However, it did not appear to have been used as such among the majority of elderly people we interviewed. We found that 10 of the 25 elderly people had been once only, seven had been twice, five had been more than three times, while two said they went for regular or ‘rotating’ care. This meant that over two-thirds of those who had had short-stay care had been only once or twice. It might have been part of a package which was starting up, but was scarcely a regular thing. Nearly half the elderly people said they had first been within the past two years, but a quarter of them could not remember when they had first been.

The carers reported a rather higher percentage of the elderly people they were looking after as having been for regular short-stay care, but the numbers were small and the differences were insignificant. It might have been expected that our sample of carers would report a rather higher incidence of short-stay care among the elderly people they were looking after, since it was often used as respite for carers.

Of the elderly people, nine of the 73 who had never been for a short stay said they would like to go, while only two carers thought the elderly people they were looking after would like to go if they had not been. On the other hand, over a quarter of these carers said that they themselves would like the elderly person to go.

We asked the elderly people who wanted to go why they had not been. After all, if people are to exercise choice in the services they receive to help them stay at home, a short stay in a residential home might be thought to be an important service to encourage. A couple of the elderly people wanted to go to a holiday home, and were clear on their requirements, like this elderly man: ‘I would want to choose which one to go in. I want somewhere warm and comfortable and near the coast – like a holiday...’

Two of the elderly people said they were booked to go for a short stay, but others said that no-one had ever suggested they might go, or they had tried to get into a private home which was fully booked. One elderly woman said she would like to go but was afraid of leaving her house unattended: ‘I wouldn’t like to leave here in case a man gets in and helps himself to everything...’

But most of the elderly people said they would not want go for a short stay, and although we did not ask them why not, a good many told us, like this elderly man living with his wife in the southern area – ‘You must be joking. I’ve known
these places and I’ve been in them. They’re full of motionless old people and gaga ones. Nothing would tempt me into one...’ – and like this elderly man in the London area – ‘They want so much money if you go. I went for a day. The social worker took me there. I didn’t care for it. I didn’t like all the noise. It’s been offered, but I declined...’

The carers who were doubtful about the elderly people wanting to go for a short stay were also often doubtful about the effect of the short stay, like this son: ‘If she went for a short stay and didn’t like it, it would be all the more reason to refuse to go if it was for good...’ Other carers were doubtful about residential homes in general, sometimes because they were familiar with them, like this daughter – ‘Having worked in one, I wouldn’t want him to...’ – or because they were worried about the poor publicity some homes had had – ‘You see some horror stories on TV. I don’t know if they’re all like that. I would probably be in and out at all times...’

Elderly husbands and wives, who might have been thought to be in greatest need of respite, were often the most adamant in their refusal to consider a short stay, like this husband – ‘I don’t think she’d be happy away from her house...’ – and this wife – ‘He would not let anyone do for him what I do for him, and I’d never let him go in on his own...’

Why had the elderly people been for short-stay care the first time they went, and what did they think of it? The most common reason for going was to give the carer a break, mentioned by nearly half the elderly people and two-thirds of the carers. Around one in 10 of the elderly people and carers said they had been after coming out of hospital, and one in six of the elderly people said they had been for a holiday. Other reasons were to do with illness or to see if the elderly person might consider residential care.

Three-quarters of the elderly people said someone else had suggested it to them, with roughly a quarter mentioning their GP, a quarter the social worker, and nearly half mentioning their carer or another relative. Well over half the carers said it had been suggested by a social worker, with around a fifth mentioning the GP. It looked as though social workers tended to mention it to carers or relatives who then put it to the elderly people themselves. Other professionals or neighbours had sometimes suggested short stay, occasionally with unfortunate consequences: ‘The vicar suggested it. She has hated him ever since...’

There was a fairly sharp division of opinion on the subject of short stay among the elderly people, with around half of them liking it or at least tolerating it, while one third disliked it and the rest were not sure. The carers we interviewed tended to think that the elderly people they were looking after were more positive about it than the elderly people we interviewed were, but it was difficult to say whether that was because carers were sometimes clinging to the short-stay care as their only real respite.

Sometimes elderly people had their expectations dashed, like this elderly man – ‘I thought it would be a rest, but it was horrible – the worst week I’ve ever spent...’ – while most of the others who had not liked their short stay were upset
by the other residents, like this woman in the London area: ‘Some of the people, poor things. They were senile I expect. I was sitting in the lounge and one wouldn’t leave a man alone, one was screaming and shouting and spitting. It put me off...’

There can be no doubt that the mental frailty of many residents of residential homes for the elderly can be very distressing for elderly people who are mentally robust but physically frail. This was one of the main reasons why elderly people in the PSI study on short-stay residential care for the elderly (Allen, 1983) had not enjoyed their short stay. Some elderly people find the behaviour of people with dementia very threatening, and this came through time and again in these interviews: ‘Seeing ill people is a terrible thing, very sad. Maybe being Christmas I took more notice. I wanted to be home...’

It was perhaps not surprising that over half the elderly people who had been for a short stay said there were things they did not like about it, with the mental condition of other residents being the most frequent complaint, although there were criticisms of the staff, sharing a room, disturbances at night, unfriendliness, gossip, territorial behaviour and too many women. One elderly woman had come across most of these disadvantages in one home in London: ‘I didn’t like sharing a room. Women en masse I don’t like. You mustn’t sit in someone’s chair – I hate that. They used to talk about you. Some weren’t mentally too good. I feel I wasn’t ready. The one under the matron was horrid. The matron told me off for ringing the red emergency bell, and my son rang and said, “I’m coming to take you and your bags, and you can do what the hell you like in future.” But I hadn’t touched the bell...’

This little story epitomised not only many of the dislikes of short-stay care, but also indicated how easily elderly people can lose control and choice. This woman, whatever the truth of the ‘bell’ incident, had felt lost and humiliated within the home, and had clearly felt betrayed both by the staff and by her son. It had not been a happy episode, which should be considered carefully by professionals working with elderly people. It was not perhaps surprising that she said she would never try short-stay care again: ‘I’d rather do away with myself. It’s not for me...’

But three-quarters of those who had been for short stay said there were things they had liked about it, with the matron or staff being mentioned most frequently, followed by being looked after, the food and the company. The company was most appreciated by the elderly people living with younger carers, some of whom appeared to be rather isolated in spite of living with relatives. Some of the comments from elderly people mirrored the enthusiasm shown by some of them for day care, and those who had been to the same home more than once were usually the most satisfied. The problem for carers was to engender this enthusiasm on the first visit, because there was no doubt that a poor beginning could put the elderly people off for life.

The homes in the southern area were rather more popular than the homes in the London area, and it should be noted that all the people who had had a short stay in the London area had found something they had disliked about the home,
compared with just over one third in the southern area. Only three people in the
northern area had ever had a short stay, so that little could be deduced from their
experience.

We asked the elderly people and the carers whether the elderly person would
be going again for short stay. Even allowing for the fact that the sample of carers
related to elderly people who had carers, there was quite a distinct difference in
response. Only just over half the elderly people said they would be going again,
compared with nearly three-quarters of the carers who said they would. One third
of the elderly people said they would not be going again, compared with less than
a quarter of the carers, while just over 10 per cent of the elderly people said they
did not know, a response given by only one carer.

Carers who lived with the elderly people were much more likely than
non-resident carers to say that the elderly people would be going again, although
two elderly wives whose husbands had hated the short stay appeared to have little
say in the matter. Otherwise it seemed only too likely that it was the elderly people
who might have little say in the matter.

We asked the carers whether they thought it was a good idea for elderly
people to be able to go for a short stay in a residential home, in the same way
that we had asked them for their views on the value of day care. The carers were
particularly enthusiastic about short-stay care, with 83 per cent of them thinking
it was a good idea, only 3 per cent thinking it was not, and 14 per cent finding it
difficult to give an opinion. 90 per cent of the resident carers thought it was a
good idea, and it was a particularly popular idea in the northern area where so
few elderly people in our sample had had short-stay care. Younger carers were
much more likely to think it a good idea than the elderly spouses.

Why did the carers think short-stay care a good idea? The most frequently
mentioned reasons appeared to be completely altruistic, with nearly half the
carers saying it provided the elderly people with company, and over a quarter
saying it meant the elderly person was looked after properly – a view more
frequently expressed by non-resident carers. Around a quarter of the carers said
it provided a change of scenery and a further quarter said that it gave the elderly
person the opportunity of seeing what residential care was like. Nearly a fifth
said it gave the elderly person a holiday or break. Some carers thought it gave
the elderly people a little break without any worries about food and looking after
themselves, and others thought it offered stimulation and outings.

This question in the interview with carers generated an enormously
enthusiastic response, which was not shared by the elderly people. Reading the
carers’ questionnaires, it was difficult to imagine that elderly people could
possibly be in any doubt about the benefits of short-stay care. This son thought
it a very good idea – ‘They’re under the eye of the medical staff. It’s a period
when they’re safe. They have no worries about food, and it’s a bit like a holiday...’
– and so did this daughter – ‘They’re with other people and they have to make
the effort to speak to people and to stimulate themselves. It show them the reality
of life. It’s a great advantage to know they’re in good hands, and that they’re not
going to fall or wander...’
There was no doubt, however, that among all this concern for the welfare of the elderly people, there was a strong self-interest among the carers, as shown by this daughter – ‘Well, it’s a good idea to have the company and to be looked after properly. It’s just a different environment. It’s like a little holiday. I think they make her do more and she doesn’t like that. We can get out and about more. Our life is our own and we can do what we like without her...’ – and this daughter-in-law – ‘There are people there the same age – and different activities. You know they’re happy and being looked after – and you can go away too...’

The lack of freedom experienced by some of the carers we interviewed came pouring out in the responses to this question, as this daughter living with her father said: ‘The change does everyone good. You can get away from what you’re used to for a while. Mad parties! No, just the freedom. All the doors are now closed. When he was away, all the doors were open and the radiogram was blaring away...’

The closed doors and the loss of freedom in the lives of the carers were perhaps the most important reasons for their enthusiasm for short-stay care. Respite for carers was mentioned as the most important advantage of short-stay care by almost all the carers interviewed, and there was no doubt that, for many, there was a strong hope that the short-stay care would serve as an introduction to the idea of long-stay care. In some cases, it seemed likely that this hope would be dashed if the elderly person had anything to do with it. The choices of the elderly people and their carers often appeared to be on a collision course.

Other community and domiciliary services and aids
In addition to the six main community services discussed above, we wanted to know whether the elderly people had any other services or aids which helped them to remain at home. We wanted to distinguish between the services the elderly people had in their own homes and those which they might receive elsewhere. Given the interest expressed by the government in the extension of community care supplied by the independent sector, we also wished to establish the extent to which elderly people were using private or voluntary services of this kind.

Other domiciliary services
Twenty per cent of the elderly people said they had other people or services coming to their home to help them, but there was a difference between the areas, with half the elderly people in both the London and northern areas citing at least one other domiciliary service, compared with only one respondent in the southern area.

The majority of other services were reported by only one or two people each, and included visits by ‘ladies’, church visitors, voluntary visitors, gardeners, hairdressers, window cleaners, assistants from the residential home, a ‘person’ sent by the domiciliary care organiser, a private BUPA nurse, paid help and
incontinence pads. Five people, all in the northern area, reported that they had a sitting service.

The frequency of this additional help varied considerably, from two people reporting daily care to two people reporting occasional care. Most of the help or care was provided once or twice a week, so that it was regular, if not intensive. Some care was intensive, however. The assistants from the residential home provided a getting-up service to one elderly person five times a week, emptying the commode and making breakfast as well as making the bed and washing up. The ‘person’ sent by the domiciliary care organiser performed similar functions and came seven times a week to another elderly person.

The functions of the other visitors varied, from sitting and talking or telephoning to cleaning, gardening, emptying the commode and taking to the toilet, washing the elderly person, making the beds and other household tasks. The range was wide, with a number of individual mentions for social, functional and personal tasks. There was no evidence of any particular pattern of help of this kind, apart from the sitting service in the northern area. Arrangements appeared to have been ad hoc, occasionally arranged by statutory authorities but more often by the elderly person themselves or by their carers.

There was certainly no indication that any of these services were being provided on a wide scale, apart from the sitting service. Few of them appeared to be services which were regarded by anyone as part of a package of care, although the creation of ‘flexible’ packages of care with little services of this kind from a variety of sources is implicit in the government’s encouragement of the use of the independent sector in community care. Most of the services were appreciated by the recipients, but not all were as welcome as others, and a voluntary visitor from an unknown source did not meet with the whole-hearted approval of this elderly woman in the London area: ‘She always seems to come when we’re having tea on a Sunday. I don’t know why she comes on a Sunday when I’ve got someone here. I think it’s an easy touch for her to just come and talk...’

The carers interviewed reported even fewer other services coming to the homes of the elderly people they were looking after, with the sitting service in the northern area being the most frequently mentioned. We asked the carers specifically about a laundry service, since incontinence and the lack of an incontinence laundry service is frequently cited among carers as one of the most trying aspects of their role.

Only one of the carers said the elderly person she was looking after had a laundry service – provided fortnightly by the WRVS in the southern area. It seemed astonishing that no other elderly person had a laundry service of any kind. In nearly 60 per cent of cases, the carer did the elderly person’s laundry, in 10 per cent of cases the elderly person did it themselves, in another 10 per cent of cases, the carer and the elderly person shared it and in a further 10 per cent of cases, the carer and home help shared it. There were other mixtures of informal arrangements accounting for the rest of the elderly people’s laundry. There was virtually no indication of statutory, voluntary or private service involvement in
the laundry needs of elderly people in this study. Laundry was a cause for concern for some of the carers interviewed and thought to be a source of worry to the elderly people they were looking after: ‘He does his own smalls and I do his big washing. I don’t want to force him. I think he would be ashamed to send his laundry anywhere or give it all to me because I think that they are both a bit incontinent...’

**Telephones and alarms**

Contact with the outside world is clearly very important for vulnerable elderly people, so we asked them whether they had a telephone or an alarm at home. 88 per cent of the elderly people said they had a telephone, and exactly the same proportion of carers reported that the elderly people they were looking after had a telephone. The proportion was rather lower for the elderly people living alone, but over 90 per cent of those living with others had a telephone. All but one of the respondents in the northern area had a telephone, compared with under 80 per cent in the southern area.

Twenty-five per cent of the elderly people said they had an alarm of some kind at home. This represented over one third of those living alone, but only 10 per cent of those living with others. All 18 of the elderly people living in sheltered housing had an alarm, accounting in fact for nearly three-quarters of those with an alarm. The majority of those living in sheltered housing said their alarm was linked to the warden or to the ‘council’ in the warden’s absence. The other alarms were linked to various private or local authority sources, with two linked to a residential home. Some elderly people were concerned about the amount they had to pay, while others were concerned about cover at weekends. In one case, the alarm was connected to the warden of the sheltered housing during the week, but to council offices thirty miles away at weekends, which gave the elderly person some cause for alarm herself.

**Aids and equipment**

Sixty per cent of the elderly people said they had some kind of aids or equipment to help them manage at home, while 65 per cent of the carers interviewed said the elderly people they were looking after had aids or equipment.

A surprisingly wide range of aids were reported by the elderly people – 25 different items in all – while the carers reported an even wider range. There were certainly some fairly disabled elderly people among our sample. Of the total number of elderly people interviewed (100), 25 per cent had a bath or toilet rail, 24 per cent had a walking frame, 22 per cent had a commode, 17 per cent had a wheelchair and 10 per cent had a bath or shower seat. In addition, a number had stair rails, raised toilet seats, chemical toilets, bed hoists, bed or chair blocks, bed rails, invalid armchairs, trolley tables and ramps, and there were individual mentions for adapted toilets, a wheelchair with a commode, adapted showers, orthopaedic pillows, special footstools, sticks and poles of various kinds, talking books, raised sockets and special oven lights.
The elderly people in the southern area appeared to be more severely disabled than those in other areas, in that they had more mobility aids, but over one third of the elderly people interviewed in the northern area had a commode, perhaps reflecting the type of housing they were living in.

The majority of the aids and equipment were said to have been arranged by the social services department, although GPs were mentioned by nearly one fifth of those who had aids and equipment and a further 10 per cent of elderly people said they had arranged them themselves.

Carers and relatives were rarely mentioned by elderly people in this context, and the carers themselves seldom said that they had arranged any aids and equipment. Occupational therapists were mentioned by four elderly people and six carers, although they were probably far more frequently involved than this indicates. It underlines the fact that both elderly people and carers were sometimes unaware of the identity or role of the people coming to visit them.

Other activities outside the home

Apart from day care, luncheon clubs and short-stay care, we wanted to know whether elderly people went out of their homes regularly for any other kind of activity or to receive care of any kind.

It was perhaps not surprising that only 38 per cent of our total sample of elderly people said they went out regularly, since some of them were very disabled. The majority of those who went out regularly did not go to a particular service but made weekly social visits to family or friends, and most of these were elderly people living alone. Only seven of the total sample said they regularly went shopping, five went to a church group or club and four went to church or chapel. Other clubs or groups were mentioned by individuals, and there were three elderly people who went to a drama club, cricket matches and bowling respectively. Such activities were very unusual.

One of the most striking characteristics of this sample was how many of them were virtually housebound if they were not helped to go out, and yet how relatively infrequently so many of them appeared to go out. This was particularly noticeable among some of those living with others or with elderly spouses, like this elderly woman who was very disabled, living with her husband who had senile dementia: ‘I don’t go out unless my son from London comes and takes us out in the chair, but I need a woman with me to go to the toilet. I used to go to the Conservative Club once a month, but I couldn’t get off the toilet...’

Since so many elderly people seemed to be so housebound, we asked them whether they would like to go anywhere else on a regular basis. Only 16 per cent of the total sample said they would. Few places were mentioned more than once, but the list included the theatre, concerts, lectures, day centres or luncheon clubs, shopping, church, trips to the seaside and a holiday, scrabble club, Women’s Institute, Gas Federation meetings, meetings about diabetes and the Spa Hospital, Budapest.

It would clearly have been difficult to meet all these requests, but there did seem to be a need for someone, whether a professional or carer, to try to facilitate
some of these desires to get out of the house regularly, or even irregularly. The main problem, according to the elderly people was lack of transport. Some of the requests were really for relatively simple things, as this elderly woman in London said: ‘I would like to go out. I’d just like to go out and do my shopping, but I haven’t got a winter coat. The home carer said she would take me. But I’m nervous of going out alone in case I fall. I miss my corset – they keep you warm and cling to you. I was a Victorian baby. We were well corseted then. I feel all of a flop now!...’

But some of the saddest remarks were heard from those who did not want to go out. The sense of loss of choice and control found so often among the elderly people we interviewed came through very clearly in answers to this question, like that of an elderly woman living alone in the northern area – ‘When you can’t see all right, everything is a trouble to you, and it’s worse coming back to an empty house after being out, so I leave it very rarely...’ – and another elderly woman living with a husband who suffered from dementia – ‘They used to take him for a walk. I said to Mr M (the DCO), “He does miss his walk. He used to look at the birds”. The doctor’s wife said she’d send a man round, but he never came...’

Benefits

The question of money is very important in determining the extent to which people can exercise choice. If people can claim benefits they may be able to buy services to help them remain at home. There have been concerns that elderly people who are entitled to benefits may not know about them, and there has also been evidence that carers too may know nothing about benefits to which both they and the elderly people they are looking after may be entitled.

Lack of information about services and benefits was also of interest to us, so we asked both the elderly people and the carers whether they were receiving benefits of any kind, and, if not, whether they had received any information about benefits to which they might be entitled.

All but one of the elderly people were receiving the state pension. Forty-four per cent of the elderly people said they were receiving benefits and just over half the carers said the elderly people they were looking after were receiving benefits. There was a distinct area difference, with well over half the elderly people in the northern area receiving some kind of benefit, compared with less than 40 per cent in the other two areas.

Nearly half the elderly people receiving benefit said they received housing benefit, 43 per cent said they received attendance allowance and 41 per cent said they were receiving income support. (This accounted for 21 per cent, 19 per cent and 18 per cent respectively of the total sample.) Again there were area differences, with income support received much more frequently by elderly people in the northern area, and attendance allowance received much more frequently in the southern area.

The differences in the samples of elderly people and carers were indicated by the differences in the responses. Approximately the same proportion of carers
of elderly people receiving benefit said the elderly people got housing benefit, nearly 60 per cent of them said the elderly people received attendance allowance, and less than a third of them said the elderly people received income support. These differences could be accounted for by the fact that the sample of elderly people contained a higher proportion who were living alone, and thus less likely to be disabled enough for attendance allowance but more likely to be eligible for income support.

Very few other benefits were mentioned by either elderly people or carers, but there were individual mentions for heating allowance, transitional payments, allowance for blindness and disability pension.

Carers and relatives were the main source of information about benefits, mentioned by a quarter of the elderly people receiving benefits. Social services or social workers were mentioned by about one fifth, the DSS was mentioned by less than 10 per cent, and then a variety of sources, including GP, district nurse, home help, neighbours, solicitors, the civic centre and the post office were mentioned by one or two people each. Carers confirmed the picture painted by the elderly people.

Some of the elderly people were clearly confused about their entitlements and needed a lot of help to make their claims, as this elderly woman in the southern area said: ‘The social worker and S. (the home help) kept on to me about getting attendance allowance. The government don’t make it easily known. Only when you’re driven to despair do you do something...’ Her views were echoed by another woman in the same area: ‘Why don’t they send someone to help us understand things? We don’t understand things as we get older...’

The carers often said they helped the elderly people claim for benefits, like this husband – ‘I read everything that comes through the door and I put in for what we’re entitled to, and K, the home help advises us...’ – and this wife – ‘You see it on television adverts...’ But the advice they gave was not always acted upon, as this daughter pointed out: ‘I told him about attendance allowance, but he said, “I’ll not bother”. He hates forms...’

We asked the carers whether they themselves were receiving benefits in connection with looking after the elderly people. Three of the 72 carers were receiving invalid care allowance – a daughter, a daughter-in-law and a sister, two of whom were living with the elderly people and one of whom was not. They had got to know about their entitlement through a relative, a neighbour and a social worker. The daughter indicated how haphazard the system for informing people about their entitlement was: ‘A neighbour asked if I was getting paid for looking after her, and when she told me I went straight to the doctor’s and got it from the waiting room...’

We were interested to know whether elderly people who were not getting benefits had ever had any information about benefits to which they or their carers might be entitled, and, similarly, whether the carers had ever had any information about benefits to which they or the elderly people might be entitled.

Just over 10 per cent of the elderly people not receiving benefits said they had received information, as had just under one third of the carers of elderly
people not receiving benefits. The elderly people had received information about a variety of benefits from a variety of sources. We asked them why they had not got benefits. Two of them said they were not ‘money grabbers’, one had had too many savings, one did not need to claim, while one was refused attendance allowance.

The carers had also received information from a wide variety of professional and informal sources, and there was a general impression given by both elderly people and their carers that it was often a matter of pure chance whether people received information about benefits or not. Some of the carers had applied for allowances, while others were waiting for the elderly person to receive benefit before they would be considered, like this daughter: ‘The social worker told us about the attendance allowance which my mother has now. I had to wait for my mother to get the attendance allowance before I could claim for the one I can get…’

In some cases, the carers got the information but did not act on it, for example in the case of invalid care allowance because they had been advised that they would have had to give up work to claim it.

**Sheltered housing**

Although sheltered housing may not always be thought of as part of the ‘package of care’, it does usually offer a certain supervision and security to elderly people that can be interpreted as community care. 18 per cent of the elderly people we interviewed said they were living in sheltered housing – 17 of them living alone and one with her spouse – and all but one of them rented the accommodation. There were seventeen women and only one man.

Thirteen per cent of the carers were looking after elderly people living in sheltered housing. This represented nine elderly people, and the difference in the two samples reflected the extent to which elderly people living in sheltered housing were rather less likely to have carers than those living in other forms of housing.

Over a quarter of those living alone were in sheltered housing. The more elderly in our sample were more likely to be in sheltered housing than the younger groups. A quarter of those aged 85 or more lived in sheltered housing, compared with one fifth of those aged 80-85 and only 3 per cent of those under 80. Over a fifth of the elderly people we interviewed in the London and northern areas were in sheltered housing, compared with just over 10 per cent in the southern area.

**Those not living in sheltered housing**

We asked the elderly people who were not living in sheltered housing whether they would ever consider it. After all, most of them were thought to be at the margin of residential care. Perhaps a move into sheltered housing might help them avoid a move into residential care. Eighteen people – 22 per cent of those not living in sheltered housing – said they would consider it, 70 per cent said they would not and 8 per cent were not sure. Very similar proportions were given
by the carers when we asked them whether the elderly people would consider sheltered housing.

The main reason the elderly people gave for considering sheltered housing was if they could no longer look after themselves. Elderly people living alone were more likely than those living with others to consider sheltered housing, mainly for this reason. Elderly people living with their spouses often said they would consider it because they could no longer cope with their houses. Three of the elderly people said they were trying to get into sheltered housing when we interviewed them, like an elderly woman in the northern area: ‘My name has been down for five years. I think I need the reassurance of someone around if I need help...’

It was interesting that 36 per cent of our sample of elderly people in the community were either living in sheltered housing or said they would consider it. This compares with 12 per cent of our sample of elderly people in residential care who had previously lived in sheltered housing and a further 12 per cent who had considered sheltered housing before they entered residential care. It did appear that some of these had considered sheltered housing when it was no longer an option. This might have been true of some our sample in the community, but at least they were still in the community, and did not discount the possibility of sheltered housing.

Why would the other elderly people in the community (64 people) not consider sheltered housing? Nearly half of them said they would prefer to stay where they were in their own homes and were quite happy. Over one third of those living with carers said they wanted to stay with their carers, often because they wanted or needed to be looked after. In addition, nearly one in ten said they would not consider sheltered housing specifically because they could not look after themselves.

What about the carers of people who were not living in sheltered housing? Two-thirds of them said the elderly people would not consider it, mainly because they could not look after themselves or manage alone. Some of them were thought to be far too frail for sheltered housing, and this comment from a daughter-in-law was typical of this group: ‘It has to be a nursing home. She can’t even reach a cup of tea if it’s not given to her...’

Elderly people gave a wide variety of other reasons for not considering sheltered housing, including the thought that they might lose their independence in one way or another, like this woman living with her daughter and son-in-law: ‘Well, I’ve heard so many complaints about them, from people in warden-controlled places, it’s put me off...’ This view was echoed by a number of elderly people, who seemed to equate ‘warden control’ with loss of freedom, like this woman in the London area: ‘I don’t think I should like it very much. You’d have to be under the warden’s instructions and I like to be my own boss. So I’d like to be in my own home...’

Essentially, the elderly people wanted to stay where they were, although some acknowledged that there might be problems if their carer, often an elderly spouse, were to become ill, as this woman in the northern area said: ‘I wouldn’t
consider it unless I was absolutely forced to. If my husband was knackered as well as me, then we might have to move into it. But I prefer my own home...’

Just over 10 per cent of the elderly people who did not live in sheltered housing said someone had suggested it. The suggestions had come from a mixture of relatives and professionals, but the reaction had usually been negative, although in some instances the waiting list was too long. Around a quarter of the carers reported that they or other relatives had suggested it to the elderly people, but the elderly people had usually turned down the idea, although some of the carers thought the elderly people might consider it at a later stage.

The carers were divided on the idea of the elderly people going into sheltered housing. Around half the non-resident carers thought it was a good idea, often because someone could keep an eye on the elderly people. Wardens might not have been popular with the elderly people, but to some carers, like this son, they would have offered peace of mind: ‘I would feel happier, merely because there’s a warden. I have to face the fact that she might die in the night, and I couldn’t do anything about it...’

The fear that the elderly people might die alone was uppermost in the minds of some carers, like this step-daughter: ‘I wish he would go in. To my mind that is the answer. I think that all old people should have the opportunity to live in sheltered housing. They should have someone there to check on them day and night. I check on him two times a week. I suppose I could ring him day and night. In sheltered housing, if he’s not all right, then someone goes in. But here, if he died, I might not find out for a few days...’

The elderly spouses caring for their husbands or wives were the least likely to think sheltered housing a good idea: ‘It’s not for us. We’re too old to move now...’ Some of the other carers were also against the idea for other reasons, like this son: ‘She wouldn’t like it, and she needs a house for me as well. I don’t want shelter...’

But some carers were worried about the alternative if the elderly person did not get more care than they were getting at the moment. They did not really want to be faced with the prospect of living with the elderly person, however well they got along, like this daughter in the northern area: ‘I personally think it is a good idea. There is someone on duty all the time. My dad loves me and I love him, but I don’t know if we want to be together all the time...’

**Those living in sheltered housing**

Of the 18 people living in sheltered housing, 14 were living in local authority accommodation, one in private sheltered housing, two in sheltered housing run by a voluntary organisation and one was not sure who ran it.

Three-quarters of the elderly people had been living in sheltered housing for more than four years. Indeed, half of them had been living in sheltered housing for more than six years, and over one fifth for more than ten years. The remaining five elderly people, who had moved in within the previous four years, were all over 85.
One third of the elderly people – all women – said they had moved into sheltered housing when their spouse had died. A typical story was given by this elderly woman in the London area: ‘I’d lost my husband, I was too upset to stay in the place where he lived. I was lonely and depressed in the house where we’d lived together…’

A further third had been ill and felt they could no longer manage on their own, while the remainder had felt their house was too big for them or had put their name down years before. There was some evidence of elderly people having lived in unsuitable accommodation, like mobile homes or ‘out of a suitcase’. Only one of the elderly people said specifically that she had chosen sheltered housing so that she would not have to live with her children: ‘My daughter offered to have me, but I’m not going to spoil the lovely relationship I have with them all..’

The elderly people were roughly divided between those who had asked to go into sheltered housing and those who had had it suggested to them, mainly by their GPs.

Around half of them had been delighted at the idea of going into sheltered housing initially, but others had reservations, particularly if they had been bereaved. It was common for the elderly people to express regrets about leaving their homes, even if they realised they could no longer look after themselves or their houses which were too big for them. It took a lot of adjusting for some elderly people, like this woman in the northern area: ‘I was a bit upset. I was used to a large house, and these looked very small, like rabbit hutches. The one I saw originally was unfurnished and looked awful, but then this one came free and my son and daughter redecorated it and put flowers in and it is beautiful now…’

Nearly four-fifths of the elderly people said there was something they particularly liked about sheltered housing. Over one third said they liked the warden and a similar proportion said they could not have managed to continue living in their previous accommodation. Security was important for nearly one third of them, and others mentioned the view, the surroundings, the warmth, the residents’ meetings, the company, the privacy and the independence.

Security was certainly a welcome feature to some of the elderly people: ‘You do feel secure. The cords are always there if you need help…’ It was also welcomed by the carers, like this daughter: ‘It was just another relief to me. It means I know that if anything goes wrong during the day, when the home help or I am not there, that a warden can be called…’

But seven of the eighteen elderly people had something they particularly disliked about sheltered housing. They included comments on loss of independence and privacy, worries about security and the commitment of the warden, and the company, all reasons given by others for liking the sheltered housing. The acute desire for independence shown so often by elderly people in these interviews came through again in this comment by an elderly woman in the northern area: ‘It is the beginning of losing your independence. They can start to watch you all the time and keep suggesting help to you until you end up not able to look after yourself…’
The company was not to the taste of all the elderly people, and some thought it had started to go downhill since they had first entered sheltered housing. Considering how long some of them had been in, this was not perhaps surprising, as this elderly woman in the London area explained: ‘It’s really for people who are really old. It’s changed. You used to have to be very fit to come in, but not now. They’re all rather decrepit...’

The need for security was strong, and this elderly woman in the southern area was concerned about it: ‘I wouldn’t like to criticise them, but the warden isn’t full-time. She’s only part-time. If I fell, I’d have to try and get to the alarm and then I’d have to wait for her to come. The rents are high and security is a joke. There’s a lady downstairs who lets anybody in...’

Packages of care

*Caring for People* states that social care and practical assistance with daily living are key components of good quality community care. The White Paper includes among the essential services which will enable people to live in the community ‘help with personal and domestic tasks such as cleaning, washing and preparing meals, with disablement equipment and home adaptations, transport, budgeting and other aspects of daily living. Suitable good quality housing is essential and the availability of day care, respite care, leisure facilities and employment and educational opportunities will all improve the quality of life enjoyed by a person with care needs’ (Department of Health, 1989, 2.4).

We have discussed the provision of services to the elderly people we interviewed in the community in the three areas. We wanted to draw together an assessment of the individual ‘packages of care’ which the elderly people were receiving. *Caring for People* states that one of the key responsibilities of social services departments in future will be ‘designing packages of services tailored to meet the assessed needs of individuals and their carers. The appointment of a "case manager" may facilitate this’.

To what extent could the elderly people in our study be said to have packages of services? And to what extent did these show signs of having been ‘designed’? Our interviews with social workers and domiciliary care organisers, discussed in later chapters of this report, suggested that ‘design’ was rather an ambitious term to describe the way in which they put together packages of services. What did it look like from the perspective of the elderly people?

We made two assessments of packages of care, in that we wanted to make a distinction between packages made up of ongoing services, in which a regular input was made into the care of the elderly people, and packages which included services or aids which were on call for elderly people to use if required. The first package assumes a regular input by service providers, while the second package includes these elements with the addition of back-up oncall services.

First, we made a selection of eight types of service which were key among the essential services outlined in *Caring for People*: home help or home care, meals on wheels, day care of any kind, (including day centres, luncheon clubs..."
and day hospitals), sitting services, bath nurse, private nurse, private help and short-stay residential care. We wanted to look first specifically at services which were likely to be used at least on a weekly basis or had a practical, regular input into a package of care which could maintain a person at home. Therefore we did not include in our initial package of services the services of social workers, district nurses, health visitors, physiotherapists, chiropodists, occupational therapists, aids, alarms or sheltered housing. We excluded district nurses, social workers and other professionals from the package because their visits were not necessarily regular, and, indeed, many had only taken place on one occasion. Our aim was to examine those services which needed regular input.

We made a second assessment of packages of care by including sheltered housing, alarms and aids. These services do not fall into the same ‘regular input’ category as the first selection of services, but, in that they provide a background service when needed or help to improve the domestic arrangements of elderly people, we felt that they were an intrinsic part of a more comprehensive ‘package of care’.

We looked first at the packages of services which required regular input. Table 3.5 shows that 70 per cent of the elderly people we interviewed had only one or two services in their packages of ongoing services, less than one fifth of the elderly people had three or more services, and over 10 per cent had no services at all. Looking at the areas separately, which was necessary because we sampled in a different way in the northern area, we can see that, in fact, in the London and southern areas, where elderly people were sampled from those on the lists of social workers, 17 per cent had no ongoing regular services at all. We knew that all our elderly sample in the northern area would have at least one service because

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Base: all elderly people living in the community

Note: Services included home help/home care, meals on wheels, day care of any kind, sitting service, bath nurse, private nurse, private help, short-stay residential care.
s of the domiciliary care organisers, although, in fact, two of the elderly people no longer had a home help at the time we interviewed them.

Again, looking at the areas separately, we found that 60 per cent of the elderly people in the London area, 70 per cent in the southern area and 78 per cent in the northern area had only one or two services. The vast majority of those in the northern area who had only one service not surprisingly had home help only, but in the other two areas, home help and day care were almost equally mentioned. The most common combination of two services was day care and short-stay residential care, mentioned almost exclusively in the southern area. There were a number of other combinations of two services, usually made up of home help and something else, although one person had a bath nurse and a sitting service.

The ten people with three services in their package all had home help, usually with meals on wheels, and often with day care, while those with four or five services all had home help and meals on wheels with a combination of the other services. There was no common pattern of services among these nine people.

Table 3.5 has to be looked at in conjunction with Tables 3.2 and 3.3, which show the incidence of service use among these elderly people, and Table 3.4 which shows the frequency of the home help service. It can be seen that very few people had more than two services in their package and that the service most frequently used to support elderly people in the community, the home help service, was rarely supplied more than twice a week. Could any of these packages really be maintaining very dependent people in the community? Were any of them what might be called an ‘intensive’ package of care, with daily visits from one or more services?

Two of the three people with five services were living alone and one was living with her husband who provided good support. The two who were living alone had no informal support. All three of them were very physically frail and received visits from the district nurse as well as the services included in the package of services. Even so, one was receiving home help only twice a week and two were receiving it three times a week. There were examples among those receiving only two or three services of more frequent home help visits.

We then made an assessment of the more comprehensive packages of care which included sheltered housing, aids and alarms. Table 3.6 shows that the proportion of elderly people with nothing in their package of care was reduced to 5 per cent of the total. But allowing for the fact that all the northern area elderly people would have had at least a home help, it can be seen that just under one in ten of those in the London and southern area taken together had nothing in their package of care.

The size of the packages were increased by the inclusion of aids, alarms and sheltered housing, but, considering that 60 per cent of the elderly people had some kind of aids or equipment in their packages, the overall size did not increase as much as might have been expected. All the 18 elderly people living in sheltered housing had an alarm, representing nearly three-quarters of those with alarms. Those living in sheltered housing generally had big packages of care, although
What did it add up to in terms of the overall size of packages of care? Nearly 50 per cent of the elderly people we interviewed in the community still only had one or two services or oncall support or aids in their packages of care, and many of those with two items in their package received minimal home help together with a walking frame or another individual item of equipment. A further 21 per cent had three items in their package. Taken together with those who had nothing at all, it can be seen that nearly three-quarters of the elderly people we interviewed in the community had three or fewer regular services or oncall support or aids in their total packages of care.

It should not be imagined that a package of care of three items was big. It often consisted of an hour or two of home help a week, combined possibly with day care once a week and a walking frame or bath rail.

It was very difficult to assess the extent to which the packages of care had been tailor-made for the elderly people or the extent to which services had just been added as the need increased. It was also difficult to assess whether the package was the best design available. The impression was often that the services had been added incrementally, partly as the need increased and partly as a service became available. With scarce resources, it was quite clear from the comments of the elderly people that they felt themselves in a queuing process in which they were waiting for resources to be freed up so that they could gain access, or,

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Base: all elderly people living in the community

Note: Includes home help/home care, meals on wheels, day care of any kind, sitting service, bath nurse, private nurse, private help, short-stay residential care, aids, alarm, sheltered housing.
alternatively, if someone with greater needs came into the picture, they would move further down the queue and even lose some of their services.

Essentially, this analysis of the packages of care showed that, in spite of the fact that most of the elderly people were living alone or with an elderly spouse, the most common package of care was very limited, usually consisting of one or two ongoing regular services and only available on one or two days a week, even for those with considerable disabilities and little informal care. Only a tiny proportion had packages of services which amounted to more than three hours of home help a week, with meals on wheels and day care on some days. Even in these cases, there were still long periods of time during the day or night when they were not covered, and intensive informal care was usually needed. It was clear that in many cases where services were limited, informal care was the only factor which was preventing the elderly person entering residential care.