Elderly people in residential care: formal care
Chapter 7

Elderly people in residential care: formal care

We were interested in establishing which professionals had been involved in supporting the elderly person in the community and helping them get services if necessary, as these professionals might have played a part in the decision to move into residential care. We asked the elderly people which of a number of different health and social care professionals had come to see them when they lived in the community. It should be remembered, however, that the responses reflect what the elderly people themselves said, in many cases sometime after the event. We did try and check the elderly people’s responses with their carers and with the heads of homes, but some people did not have a carer and many of the heads of homes, particularly the private homes, did not have information on which professionals had visited or which services had been received.

GPs

We were particularly interested to know how much contact the elderly people had had with their GPs. Seventy per cent of the elderly people in residential care said that their GP had come to see them when they lived in their own home. The local authority residents we spoke to were more likely to have been in contact with their GP at home than the private residents (77 per cent compared with 63 per cent).

The elderly people had differing views of the service provided by their GP. Around one in ten residents were impressed with the GP – ‘He was very, very good. He comes here, to the residential home. He says “I shall always look after you”...’ – and the frequency of his visits – ‘He came regularly, once a month...’ – but a quarter commented on the infrequency of the visits and the fact that the GP ‘only came when asked’ and did not call voluntarily. A third of the carers also referred to the fact that the GP did not call on a regular basis, but only came when necessary. It will be interesting to see how the picture changes now that GPs have a contractual obligation to check elderly people over 75 on an annual basis.

One in four of the residents said that their GP had not visited them when they lived at home. Again, however, it should be remembered that this is based on the
elderly person’s recall of the situation at home and may not reflect the true situation. People living in private homes were twice as likely as those in the local authority homes to say that they had not received a visit from the GP (33 per cent compared to 17 per cent). In some cases this was because the elderly person did not have a GP or because they felt there had been no need for the GP to visit, but in other cases, the elderly person clearly felt there was some reluctance on the doctor’s part to make home visits: ‘Never. He was notorious for not coming. If you’d had an operation for instance, the hospital would tell you the doctor would come and see you but he never did. You had to go to him always...’

General practitioners are often said to be the gate-keepers of services and for many elderly people and their carers they are the first professionals to be alerted to the need for extra help. What had they actually done for these elderly people? Only one fifth of those living in residential care said that their GP had helped them get a service to help them at home and in half these cases, the GP had helped to arrange a home help. In a few cases, however, the GP had referred the elderly person to the social services department: ‘He put me in touch with social services and a lady came, a youngish woman, to assess me, a social services representative, something like that. So I had home help...’.

GPs were also involved in setting up services provided by the health authority, such as bath nurses and district nurses, as well as providing aids and equipment, wheelchairs, alarm systems and meals on wheels.

It was difficult to say how much GPs were actually involved in helping elderly people get services to help them at home. Memory may have faded or elderly people may not always have been aware of the extent of their GP’s intervention. Nevertheless, it appears that GPs themselves were not perhaps as actively involved in arranging domiciliary care for these elderly people as might have been expected, given the frailty of so many of them.

Some people clearly saw the GP as the key figure to be contacted when services were required, as this son demonstrated: ‘Whatever services she had – home help, meals on wheels – were all generated by a request from him to social services. It was clear there was not a lot of point in me phoning up social services. It had to be generated by him. He was involved with social services about the day centre and the entry phone and he arranged for a district nurse to come and bath her. I felt there was a lot of difficulty in getting the services started. They ran well when they started but it was difficult getting them...’

**Social workers**

Many services for elderly people are provided by social services departments, and social workers undoubtedly hold the key to putting elderly people in touch with services which might help them stay in their own homes. To what extent had the elderly people in residential care been in contact with social services? It was perhaps not surprising that 95 per cent of the elderly people interviewed had been in contact with the social services department when they lived in their own home, even if they had not actually received services. But just over 10 per cent
of these people had only come into contact with the social services department when residential care was being considered. All the local authority residents were known to the social services department at the time of admission because the department was involved in residential assessment.

But 5 per cent of our residential sample never became known to social services. These people were all private residents and in all these cases the elderly people themselves or their informal carers had made the necessary arrangements for the move into residential care.

Only thirty-eight per cent of the elderly people in residential care said that a social worker had been to see them at home when they lived in the community. This seems rather low but it reflects the finding that social workers in the northern area rarely visited or worked with elderly people at all, as well as the fact that few of the elderly people who moved into private residential care had seen a social worker, even if they had been in touch with social services. Around half the residents in both the London area and the southern area had seen a social worker when they lived at home, compared with one fifth of the residents in the northern area. Half of all those in a local authority home had seen a social worker at home before the residential care assessment was made, compared to a quarter of those in a private home.

Two-fifths of the elderly people said that a social worker, or someone from social services (such as a domiciliary care organiser), had helped them get services to help them at home. Again, there were differences between local authority and private residents. Half of the local authority residents said someone from social services had helped them get services, compared to just one third of the private residents. Elderly people who had lived alone were more likely to have received help from social services than those who had lived with others.

Interestingly, those living in the northern authority were more likely to have received help from social services than those in the other two areas (50 per cent compared to around a third in London and the southern authority). This help would have been organised by the domiciliary care organisers in the northern area.

Social services staff were most likely to have arranged the home help or home care service for elderly people but they had also initiated meals on wheels, as well as providing various aids and equipment, walking frames and wheelchairs. Other services arranged by social workers included day care and short-stay care. Some elderly people said that social services had helped them claim benefits such as attendance allowance.

The carers confirmed the main services provided by social workers. But some people had clearly encountered difficulties in getting services from the social services department, as this son living in the London area explained: ‘But only by constantly wearing the social worker down. The social worker for the elderly wasn’t there so we were passed on. Eventually we got to see her. She chatted to mother and mother said she didn’t want to do anything so the social worker didn’t do anything. Eventually we went and banged on social services door and said, "What is there for her?"...’
Other professionals
Which other professionals had visited the elderly people when they lived at home? Some elderly people had problems identifying the people who came to see them, whilst others simply had difficulty remembering who visited them.

Thirty-seven per cent of the residents said a district nurse had been to see them when they lived at home, which was around the same proportion who had seen a social worker. Some of these people said they were visited regularly by a district nurse, for example for dressings, injections or help with bathing, but others had been visited by a nurse at some earlier stage, such as after an operation, but were not in contact with the district nurse immediately before coming into the home. Sixteen per cent said that a bath nurse had helped them at home. As we found among our community sample, residents in the London area were less likely to have received help from a district or bath nurse than those living in the other two areas.

The importance and scarcity of chiropody services has been well documented in other studies. Only a quarter of the elderly people in residential care said they had been visited by a chiropodist and there were evidently problems with this service. Some people commented that they had to visit the clinic or hospital for chiropody, whilst others said they had to pay privately for this service, particularly if they required a domiciliary visit. Even among those who received a chiropodist at home, visits were often said to be irregular and infrequent.

One in ten elderly people said they had seen a health visitor at home and even fewer said they had seen an occupational therapist or physiotherapist (6 and 2 per cent respectively). It is probable that a higher proportion had seen an occupational therapist at home but had not known the identity of the visitor. None of the elderly people in the northern area said they had seen an occupational therapist or physiotherapist.

It can be seen therefore that the majority of elderly people in the residential sample had not been in contact with large numbers of social and health care professionals when they lived in their own homes. The elderly people who had moved into local authority homes were more likely to have been in contact with professionals, and with a greater number of professionals, than those who had moved into a private home. But the elderly people in residential care had not received more support from professionals than the elderly people living in the community and in many cases they had actually received less support. Perhaps this was a contributing factor to their admission to care. The elderly people who had lived alone were more likely to have been in touch with, and supported by, professionals than those who had lived with others. This reflects the isolation and stress felt by some of the resident carers, as discussed in the previous chapter.

Domiciliary and community services
Table 7.1 shows the services the elderly people had received when they lived in the community.
Fifty-three per cent of the elderly people in our residential sample said they had received a home help when they lived at home. About as many elderly people in private homes had received a home help as those in local authority homes, and it is interesting that as many as half those going into private homes had had a home help.

But the main distinction between those who had received home help and those who did not lay in the composition of the household. Table 7.1 shows that elderly people who lived alone or with an elderly spouse were much more likely to have received home help than those who lived with others.

Two-thirds of those who had had a home help had received the service only once or twice per week (40 and 27 per cent respectively). Residents in the northern area were particularly likely to receive minimal home help with 48 per cent of those receiving home help being visited only once a week. Some of the domiciliary care organisers in this area felt that this minimal service was essential in order to monitor elderly people living at home.

A quarter of those who received the service had received a rather more intensive home help service, being visited three or more times per week. Local authority residents were more likely to have had this kind of intensive home help than those in private care (37 per cent compared to 8 per cent). It certainly looked as though social workers were trying to use home help services to keep elderly people in the community in these cases.

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**Table 7.1** Services received by elderly people before moving into residential care

<table>
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<tr>
<th>Service</th>
<th>Total</th>
<th>Local authority homes</th>
<th>Private homes</th>
<th>Lived alone</th>
<th>Lived with spouse</th>
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<td>14</td>
<td>22</td>
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<td>–</td>
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<td>11</td>
<td>–</td>
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<td>18</td>
<td>18</td>
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</table>

Base: all elderly people in residential care

|                     | (103) | (52) | (51) | (74) | (10) | (19) |

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**Home help**
Fifty-three per cent of the elderly people in our residential sample said they had received a home help when they lived at home.

About as many elderly people in private homes had received a home help as those in local authority homes, and it is interesting that as many as half those going into private homes had had a home help.

But the main distinction between those who had received home help and those who did not lay in the composition of the household. Table 7.1 shows that elderly people who lived alone or with an elderly spouse were much more likely to have received home help than those who lived with others.

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A quarter of those who received the service had received a rather more intensive home help service, being visited three or more times per week. Local authority residents were more likely to have had this kind of intensive home help than those in private care (37 per cent compared to 8 per cent). It certainly looked as though social workers were trying to use home help services to keep elderly people in the community in these cases.
But it cannot be said that the elderly people living in residential care had received a large amount of support from the home help service. On average, residents who had received home help had got it for 3.6 hours per week, and even this figure is inflated by the small proportion who received very intensive care. Most got it once or twice a week. This amount of home care is hardly likely to prevent elderly people from going into residential care if they find it difficult to do things for themselves. Provision of home help was most intensive in the London area, where the social services department was moving away from a cleaning service provided by home helps and towards a system of personal care provided by home carers. Elderly people receiving home help in the London area received 4.8 hours per week on average, compared with 3.1 hours in the southern area and 2.9 hours in the northern area.

We asked the elderly people why they had first had a home help. The main reason was simply increasing age and difficulty coping with the housework (35 per cent). A fifth of those who had received the service, however, said it had started when they came out of hospital, while just over 10 per cent had received a home help because of the illness of a family member – mostly elderly men whose wives had become ill. Elderly women were much less likely to receive a home help to help out while their husband was ill. A wide range of other reasons were given for first receiving a home help, including a range of specific illnesses and incidents such as falls, fractures, strokes, heart attacks and general illness or poor health.

In the majority of cases, a specific incident or crisis had initiated the arrangement of the home help service. Most respondents had been receiving the service for more than a year before they came into residential care, though around
a fifth had only received the service for less than a year before coming in. The social services department was most likely to have arranged the home help service (49 per cent), with the GP playing a much smaller role (16 per cent).

**Meals on wheels**
A third of the elderly people received meals on wheels in the period just before coming into residential care (34 per cent). Again, there were differences between those people who had lived alone or with an elderly spouse and those who had lived with others. Table 7.1 shows that two-fifths of those living alone or with their spouse received the service, compared to just 16 per cent of those who had younger resident carers.

There were also differences between the three authorities in the provision of this service. More than half of those living in the London borough had received meals on wheels (55 per cent) compared with less than a fifth in the southern area (17 per cent). This difference is probably at least partially accounted for by the geographical nature of the two areas. Delivery of meals is likely to be more feasible in a compact outer London borough than in a large rural area like our southern area and it was clearly a feature of the type of service offered by the authority.

The frequency with which residents received meals on wheels was very variable; 26 per cent received meals twice a week, 19 per cent three or four times a week, a further 26 per cent said they received meals on five or six days while as many as 17 per cent were supplied with meals on seven days of the week. If people received meals on wheels, they tended to get them regularly. Provision in the London borough was particularly high with 71 per cent of those receiving meals on wheels being supplied with meals on five or more days per week.

As with the home help service, specific incidents seem to have triggered the arrangement of the meals on wheels service. A quarter said that they had become ill and were unable to cook or shop for food, whilst a similar proportion said the service had started when they left hospital. Again, it was the social services department, and the social worker in particular, who had been responsible for initiating the meals. It looked as though this service was introduced or accepted at a fairly late stage in community care for some people, since a third had only started receiving the service in the year before entering residential care.

**Other domiciliary and community services**
Eighteen per cent of the elderly people said they had had other services to help them at home. These included a housekeeper or private domestic help (6 per cent, all of them now living in private residential care), an incontinent laundry service (3 per cent), a tuck-in service and the warden of sheltered housing (2 per cent each). A wide range of other services received single mentions, such as a gardener, hairdresser, library service, Crossroads care attendant and church visitor.
**Day care**
How far did day care form part of the package of services offered to elderly people? Around one in five said that they went to a day centre, while just under 10 per cent went to a day hospital. Only a small minority attended a luncheon club (2 per cent). The elderly people who had lived alone were more likely to have attended a day centre or day hospital than those who lived with others. The vast majority of those attending a day centre went once a week, while those going to a day hospital were roughly split between those going once and those going twice a week.

Around a quarter of the residents in the southern and northern authorities had been to a day centre compared with only 6 per cent in the London borough, where there were only a relatively small number of day centres, though some social workers referred to problems with transport. In addition, the provision of meals on wheels in the London area was good and receiving a meal was one of the reasons given for attending a day centre.

**Short-stay residential care**
We were particularly interested in residents’ experience of residential care before they moved into a home as this might have influenced their decision to move into care. We examined the extent to which a short-stay in a residential home was included in the package of care.

Overall, a quarter of the elderly people in residential care had been for a short-stay when they lived in the community. But there was a big difference between those in local authority homes and those in private homes who had had short-stay residential care before entering a home as a long-stay resident. Thirty-eight per cent of local authority residents had been for a short-stay (20 people) compared with just 12 per cent of private residents (six people). As might be expected, there were also differences in the use of short-stay care between those who had lived with others and those who lived alone. Around a third of the elderly people who had lived with others, whether a spouse or a younger relative, had been for a short-stay, compared with a fifth of those who lived alone.

Provision of short-stay care in the three areas was very variable, with two-thirds of the local authority residents in the northern area having been for a short-stay, compared with one third of the southern local authority residents and only 18 per cent in the London borough.

The elderly people in residential care were just as likely to have been for a short-stay as the elderly people in the community but those in residential care had generally received this service less frequently. More than half the elderly people in residential care who had been for a short-stay had only been once (15 people). Only three people had been more than three times and the same number had received a regular or rotating pattern of short-stay care. The elderly people who had lived with others were likely to have had short-stays more frequently in order to provide respite for the carers.
The local authority was clearly the main supplier of this service; 22 of the 26 people who had had a short-stay had been to a local authority home, compared with four who had been to a private home. Most of the local authority residents who had had a short-stay had been to the home in which they were now living but this was only true of one of the private residents. This picture reflects the low level of provision of short-stay care by the private sector and the White Paper on Community Care, with its disincentives to local authorities to provide residential care themselves, clearly has implications for the provision of short-stay care to elderly people.

**What elderly people and their carers thought about short-stay care**

People’s experiences during their short-stay may well affect their attitude towards moving into residential care and we therefore asked people how they had felt about going for short-term care. The elderly people held widely differing views. Just over a quarter were pleased to go for a short-stay, often for the company, as this elderly lady living in a local authority home in the northern area explained: ‘I used to look forward to it, to get out of the house mainly. It was the company I wanted more than anything...’

Others appreciated the opportunity to have a rest and be cared for, as an elderly woman who had spent years caring for her husband described: ‘To tell the truth, it was the first rest I had had in years. I was looking forward to it. I was very, very tired...’

Some elderly people were a little less enthusiastic about going for a short-stay and seemed to just accept the situation, particularly if their carer had arranged it or if it was for the benefit of their carer: ‘I thought it would be best for our Betty if I came so I didn’t say nowt. She needed a rest from me...’

Quite understandably, a number of people expressed anxiety about the idea of going for a short-stay, and some were pleasantly surprised when their worries turned out to be unfounded: ‘I was a bit apprehensive because I had no idea of how they were run. I had an eye-opener. You get company, people your own age to talk to. Everything is done methodically, but done well. You are well fed, warm and comfortable and the staff are wonderful...’

On the other hand, some of the elderly people we interviewed were positively unenthusiastic about going for a short-stay, disliking the idea of leaving their home and giving up their independence: ‘I didn’t feel good. When you have your own home you don’t want to part with it and it seemed as though it was the beginning of the end. I thought I was going to lose my independence and I thought these places were no good and they just left you for hours...’

Others disliked having to share a room when they went for a short-stay. This elderly woman had been for a short-stay in a local authority home: ‘I felt rotten. I didn’t like the idea. I felt I was capable of looking after myself. And I complained about sharing accommodation. It was awful, I hated it. I hope I die if I ever had to go again...’ She had subsequently moved into another local authority home and was quite happy, but was still having to share a room.
Over a quarter commented that they had enjoyed their stay, regardless of how they had felt at the thought of going, whilst around 10 per cent had hated the experience and could not wait to get home.

Although there were very mixed feelings among the elderly people about their short-stay in residential care, there was much more of a consensus among the carers. The carers had generally felt that a short-stay in a residential home was a good idea and were pleased at the prospect. Isobel Allen has documented the fact that carers are the main beneficiaries of short-stay residential care for elderly people (Allen, 1983).

A third of the carers said that they felt relieved, commenting on the fact that the short-stay would give them a break. This elderly woman had been caring for her mentally frail and incontinent husband for three years: ‘I was relieved. I needed a rest and I wanted him assessed. I was getting as confused as him. He never speaks but I do miss him...’

More specifically, carers referred to the fact that the short-stay would give them peace of mind, knowing that the elderly person was safe and being cared for. This son used to worry about his mother living alone: ‘To be quite honest, I was quite relieved. There used to be trouble up where she lives with the yobs – they used to chuck stones through the windows. It was a relief to think she was somewhere safe...’

Others, like this daughter whose mother lived with her, appreciated the freedom that the short-stay gave them and the opportunity to go out: ‘Quite pleased. We knew she was being looked after and we knew we could go out for the day and not worry about rushing back...’

Not unnaturally, however, some carers were apprehensive about the short-stay that they had arranged for the elderly person, while others felt guilty that they could not care for the elderly person alone and needed a break, even if the elderly person was not keen on the idea: ‘We needed a holiday or we would have gone mad. We fixed up for her to go into the home for two weeks. We needed a break or we’d have gone crackers!... She played hell... When we visited, her face was as long as anything. We were very concerned... I was in a terrible state... You feel guilty. We worried all the time on holiday...’

**Alarms, aids and equipment**

Three-quarters of the elderly people had a telephone at home and as many as one in five, most of whom were living in sheltered housing, had an alarm system. Half our residential sample had had other aids or equipment at home. Rails were the most common aids, with the bath/toilet rail being mentioned by half those who had aids, but stair rails and rails to the front or back door were also mentioned. A number of people had also been provided with bath seats.

A quarter of the elderly people in residential care had had a walking frame, whilst just under 10 per cent had required a wheelchair. This gives some indication as to the frailty of some of the residents. Around a fifth of the sample had the use of a commode.
Elderly people living in local authority homes were more likely to have had an alarm, aids and equipment than those in private homes.

**Sources of income**
Financial security can also play an important part in a package of care. Diana Leat and Pat Gay have documented the use of savings and benefits to pay for help at home (Leat and Gay, 1987). We asked the elderly people in residential care about their main sources of income when they lived in the community. The information we gained from the elderly people may have underestimated the receipt of benefits to some extent as there was evidence that some elderly people did not recall all their sources of income and some may not even have known which benefits they were receiving.

Nevertheless, virtually everyone said they had received a state pension (97 per cent). Two people could not remember but it is most likely that they had received a pension. Only one person, who had lived abroad for many years, said they did not qualify and did not receive a state pension. In addition, two-fifths of the elderly people said they had at least some savings or investments, whilst a quarter had received a private or occupational pension. Those living in private care were more likely to have had savings than those in local authority homes and it was noticeable that private residents were more likely to have had private domestic help.

Just over a quarter of the elderly people in residential care said they had received (other) benefits when they lived at home, usually housing benefit, generally in the form of a rent/rate rebate (17 per cent of the total sample) or supplementary benefit/income support (14 per cent). Only a handful of people received attendance allowance (5 per cent), and most of these were living with someone else. Of the carers we interviewed, only one had received invalid care allowance.

**Views on private community care**
Bearing in mind the White Paper’s proposals to encourage the use of private and voluntary organisations, we wanted to explore people’s attitudes towards paying privately for services to help them at home and their views of the service that might be provided by the private sector.

What advantages did elderly people and their carers see in paying for care? Surprisingly perhaps, half the elderly people we interviewed felt unable to comment on this, reflecting their general lack of awareness, use and familiarity with the private sector.

The main advantage cited by those who felt able to comment was the control over the timing of the service and the fact that they would be able to say when they wanted the service and for how long. Almost a quarter of the carers thought this was an advantage, reflecting the complaints some carers had about the amount of help the elderly people received. The carers also felt that having a service privately would mean that they could stipulate what jobs they required
doing (11 per cent). This was seen to be an advantage as some carers felt there were many jobs that the home helps were not allowed to do: ‘You could get more time. The home helps only come for half an hour. And they only do certain jobs, not everything...’

The advantages of being able to control the number of hours and the work done was cited time and time again by carers: ‘If you were paying someone, you could have them for more hours. And you’d be able to stipulate what they should do...’

Some carers, like the daughter of an elderly man in a private home in the northern area, thought that paying for a service gave the elderly person control over all aspects of the service: ‘Presumably they would be able to dictate what they do and the hours as I could do. They could sack them, dictate the hours, complain vociferously if the job was not done...’

Others felt that paying for services gave elderly people independence. They would be able to get the services they required and this would enable them to stay at home: ‘There is no place like home and if you can stay in familiar surroundings it is better. But you may only get the services you need if you can pay...’

Some carers thought that there must be advantages if you were paying for a service, though some found it difficult to say what these advantages might be. Others said the service would be better generally and would be more reliable: ‘I think they’d get more done. They’d do a more thorough job. They do more if you pay privately. If the old dear is paying, they tend to look around more. I think it’s beneficial. Ninety-five per cent of them can afford it. I think it’s good for them. It gives them a sense of responsibility and they’re not taking charity. They resent that...’

Around a quarter of both the elderly people and informal carers said there would be no advantages in receiving services privately.

It was even more difficult for elderly people to comment on the disadvantages of private care and indeed 70 per cent had nothing to say on this subject. One third of the carers also felt unable to comment on this.

The main disadvantage cited was the cost of such a service. A third of all carers considered that paying for help at home would be expensive and just over 10 per cent of the elderly people were in agreement. Some carers were also concerned about the profit motive and the fact that people working for a private company might only be doing it for the money. This daughter was concerned that private helpers may not be sympathetic and caring as local authority helpers: ‘I would imagine to the people who come in, there is a detachment, not that they are not caring, but something like that. It’s just a way of earning a living for them, the people are not individuals...’

And this daughter was concerned that the quality would not be as good: ‘I think it could be money-grabbing..."as long as I’m getting paid, to hell with the service I give"...’

Carers were also concerned about the fact that private services were ‘unofficial’ and that the company and the people working for it were not ‘vetted’
by the local authority: ‘You might get the odd unscrupulous one. The borough ones are vetted and are of a high standard...’ It was felt that, in some cases, people working privately may lack integrity and might trick or rob their elderly clients: ‘Old people are very vulnerable. They could be robbed if some people found out they had money or they could be taken for a ride with the charges...’

Both carers and elderly people referred to the short supply of private domestic help and the difficulties in finding people willing to help.

Around one in ten people, however, felt that there would be no disadvantages associated with private domiciliary care.

It was clear that many elderly people were unfamiliar with private domiciliary services and found it difficult to speculate on the pros and cons that such a service might have. This reflects the comments made by social workers and domiciliary care organisers that private services were rarely suggested or used as the majority of their clients simply could not afford them. It also confirms what we found in our interviews with elderly people living in the community.

**Sheltered housing**

Twelve per cent of the elderly people had been living in sheltered housing before they moved into a residential home. Local authority residents were more likely to have lived in sheltered housing than private residents (15 per cent compared with 8 per cent). The elderly people who had lived in sheltered housing had lived alone or with their elderly spouse. They had usually gone into sheltered housing because they could not manage at home (one third), because they had had a stroke (a quarter) or because they had been bereaved (one sixth). Other precipitating factors mentioned included falls, coming out of hospital and deteriorating eyesight.

A further 12 per cent of our total residential sample had considered the possibility of moving into sheltered housing. It seemed surprising that so few had considered it before moving into residential care but it was clear that the majority of these people felt or had been advised that they would not have been able to look after themselves and that they needed more care than was provided in sheltered accommodation. This option had therefore been discounted: ‘There didn’t seem much point. There was no nursing – you had to ring social services if you wanted help. It was no better than my bungalow...’

A small number of people however had been very keen to move into sheltered housing but had encountered problems with long waiting lists. In some cases, the wait had been just too long: ‘I had my name down but it took so long that events overtook me and I came in here...’

Three-quarters of all the elderly people in residential care, therefore, had never considered sheltered housing. As many as 20 per cent of the total sample had never even heard of sheltered housing. Like the residents who had considered and subsequently disregarded sheltered housing, around one in ten of all residents had simply not considered this option because they too had felt that they would not have been able to look after themselves. A similar proportion said they
preferred to come into residential care. Some wanted to move into a residential home for the care they would receive: ‘I wanted to be looked after. I can’t see it’s any advantage when I want to be looked after...’

Others, like this elderly lady who had been living alone in the London area, wanted the company offered by residential care: ‘I was too lonely in my own home. I like company and it would have been just as bad in sheltered housing as in my own home...’ But some had not considered sheltered housing because they had felt there was no need for this type of accommodation.

Packages of care
To what extent could these elderly residents be said to have had packages of services when they lived in the community? We analysed the packages of services received in the same way as we analysed the packages received by those living in the community, described in Chapter 3. We made a distinction between packages made up of ongoing services in which a regular input was made into the care of elderly people and packages which included services and aids which were on call for elderly people to use if required.

First, we made a selection of eight types of services which needed regular input. These included home help or home care, meals on wheels, day care of any kind, sitting services, bath nurse, private nurse, private help and short-stay residential care.

We looked first at packages which required regular input. As many as 15 per cent of the elderly people in residential care said they had not had any ongoing regular services helping them when they lived at home, either from the public or the private sector. (They may, however, have been visited at irregular intervals by a social worker, district nurse or other professional, or they may have been living in sheltered housing, or they may have had aids or an alarm).

Very few of the elderly people in residential care had big packages of ongoing services when they were in the community. Table 7.3 shows that around a quarter of them were receiving only one service, while 31 per cent received two services. Home help and meals on wheels were the mainstay of these packages of care. Eighteen per cent of the residents received three services and 9 per cent received four. Only three people had received five or six services.

Table 7.3 has to be looked at in conjunction with Table 7.1, which shows the incidence of service use among these elderly people, and Table 7.2 which shows the frequency of the home help service. It can be seen that most people had very few services to help them when they lived at home and a typical ‘package’ of care might have consisted of a two or three hours of home help per week, possibly meals on wheels, possibly some day care and, in some cases, short-stay care.

We have already seen that the elderly people who had moved into a private residential home were less likely to be in contact with professionals and with the social services department. They also tended to have had smaller packages of ongoing services than those who had entered a local authority home. Eighty per cent of those in a private home had received no ongoing services or only one or two services, compared with 58 per cent of those in the council-run homes.
Similarly, nearly a fifth of those in the local authority homes had received a relatively large package of ongoing services, comprising four or more services (18 per cent), compared to just 6 per cent in the private homes. Not only did the elderly people in private care receive smaller packages but, as we have seen, they also received the components of the package less frequently.

As the elderly people living in private care had received less help from the statutory sector when they lived in the community, it might be expected that they received more help from informal sources. This was not the case, however, and the private residents were more likely to live alone and were less likely to receive help from family and friends.

There were clear differences in the packages of ongoing services provided to people who had resident carers and those who did not. Elderly people who lived alone or with an elderly spouse were more likely to receive home help or meals on wheels than those who were living with someone else. Resident carers who were caring for an elderly person seem to have had little practical support, and help received concentrated on short-stay care or day care.

We made a further assessment of packages of care which included sheltered housing, aids and alarms. Table 7.4 shows that 11 per cent of the elderly people in residential care had not received any services at all, 39 per cent had received one or two services, a third had received three or four services and 17 per cent had received five or more services. It can be seen that fewer people were receiving nothing at all, though it should be noted that some of the people receiving one service might have had just one aid. The elderly people who were living in sheltered housing invariably had an alarm and aids as well.

### Table 7.3 Packages of services with regular input received in the community by elderly people in residential care

<table>
<thead>
<tr>
<th>No of services</th>
<th>Total</th>
<th>Local authority homes</th>
<th>Private homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>15</td>
<td>14</td>
<td>16</td>
</tr>
<tr>
<td>One</td>
<td>25</td>
<td>17</td>
<td>33</td>
</tr>
<tr>
<td>Two</td>
<td>29</td>
<td>27</td>
<td>31</td>
</tr>
<tr>
<td>Three</td>
<td>18</td>
<td>21</td>
<td>14</td>
</tr>
<tr>
<td>Four</td>
<td>10</td>
<td>13</td>
<td>6</td>
</tr>
<tr>
<td>Five</td>
<td>3</td>
<td>6</td>
<td>–</td>
</tr>
<tr>
<td>Six</td>
<td>1</td>
<td>2</td>
<td>–</td>
</tr>
</tbody>
</table>

*Base: all elderly people in residential care (103) (52) (51)*

**Note:** Services include home help/home care, meals on wheels, day care of any kind, sitting service, bath nurse, private nurse, private help, short-stay residential care.
There were significant differences between the packages of care which had been received by elderly people in local authority homes and the packages of care received by those in private homes. Sixty per cent of the private residents had received no services or just one or two services, compared with 40 per cent of the local authority residents. At the other end of the scale, a quarter of the local authority residents (26 per cent) had received more than five services, compared with just 8 per cent of the private residents. This provides further evidence that the elderly people who entered private homes received smaller packages of care than the people who had entered local authority homes.

It is interesting that there was really very little difference between the packages of care received by elderly people living in the community and the packages of care which had been received by the residential sample as a whole.

### Satisfaction with the package of care

Table 7.5 shows that more than half the elderly people in residential care said they were satisfied with the package of care, including one in five who said they were very satisfied (19 per cent): ‘I was satisfied. The home help was fine. I used to look forward to having a chat with her. A chat and a cup of tea. I’ve got no complaints. It was just company. You grab at anything if you’re on your own. You try to keep people talking as long as you can...’ People living in private care were as satisfied with their package of care as those in a local authority home.

But the elderly people in residential care were much less satisfied with the services they received than those living in the community. As many as 74 per
cent of elderly people in the community were satisfied compared with 45 per cent of those in residential care.

The carers presented a similar picture in terms of satisfaction, with 47 per cent satisfied, including almost a quarter who were very satisfied:

I was very satisfied. Very impressed. The borough did very well. Given the money they have they did really all they could. The social workers are very dedicated and friendly...

Dissatisfaction among the elderly people was rare, but as many as a fifth of the carers we interviewed felt dissatisfied with the package of services the elderly person had received. Even those carers who were satisfied with the package as a whole complained about certain aspects of the package, particularly the amount of time provided and problems associated with the home help not turning up. Some carers complained that home helps did not turn up because they had gone on holiday: ‘I was dissatisfied because whenever someone went on holiday, they were not replaced. It happened with the home help and the bath nurse. It left my mother back on square one but not in a fit state to look after herself...’

And some complained that their elderly relative’s home help was sometimes reallocated to others: ‘Fairly dissatisfied. My Mum was always the one that got dropped when they had to shuffle people around to go elsewhere. I’m talking about the home help...’

There was some criticism of the overall amount of help given to the elderly person and the difficulties in getting services: ‘Fairly dissatisfied. We never felt

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**Table 7.5  Overall satisfaction rating by elderly people and carers of services and help received in the community by elderly people in residential care**

<table>
<thead>
<tr>
<th></th>
<th>Elderly people</th>
<th>Carers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Local authority homes</td>
</tr>
<tr>
<td>Very satisfied</td>
<td>19</td>
<td>23</td>
</tr>
<tr>
<td>Satisfied</td>
<td>26</td>
<td>25</td>
</tr>
<tr>
<td>Fairly satisfied</td>
<td>13</td>
<td>10</td>
</tr>
<tr>
<td>Neither satisfied nor dissatisfied</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Fairly dissatisfied</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>1</td>
<td>–</td>
</tr>
<tr>
<td>Don’t know</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Not applicable – no help</td>
<td>25</td>
<td>23</td>
</tr>
</tbody>
</table>

*Base: residential care sample (103) (52) (51) (74)*
it was enough. I know they’re pushed for home helps but once a week is not enough. The more people who can come the better, even if it’s only for short periods. He could have done with someone every day to help him get up and washed and dressed and sort out his food. Old people lose track of time so unless they’re motivated they’ll spend all day in bed...’

This son appreciated the services, but was dissatisfied with the overall amount of help his mother had received: ‘Not very satisfied. The individual people were extremely good and worked to the best of their ability. But it was very sparse and difficult to get hold of that help...’

Information about services also came in for criticism, with carers commenting that they had not known what services were available. The son of a woman in a private home expressed the feelings of others:

Satisfied. But by the time we found out about it... by having a home help at an earlier date, it would have helped. Had someone said, "Come to the home, she can have a bath and a meal", it would have helped her, talking to others. My mother was in need of it, but we didn’t know about it and no-one volunteered it... I thought I was fairly well-informed but I thought you had to be ill before you could ask for help, but that’s not the case... My criticism is not what we got from the local Council, it was not knowing about it... not knowing you could get it... the knowledge should be disseminated, it should be someone’s business to tell you. It’s all there, but you get it haphazardly, when it’s mentioned by someone...

As many as a quarter of the elderly people did not feel the question of satisfaction with the package of services was appropriate to them, because they received no services or very few services.

**Informal and formal packages of care**

Looking at our sample of elderly people in residential care, we can identify four main types of situation before the move into residential care:

i) Around two-fifths of the elderly people we interviewed had had very little help from either informal carers or from formal sources.

ii) Around a quarter had received a relatively large amount of informal support but really very little formal help.

iii) Around a quarter had received very little informal help but had had a reasonable amount of formal support.

iv) And less than 10 per cent had received a good deal of help from both formal and informal sources.

Local authority residents were more likely to have been in close contact with social services and to have received an increasingly large package of care. Around half of these residents fell into the third and fourth of the categories described above, in some cases receiving a good deal of help from formal sources.

Private residents, on the other hand, were much more likely to fall into the first category, relying to a greater extent on their own resources. More than half the residents we interviewed in private homes had received very little help from...
either informal or formal sources (compared with a quarter of local authority residents).

Elderly people who had lived with others were more likely to have received a lot of informal help but very little formal help.

What is most noticeable, however, is the large proportion of residents from both the local authority and private samples who received really very little help from any source, either formal or informal. When looking at the decision to move into residential care, we will be drawing on the situation in the community to give a framework to the way in which this decision was taken.