At the margin of residential care
Chapter 5

At the margin of residential care

The elderly people we interviewed in the community were all known to social services departments and had been identified as people who were to a greater or lesser extent at some risk of entering residential care. The elderly people themselves might not have placed themselves in this category, and indeed, some of them thought themselves very independent and were rather surprised to find themselves on the lists of a social worker at all. Some of the others, however, were physically very frail or disabled, and it was often a tribute to the great dedication of their informal carers that they were not in a nursing home, since they were receiving what amounted to 24-hour nursing care.

We have seen that few of the elderly people we interviewed had what could be called an intensive formal package of care. Indeed, most of the elderly people we interviewed had relatively small packages of formal care. If the aim of these packages was to keep the elderly people in the community, they did not really appear to have been big enough or comprehensive enough in most cases. But, as we have seen, many of the elderly people we interviewed had quite extensive informal care, either in addition to or instead of formal care and support. We have also seen that some of the elderly people interviewed were very independent, in spite of the fact that some of them were very old and living alone or with an equally elderly spouse.

We draw together an analysis of the elderly people we interviewed in the community at the end of this chapter, but first we looked in more detail at their views on residential care.

Residential care

One of the main thrusts of the policy on care in the community is that elderly people themselves do not want to enter residential care. And yet, as we have seen over the past few years, more and more elderly people have been entering private residential care with the help of income support. These elderly people have not been assessed to see whether they really ‘need’ residential care, and yet they appear to have been choosing to go into homes whether they need to or not. The White Paper, Caring for People, outlined a new funding structure for those seeking public support for residential and nursing home care (Department of
Health, 1989). It was designed to ensure that assessment will be necessary for everyone who requires public support. Choice alone will not be sufficient in future, unless the elderly person, or their carers, can bear the full cost of a private home.

We wanted to explore in this study what elderly people and their carers felt about residential care. Was it really a last resort, or were there people who actively chose to go into residential care? Was there a point at which elderly people recognised that they could no longer cope at home, even if they had the support of both formal and informal sources of care? What were the factors affecting the choice to enter residential care, and what kind of role did informal carers play in this choice?

The idea of residential care was not as abhorrent to the elderly people living in the community as might have been imagined. Thirty-three per cent of them said they would consider it, 55 per cent said they would not and 12 per cent were not sure. Nearly 40 per cent of the 80-89-year-olds said they would consider it, but only one of the eight people who were over 90 said they would. Women were more likely to consider residential care than the men, of whom only just over one fifth said they would. The carers presented a very similar picture, with about one third of the carers saying the elderly people they were looking after would consider residential care.

However, the majority of the elderly people who said they would consider residential care added the proviso that they would have to be ill or unable to look after themselves before they did. In the view of most of them, they would have to be in very poor shape before they needed residential care, as a man in the northern area said: ‘If I was pretty helpless then I would. If I could not walk, keep myself clean and could not feed myself...’ His view was echoed in the southern area by a woman: ‘Well, if I was old enough and decrepit enough, I suppose I would...’

Some of the elderly people appeared a little suspicious of our motives in asking this question, like this woman in London: ‘If I had to I’d have to, and that’s all there is to it, but tell them I’m not ready for it yet...’ But others accepted that it might be inevitable if something happened to their carers, and ten per cent of the total sample said they would consider residential care in those circumstances, representing nearly a quarter of those living with carers.

The carers agreed that the main reasons for elderly people considering residential care were because of illness or if anything happened to their carers, which, as we shall see, were the main reasons given by the elderly people living in residential homes for entering residential care.

But over half the elderly people said they would not consider residential care, mainly because they wanted to stay in their own homes or wanted to remain independent. One in ten of the sample simply said that they did not need residential care. There was a very strong undercurrent of fear of what might happen to them in residential care among many of the elderly people we interviewed. Some saw no escape once a home had been entered, like this elderly woman in the northern area: ‘Put your faith in God. He’ll look after you.’
people don’t last long when they go into homes. You can’t make your own decisions...’ There was a fear of losing autonomy: ‘Because then your independence has gone completely. You are watched over all day and fed when they want. You cannot lead a life as you want to...’

Some elderly people had been put off by having short-stay care, and others did not like what they had seen elsewhere, like this elderly woman in London: ‘I’m not going to one of those places. I’ve seen too many people in there. You go to the seaside and you see them there. They didn’t like it, so I shouldn’t think I would. Besides I don’t need it. I’m fit and well...’

Elderly people living with a spouse or a younger carer tended to say that they preferred to stay where they were and be looked after by their carers. Others thought they would rather go and live with relatives rather than enter residential care. A couple of elderly people said they would not consider residential care because they could not take their pet. Only two elderly people said they would ask for more help at home rather than enter residential care.

What did the carers think? Most of them confirmed the impression given by the elderly people who were reluctant to consider residential care. Carers stressed the independence of the elderly people, often commenting on the fear the elderly people had of losing their autonomy. Other carers said there was no need for the elderly people to enter residential care because they could be looked after by family members or could move in with relatives.

Had anyone ever suggested residential care to the elderly people? Thirteen per cent of the elderly people said someone had suggested it, but as many as one third of the carers said someone had suggested it to the elderly people they were looking after. Again, some of the difference could have been accounted for by the fact that the elderly people represented in the carers’ sample were those who had carers, who might be frailer, but, on the other hand, people without carers might be more likely to need residential care. There was a strong possibility that some of the elderly people had simply ignored suggestions of residential care, while others had blotted the thought out of their minds, as this daughter indicated: ‘Yes, I have suggested it, but she had a turn...’

The elderly people said a mixture of relatives, friends and professionals had suggested residential care, while the carers were more likely to say that they or other relatives had suggested it. Some of the elderly people said they were actively considering it now, but others dismissed the suggestions: ‘Only my daughter. I said, "No, I’m not ready for it yet". I hope I die soon. I’d hate to sell my house and everything to go there..’

We asked the carers what they thought about the elderly person going into residential care. Twenty-five per cent of them thought it would be a good idea, mainly because the elderly person would be looked after or would have company. Nearly one third of non-resident carers thought it would be a good idea, again reflecting their particular anxiety about the elderly people they were looking after. However, one in six of the carers thought it would be a good idea only if the elderly person could no longer manage or if they really wanted to go.
one fifth said there was no need for the elderly person to consider residential care.

Around a quarter of the carers were quite sure that the elderly person would not like it, but nearly 40 per cent of them said that they themselves would not really like it, for a variety of reasons. Some of them were very ambivalent about it, like this daughter: ‘I sometimes think that is the only place for her to go because of all the help and care she needs. If I was ill and could not do for her, she would have to go in, but then sometimes I think, why not let her have her remaining time in her own home and near to her family...’

There was a strong sense of guilt in many of the carers’ answers to this question, as this daughter-in-law indicated: ‘I feel very torn. I’d feel I could cope if I could get her up in the morning. It’s the old story and I would feel guilty if she went. We’d visit all the time anyway. When she goes in for two weeks my husband is there every day for visiting time...’

The sense of reciprocity which had characterised the responses of some carers when asked about their reasons for looking after the elderly person emerged again in response to this question. For this daughter there was no question of how she felt about the idea of her father entering residential care: ‘I don’t think much of it at all. He looked after me, and didn’t put me in an orphanage. It’s a chance to repay him, isn’t it?’

The group who were least likely to welcome the idea of the elderly person entering residential care were the elderly spouses, none of whom thought it a good idea, like this husband: ‘I’d fight it. I can look after her at present, so provided my health holds out, there is no need...’

Local authority and private residential care

Finally, we asked a series of questions about the advantages and disadvantages of local authority and private homes. We wanted to know whether they were thought to offer different things, and to what extent elderly people and their carers had different images of the type of care they offered. We did not know how far elderly people living in the community were aware of the fact that, at the time of our survey, they were able to enter most private homes if they qualified for income support.

We also wanted to find out which type of home the elderly people and their carers would prefer, and whether they thought they had a choice between local authority and private homes. Once again, we wanted to explore the question of choice, and to what extent people knew enough to be able to exercise any choice they might have.

The main characteristic of the responses of the elderly people to the questions about private and local authority residential care was lack of knowledge. Fifty-six per cent of them said that they did not know what differences there were between private and local authority homes, and 10 per cent said they were all the same. However, the main difference seen by the others were that private homes were more expensive. Some of them had experience to back them up, like this elderly man in the northern area: ‘I think the private homes are expensive. I pay over
£600 a month for my wife’s home. That is very expensive. They soon get your money...’

There were few other comments on the differences. Some elderly people thought that facilities might be better in private homes, while others thought that private homes had fewer staff who were less well trained. There was a distinct impression of vagueness on the part of the elderly people about the differences between the two types of homes.

The carers were more likely to offer an opinion, although nearly a quarter said they did not know and 7 per cent said there was no difference. Over a quarter thought private homes cost more, but around one fifth thought that private homes offered more luxury or better care. On the other hand, over one in ten thought that local authority homes offered better care and attention.

We asked both elderly people and carers about the advantages of local authority and private homes. Two-thirds of the elderly people could not comment on the advantages of either, but among those who did there were some fairly trenchant views. Local authority homes were seen to offer better care, to offer more inspection and regulation and to provide more and better staff. Some elderly people offered interesting comments on the security and accountability of local authority homes as they saw it, like this elderly woman in the southern area: ‘Council staff have regular time off – it’s supervised. The matron can be changed – it’s safer. The social life and eating habits may be a disadvantage, but it’s more secure. The owners may sell up and you might get people you don’t like in a private home...’

The elderly people in the northern area were very much in favour of local authority homes, like this elderly woman living with her husband – ‘They’re more inspected and kept up to scratch. The staff would have to be up to standard too...’ – and another elderly woman in the same area – ‘They do it for the caring side, whereas the private ones are for profit...’

The question of regulation and inspection was important to the carers, and one fifth of them mentioned this as an advantage of local authority residential homes. A further fifth thought that local authority homes offered better care and that people were well looked after in them. The question of cost was thought important by some of the male carers in particular. Some carers thought there was rather a lot of variability in local authority homes, as this daughter explained: ‘They vary a lot, which is why father is against them. An uncle and aunt were in one. Father said he would top himself rather than go into one. But there is one near his bank he likes the look of. He says you have to be an alderman to get in there. He says it is luck if you get a good or a bad one, local authority or private...’

But there was no doubt that the accountability of local authority homes was seen as a big advantage by those carers who had considered residential care, like this daughter in the London area: ‘They’re more controlled by the public. If something was wrong, we would know where to go and complain – either the social services department or a local councillor. With private homes, if you don’t like it, you take them away...’
The elderly people who could comment on the advantages of private homes thought they offered better care and facilities as well as more staff and better food. There were comments on the advantages of having a single room. But the number of comments were limited to the third of the respondents who felt able to say anything.

Many of the elderly people were very even-handed in assessing the advantages of local authority home and private homes. Some people thought that the smaller size of many private homes was an advantage, but one elderly woman in the southern area could see disadvantages in that: ‘It’s more like a home because of the small numbers. People’s independent requirements can be dealt with. But if it’s a small number it can cause difficulties. If there are six people and five don’t like the sixth – well then?’

The company was not always thought to be more congenial in private homes, as this elderly man in the northern area pointed out: ‘That’s the trouble. A friend went into one. It looked lovely inside, but he was harassed. A man wanted to talk racing all day, and a woman followed him to the toilet, so he didn’t like it...’

Another man in the same area was unsure of the standard of care provided in private homes: ‘My wife’s home is not particularly special. I have always given her a torch to put under the pillow because she is afraid of the dark. They had a power-cut recently during a thunder-storm and when she wanted the torch it wasn’t there. When I asked the staff about it, they said they took it because they needed it, but another matron said they all had torches of their own...’

There were comments suggesting that private homes were seen as more flexible and that local authority homes had a lot of ‘rules and regulations’, as this elderly woman in the southern area suggested: ‘Maybe you have your own room in private homes. Well, you do, I know – my sister does and everyone I know has. My son takes his mother-in-law out in the car and takes her home to tea every day. I don’t think you could do that in a council one – it would be too disruptive...’

One third of the carers could not comment on the advantages of private homes. But one fifth of the carers thought that private homes offered more comfort and better facilities, while one in six thought that elderly people were better looked after and had better care. Ten per cent thought there was more nursing care. There were surprisingly few references to individual choice or fewer regulations or other factors which might be connected in people’s minds with private care. On the other hand, one fifth of carers thought there were no advantages to private homes, and some were quite adamant that they were not to be recommended, like this wife in the southern area looking after her elderly husband: ‘There is more inspection of local authority homes than private ones. You hear some ghastly stories about private homes...’ Her view was echoed in the northern area by this daughter: ‘They have a bad reputation. I had relatives who ran one and they made a bomb. They charge far too much, and the elderly end up with nothing. I work at a building society and we see their accounts dwindle...’
We asked both the elderly people and their carers which they would prefer if the elderly person were to go into residential care. There was remarkable unanimity of view between the elderly people and the carers, in spite of the difference in the samples. Forty per cent of the elderly people and 43 per cent of the carers said they would prefer a local authority home, 8 per cent of each sample said they would prefer a private home, 23 per cent of the elderly people and 25 per cent of the carers said they would not like either, and around a quarter of each sample said they did not know or could not answer the question.

Elderly people living in the London area were much more likely to say that they would not like either type of home than people in the other two areas. There was also some evidence that a good experience and familiarity with a home coloured the views of elderly people, which was not particularly surprising. Those who had had day care or short-stay care in a home which they liked had usually been to a local authority home, which influenced their answer.

Carers also commented favourably on local authority homes which they knew. It often appeared that private homes were much more of an unknown quantity to both elderly people and their carers. Some of the comments from carers reflected their reliance on their feelings about the different types of homes, like this husband in the southern area – ‘I wouldn’t want her to go into a private home. They’re a bit toffee-nosed...’ – and this husband in the northern area – ‘She would be better cared for in a private home, and the residents would be more to her liking...’

Finally, to round up our exploration of choice among the elderly people in the community, we asked them whether they thought they would have any choice between local authority and private homes if they were to go into residential care. Fourteen per cent thought they would have choice, 21 per cent thought they would not, and 65 per cent of those interviewed said they did not know whether they would have any choice or not. The carers were almost equally divided in answer to this question, with approximately one third thinking the elderly person would have a choice, one third thinking they would not and one third not knowing whether they would have any choice or not.

Perhaps the main message which emerged from the answer to this question was that elderly people living in the community were not particularly well-informed about their potential choices of residential care. Many of them, in their refusal even to contemplate it, saw it as irrelevant to their future needs, while others were genuinely unsure not only about their rights but also about their ‘eligibility’ for one type of home or the other. An elderly woman living in the northern area summarised the lack of knowledge combined with the feeling of powerlessness typical of a number of elderly people: ‘I don’t know. I don’t know who decides. If it was up to me, I’d choose local authority, but maybe if the house was sold they would make me use the money and go into a private one...’

Most of the elderly people who thought they would have no choice between local authority or private homes simply said they did not have enough money for private homes, implying that the question of income support in private homes had passed them by. This was also true of the carers, and, in fact, represented...
nearly a quarter of all the carers. It was interesting that, in spite of the fact that income support has been available for elderly people in most private homes for some years now, this information had not got through to quite a large number of elderly people and their carers.

This tends to reinforce the evidence presented throughout this report that people do not know about things until they need them, and even then they may find it difficult to get information. There is not a widespread knowledge base among either elderly people or their carers about services for elderly people, either in the community or in residential care. It is very difficult to exercise choice if you know very little, and it is even more difficult to participate in decisions about your care if you are not aware of what is available. Perhaps the final word on choice of the type of residential care available should rest with an elderly man in the northern area: ‘I don’t know. If I needed to go into a home, I would be past caring which sort I was put in probably...’

Who was ‘at risk’ of residential care?

In our interviews with the 100 elderly people living in the community who were said to be at the margin of community care and residential care we found a very broad range of types of dependency, living conditions, service provision and informal care arrangements. It was surprisingly difficult to generalise about this sample of elderly people in order to help inform the policy debate.

It is clearly wrong to assume that elderly people constitute a homogeneous group, but it might be thought that there would be fairly distinct groups among the sample of very elderly people we were looking at, particularly since they were all known to social services and thought to be at risk of residential care for some reason. There have been broad assumptions that ‘vulnerable’ elderly people divide into those with informal carers and those without, or into those living alone or those living with others. Services have tended to be developed along these lines, with, for example, home help services being aimed primarily at those living alone and day care services being aimed more at those living with others. But how far are these distinctions valid and are they really the right way to go about developing individually tailored packages of care?

We considered it would be helpful to devise a number of typologies to describe the care arrangements and the living arrangements of the elderly people we interviewed in the community. We then looked at each case separately, assessing the comments of the elderly people and their carers, if they had one, to look at the possible ‘risk’ of the elderly people moving into residential care. This assessment should be looked at in conjunction with the typologies we developed to describe the living and care arrangements in the community of the elderly people who had now entered residential care, which are described at the end of Chapter 7. We discuss some of the lessons to be drawn from both typologies at the end of this chapter, and assess how the elderly people in the community might follow the paths of the elderly people in residential care as described at the end of Chapter 8.
Typologies of care and living arrangements
We developed eight typologies to describe the various types of care and living arrangements among the elderly people living in the community. The first four categories describe the 62 elderly people living alone, the next two describe the 13 elderly people living with younger relatives and the last two describe the 25 who were living with an elderly spouse, sister or friend (22 with a spouse, two with a sister and one with a friend). The numbers in each category are summarised in Table 5.1 but a more detailed description of the typologies is given below.

1. **Living alone: little/no informal or formal care**
A quarter of the total sample of elderly people living in the community fell into this category, although there were slight area differences, with as many as one third of those interviewed in London who could be described in this way. They were characterised by a great independence, even though many of them were in their mid to late eighties, which was probably why they had come to the attention of social services, even if they had few or no services in their package of care. They were able to cope with living in the community, although some of them wanted an increase in their formal services and some, who had no formal services, would have liked some help. They did not usually contemplate residential care, and were not ‘at risk’ of residential care at the moment, but a crisis, such as a fall or an acute illness, could occur or they could suffer from increasing loneliness. With their small or non-existent informal network, it is possible that residential care could be seen as the only solution in this event, particularly in view of their extreme old age.

2. **Living alone: little/no informal care; much/reasonable formal care**
Just under a quarter of the elderly people (23 per cent) fell into this category, with again a higher representation in the London area. They were usually elderly people with little or no family support, even if they had close relatives, which many of them did not. Their formal packages of care were usually rather bigger than those of others, and they were usually thought to be managing fairly well. However, there was a strong possibility that any deterioration in their health requiring more constant care than could be provided by the available formal services would result in an admission to residential care. There was also a risk of increasing loneliness. Many of these elderly people were housebound and very isolated.

3. **Living alone: much informal care/some formal care**
Seven per cent of the elderly people fell into this category, with rather more in the northern area than in the other two areas. They were often being looked after by a female relative who called at least on a daily basis. There was some resentment by both elderly people and the carers that formal services were so limited, and there was usually evidence of pressure on non-resident carers which
could lead to entry to residential care, particularly in a crisis or in the absence of an increase of formal care.

4. Living alone: much informal care/much formal care
Seven per cent of the elderly people also fell into this category, with a fairly equal distribution in each area. They were usually causing their relatives anxiety, and there was often concern among the carers that the formal services were inadequate in helping to maintain the elderly people in the community. Even

<table>
<thead>
<tr>
<th>Type of care and living arrangements</th>
<th>Total</th>
<th>London area</th>
<th>Southern area</th>
<th>Northern area</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Living alone little/no informal or formal care</td>
<td>25</td>
<td>10</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>2. Living alone little/no informal care; much/reasonable formal</td>
<td>23</td>
<td>11</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>3. Living alone much informal care; some formal</td>
<td>7</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>4. Living alone much informal; much formal</td>
<td>7</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Living with younger carer much/reasonable informal; little/no formal</td>
<td>9</td>
<td>–</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>6. Living with younger carer much/reasonable informal; much/reasonable formal</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>–</td>
</tr>
<tr>
<td>7. Elderly couple little/no informal or formal care</td>
<td>8</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>8. Elderly couple one supporting the other; little other informal; variable formal</td>
<td>17</td>
<td>3</td>
<td>5</td>
<td>9</td>
</tr>
</tbody>
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Base: all elderly people living in the community (100) (30) (34) (36)
those with a ‘big’ formal package of care were unlikely to receive visits from formal services of more than an hour or so on weekdays, with day care on one or two days a week and no cover at weekends. There was evidence of considerable pressure on carers, and, as in category 3, there was a strong risk of entry to residential care in the event of increasing deterioration or a crisis.

5. Living with younger carer: much/reasonable informal care; little/no formal care
Nine per cent of the elderly people were living with younger carers, usually a son or daughter with their families. They usually received quite a lot of help from their daughters or daughters-in-law, but received little or no formal care. None of the elderly people in this category lived in the London area. The carers were often under pressure, felt a loss of freedom and resented the lack of help they received from formal services. There was a clear danger of a breakdown in the informal relationship leading to residential care. A crisis or health breakdown would almost certainly have precipitated an admission to residential care instigated by the carer.

6. Living with younger carer: much/reasonable informal care; much/reasonable formal care
Only 4 per cent of the elderly people fell into this category, none of them in the northern area. They usually received a lot of informal care, backed up by regular day care and short-stay care. The danger of residential care would arise if they deteriorated any further. They were usually very elderly and very frail.

7. Elderly couple: little/no informal or formal care
Eight per cent of the elderly people fell into this category in each area. Both members of the couple were usually fairly fit and able to look after each other. They often had small informal networks and some of them had no children and no other relatives. They were able to cope at the moment, but there was clearly a danger that, if one of them became ill or died, the other might not be able to continue alone in the community, either through increasing deterioration or loneliness.

8. Elderly couple: one supporting the other; little other informal care; variable formal care
Seventeen per cent of the elderly people were living with an elderly spouse who was supporting them. A quarter of the elderly people in the northern area fell into this category. In most cases we interviewed the other ‘half’ of the couple as the carer of the elderly person. Most of the elderly people in this category were very frail, either mentally or physically, and the living conditions of many of these elderly couples were very precarious. They usually had little or no other informal help available and the amount of formal care they received varied considerably.
There was a clear risk of the elderly person entering residential care on the death or illness of the ‘caring’ spouse, and there was evidence of extreme fatigue on the part of some of the ‘caring’ elderly wives.

It can be seen that around one third of the elderly people living in the community (categories 1 and 7) were relatively fit and well, not receiving much care, either formal or informal, and not needing a great deal more at the moment. They were similar to the largest single category of elderly people who had entered residential care who accounted for 40 per cent of the residential sample (see end of Chapter 7). These people had often entered a residential home after a crisis or illness or as a result of increasing loneliness. They were often over the age of 85 and had very small or non-existent family networks. It should be noted that those already in residential care were more likely to enter private homes.

Around a quarter of the elderly people living in the community had a great deal of informal help, but very little formal care (categories 3 and 5 and half of category 8). A similar proportion of our residential sample fell into the same category. There was certainly evidence of inadequate formal care, pressure on informal carers, resentment by informal carers of lack of formal support and a setting in which residential care was a definite possibility, particularly in the event of a crisis, illness or sudden deterioration. They could either have entered a private home at the instigation of the carer or a local authority home following a breakdown in the informal relationship or an admission to hospital (see end of Chapter 8).

Just under a quarter of the elderly people had reasonable or big packages of formal care and little or no informal care (category 2). The same proportion was found among the residential sample. They were people who lived alone and were relatively well-supported by the formal services. However, in the event of a sudden crisis or deterioration it seemed unlikely that they could continue without a considerable increase in formal care. Similarly, they might enter residential care on their own initiative because of increasing loneliness or fear of being alone. They often had no available family to care for them. Some of them would move into a local authority home if their deterioration was gradual, but others could well move into a private home if a crisis of some kind occurred (see end of Chapter 8). Many of them were ‘at risk’ of residential care.

Finally, around one in six of the elderly people in the community received a fair amount of both formal and informal care (category 4 and half of category 8). These were the elderly people living on their own or with an equally elderly spouse who were well-supported by family and the statutory services. However, there was evidence of pressure on the informal carers, either sons and daughters supporting their parents on a daily basis, or elderly spouses, some of whom were suffering from considerable strain. Again, there was a probability of residential care if the formal care was not increased, or if the informal carer could not continue for one reason or another. Less than 10 per cent of the elderly people in residential care came into this category, and one of the reasons for this was the fact that few of them had a living elderly spouse. However, the death of a spouse had often precipitated a situation in which the elderly person had moved...
into one of the categories outlined above, and a move into residential care eventually became inevitable for a variety of reasons.

This analysis has brought together some of the typologies of living conditions and caring arrangements of the elderly people in the community and attempted to relate them to the experience of those who had entered residential care by looking forward to the next four chapters of this report. It is likely that among our sample of elderly people living in the community there are many who will never enter residential care. But some will enter happily, while others will enter reluctantly. How far will they really have had a choice? How far will they really have participated in the decision? And how satisfied will they be? This study cannot answer these questions, but we now turn our attention to those who can – the elderly people who have entered residential care and their carers.