Chapter 8

The move into residential care

It is well-known that many elderly people enter residential care at a time of crisis for themselves or for their informal carers in the community. This trend has become more marked with the ease of admission to private residential care with financial support from supplementary benefit. There is also increasing evidence that elderly people may enter residential care at the instigation of other people, who may be their carers or even professionals, which raises the question of how much choice the elderly people themselves exercise. The Wagner Report emphasised the importance of choice, and stated that ‘people who move into a residential establishment should do so by positive choice’ (Wagner, 1988).

The assumption has often been made that most elderly people prefer to stay in their own homes, but it seems likely that the huge increase in private residential care during the 1980s was not due only to others pushing the elderly into homes they are reluctant to enter. It should be recognised that, offered the choice, some elderly people are only too happy to enter residential care. It cannot be assumed that all elderly people are prepared to struggle on forever in the community, even with support from formal and informal sources.

This study was concerned with issues of choice and participation. Previous chapters have discussed how frail elderly people living in the community participated in decisions about their care. This chapter examines why the elderly people interviewed in our study had moved into residential care and how much choice they had exercised.

Reasons for moving into residential care

The elderly people were sometimes unable to tell us why they had come into residential care, either because they were too upset to discuss their admission or because they simply could not remember. We therefore asked all the informal carers we interviewed and all the heads of homes why the elderly person had come into care. In most cases, the reasons given by the three types of respondent tallied, but we had to rely more on carers and heads of homes when the elderly person was not able to tell us.
There appeared to be five main reasons why the elderly people had gone into residential care:

- following a fall/fracture
- following an acute illness
- because of a general deterioration in their health and their ability to look after themselves
- as a result of increasing pressure on their carer
- because of loneliness.

Table 8.1  Main reason why elderly people entered residential care

<table>
<thead>
<tr>
<th>Reason</th>
<th>Total</th>
<th>Local authority homes</th>
<th>Private homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall/fracture</td>
<td>26</td>
<td>27</td>
<td>25</td>
</tr>
<tr>
<td>Deterioration in physical/mental health</td>
<td>26</td>
<td>33</td>
<td>20</td>
</tr>
<tr>
<td>Pressure on informal carer</td>
<td>20</td>
<td>23</td>
<td>16</td>
</tr>
<tr>
<td>Acute illness</td>
<td>14</td>
<td>8</td>
<td>20</td>
</tr>
<tr>
<td>Loneliness</td>
<td>14</td>
<td>10</td>
<td>20</td>
</tr>
</tbody>
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Base: all elderly people in residential care (103) (52) (51)

The reasons for admission to residential care are well-documented but this study wanted to examine in detail how much choice elderly people themselves have in the decision to move into care. The main reasons for entering residential care affected the speed at which admission was necessary or possible. This in turn affected which type of residential home they entered and, ultimately, how much choice the elderly person had about whether to move into residential care at all.

So how much choice had our elderly people been able to exercise and to what extent had they been involved in the decision-making process? Before moving on to examine these questions, it is useful to discuss the main types of situation we found surrounding the move into residential care.

Admission to care after a fall or fracture

Around a quarter of the sample of elderly people had gone into residential care following a fall or, as in the case of this 91-year-old woman living in the northern authority, a number of falls: ‘I fell twice. They were nasty falls. It broke my heart but that was when I decided I would have to give up my own home...’

The vast majority of these people had been admitted to hospital following their falls: ‘I came from hospital. I fell over and had an operation and I was very happy at hospital. Time went on and the doctor said, "How do you like it?" I said, "Very nice". He said, "Would you like to go to a place very similar but like a
home from home? You’re not a medical case so we can’t keep you here”. If you look at it like this, I get food and nice company…”

Around half of the elderly people who had fallen had suffered from a fracture: ‘I fell off my bed and broke my knee. When I came back from hospital, I think I was frightened of falling again. I was in a wheelchair for a while before then but doctors said, “Was I sure I could cope any more?”’...

In some cases, people had had a series of falls and had been in and out of hospital over a period of time. This 85 year old woman, who was living in a private home in the southern area, described her admission to residential care:

I overreached to turn off the radio. I felt dizzy and I fell over backwards. The home help got the doctor who said I had trapped a vein in my neck. I fell twice more and the GP said I couldn’t stay there if I fell so often. They couldn’t come so often, he said the Medical Association didn’t allow it. I went into hospital and my daughter, I call her ‘She who must be obeyed!’, said, ‘Could she take over?’ She worked out I could stay in here until I’m 90! The social worker found the place. My daughter asked if she could come and see it but the social worker didn’t actually tell her we were going. She doesn’t like her! I came in, I thought for a month, but a few days later my pieces of furniture started to arrive. I was amazed and said, ‘Why?’ but the doctor had said I couldn’t go back. My daughter had let some man come and clear everything for nothing! Other things I wanted she kept saying ‘You can’t have that, it’s dirty’. My clothes and hats were thrown away or given to charity...

Carers similarly described a series of falls leading up to admission, as in the case of the son of a woman who had recently been admitted to a local authority home. His story gives some insight into the parts played by the elderly person, the carer and the social worker in the decision to move into care:

She was a little prone to dragging her feet a bit. She kept tripping up in the last 12 to 18 months. She fell in town, by the traffic lights, hit her head and opened it up. Then she fell in her flat. We were on holiday. She climbed on a chair to see to the curtains, felt dizzy and she was a goner. The crunch came, there was a week when she wasn’t very well. On the Friday she was better and as it was a nice Sunday, we went for a picnic. We went to pick her up at 11 o’clock and the curtains were drawn. That was a nasty sign. She was lying on the floor, half under the bed and had been there since 8 o’clock the night before. She said she’d had a nasty explosion in her head, she’d fallen on the cupboard, hit her head and eye, and ended up under the bed. She went to the hospital and we said we couldn’t watch her all the time. We had a word with the social worker. She had been for a short-stay for two weeks while we were on holiday and she had enjoyed it. She accepted the fact that she couldn’t carry on and she said, ‘Can I go to that place I went before?’ The social worker got me. She said to her, ‘You don’t have to go if you don’t want to’. What was the option? She wouldn’t let us let go of her flat. I said to the social worker, ”You can look after her”. Mother said, ‘I realise I can’t
look after myself’ and I said, ‘You’re going to stay’. The social worker said, ‘If you’re not happy here, you can move’. But they’re all the same. She accepted it. Three to four weeks before Christmas, she fell in the home and fractured her arm. She’s on some medication which has made her go funny. She says, ‘They’re all looking at me’ and ‘They’re going to set fire to us’. It’s a lot of worry to us...

But in other cases, the fall and subsequent admission to care had been sudden and rapid: ‘I fell and broke my hip. It happened eleven months ago. I fell over the dog on Christmas morning at 7.45. I had a great big black labrador. He always nudged me when he wanted to do a wee-wee. I managed to get an ambulance and they took me right away. I don’t know who rang. I left my teeth in a glass of water. The Christmas dinner was all ready to cook. I don’t know what happened to it. The dog wouldn’t eat a thing. He fretted himself to death. They brought him a chicken but he wouldn’t eat it...’

Because many of the elderly people had ended up in hospital, it was frequently professionals who had recommended the move into care, as this carer in the London borough described:

He’d had a fall and finished in hospital. It was just before Christmas and it was really taken from there through the hospital. They wouldn’t discharge him till they were sure he’d somewhere to go. They assessed him and came to the conclusion he couldn’t live alone. So really, at their suggestion, we started looking. It was through the social worker and occupational therapist and physiotherapist from the hospital. They were the three people who brought him home to his own home across the road from me, to see how capable he was of doing certain things. They said, ‘Definitely not’ after he’d not been home more than five minutes...

The women were much more likely to have entered the home after a fall than the men and falls were most common among the very elderly. Half of the elderly people who had been admitted to care following a fall had entered a local authority home and half had entered a private home.

Admission to care following an acute illness
Around one in seven people had entered residential care following an acute illness which had, in many cases, required admission to hospital. These people had often suffered a stroke, like this elderly lady living in a private home in the northern area: ‘I had a stroke. I was in hospital. I came here from hospital. I lived in a council bungalow. I can remember some things. I was crossing the road and that’s all I can remember. Then I was in hospital. I had another stroke, a bigger stroke, when I came here...’

Others described the way in which their stroke had affected them and some clearly thought, or hoped, their admission to care was not permanent:

I have a house, but they seem to think I’m not able to manage yet. I was in hospital. I think I’d had a slight stroke. I wasn’t able to swallow anything. I was in hospital for quite some time, five or six months. When
I could swallow, that was when I came here. I’ve just started to be able to swallow. Not a lot. I’ve been on liquids and soups. I’ve started on scrambled eggs, but I still can’t swallow properly. I’m 90 you know. It might be the stroke or old age. I was quite able to cope before. I’m hoping to get back to my home. I’m only here temporarily...

Some elderly people had experienced a heart attack or had suffered from angina. This carer described his mother’s medical condition: ‘She suffers with angina and under the doctor’s recommendation, she needed 24 hour care. She tended to have these angina attacks during the night. The doctor said she was no longer able to live alone...’

Others had entered residential care following other conditions including anaemia, shingles, infections and other illnesses: ‘There was no-one to look after me. I had very heavy anaemia and had been in hospital twice just before coming in...’

Sometimes, the condition had resulted in increasing mental frailty as this son in the southern area described: ‘She had had three strokes over the years and they had left her demented. That’s the medical term. She was in need of constant care. Up until the last stroke, we could cope but after this one, we were told she would require someone with her constantly...’

This category also included a small number of people who suffered from mental illness. Whilst this may not be an acute illness, admission to residential care for these elderly people followed a sudden deterioration in their mental state and their ability to live in the community. The move into care, therefore, was urgent, either for their own sake or for the sake of their carer. A daughter described what happened to her parents:

It’s a long story. Both my parents were ill, Dad with diabetes and mother with cancer. Both of them suddenly deteriorated very rapidly. Mother’s social worker said Dad would be much better off in a residential home, otherwise they would exhaust each other. Mum was very much ‘with it’ but her body was frail, whereas Dad was mentally infirm. We hoped it would be the local home. The social worker called round one afternoon and found them both in a dreadful state. Dad was collapsed on the floor. So they took him to the psychiatric hospital. Then I had a call from the social worker to say that the hospital wasn’t the right place for him. He was mentally ill, not physically ill. So she got the home. We all welcomed it. It looked like a home from home. Sadly, Mum died soon after...

In other cases, the admission to care seemed even more urgent: ‘It was an emergency situation. He was found by the police wandering on the railway lines at 5 o’clock in the morning. He was confused. The police called the local GP, who unfortunately wasn’t his own GP, who in turn got in touch with social services. Had it been his own GP, I think it might have been different. Maybe he would have just given him a tranquilliser or something...’

Elderly people who suffered a stroke, heart attack or other acute illness were more likely to enter a private home than a local authority home.
The two groups of people described above, those who had suffered from a fall and those who had had an acute illness, had all experienced a crisis. They frequently needed hospital care and often moved into residential care directly from hospital. They were virtually all living alone and they really had very little choice about the move into residential care because of their poor physical condition. Frequently pressure had been brought to bear by a relative or professional or both. In many cases, the elderly people had accepted the move, but others insisted that they could have managed at home, given the chance. These people accounted for 40 per cent of the residential sample and overall, they were slightly more likely to move into a private home than a local authority home.

**Admission to care after general deterioration in mental or physical health**

A quarter of the sample had been admitted to care because of a gradual deterioration in their health and their ability to care for themselves. Some elderly people simply said that they could no longer manage and needed more help. Sometimes they were well supported by family and formal services but were gradually needing more care, like this 80 year old lady living in a private home in the London borough: ‘Nothing had happened. I was getting a lot of help at home with social services but I wasn’t getting any better. I discussed this with my two sons. I came on a month’s trial and decided to stay on. It’s nice to go to bed and know you don’t have any worries...’

In other cases, the elderly people had no family care and the statutory services were insufficient: ‘I was living alone. I had no children. I was gradually getting worse. I just waited until there was a place for me...’

Others, however, cited specific reasons for their deterioration, including problems with mobility: ‘I wasn’t well. My legs were bad. I couldn’t walk right and the doctor said he couldn’t do anything. Then he suggested I come into a home. It took a while to think about. So I decided and here I am...’

Some elderly people referred to a deterioration in their eyesight, like this elderly lady living in a local authority home in the southern area: ‘I’m going blind. I was getting bad turns. The doctor said, “I’m not leaving you here, I’m going to get you in”...’

Others, like this carer, simply referred to increasing age and frailty: ‘She just couldn’t look after herself. She had meals on wheels, I cooked as well. She stayed here at weekends. She wasn’t feeding properly. It was just general age problems...’

The deterioration had sometimes taken place over a number of years. One daughter describing the deterioration in her 88 year old mother’s health:

The idea was that she’d stay a month and if she didn’t like it, she could go home. I kept her flat open and at the end of the month we had a meeting between me, the social worker, the deputy head of the home, the care assistant and mother. We all sat and discussed whether she liked it. Her own doctor suggested she needed more care and attention. She actually
The move into residential care

worked until she was 78 and when she retired she was OK until she was 81 and then she started to go downhill, slowly at first and then quickly. She had an illness, diverticulitis, and anaemia. Eventually she found it more and more difficult to walk. So she sat in a chair all day and her walking became more difficult. She fell over a couple of times. One day she got out of bed in the night and fell down. She lay there from 2am until 7am, trying to get to the phone. It was dark and she was blind in one eye. In the morning, she contacted the police and they came in, but she wouldn’t go into hospital. She shakes a lot, it’s a form of Parkinson’s disease. It’s hard for her to take after working all those years. After she retired, she joined a sewing class, at 80! Anyway, her doctor said she wasn’t to be pressurised, we had to make it her own decision...

In some cases, mental frailty had resulted in the elderly person being unable to care for themselves, as the daughter of an elderly woman in a private home explained: ‘She was very confused. She was not capable of living on her own. She was doing silly things like leaving the gas on. It was dangerous. She wasn’t capable of doing things...’

This son similarly described his mother’s increasing mental frailty: ‘She’d had a stroke about ten years ago – no, it was a heart attack. She went on to have a series of strokes and heart attacks. None of them were major but they all left her more confused. She was in the house on her own. She was not coping very well and was beginning to cope less well...’

The elderly people who had been admitted to a residential home as a result of increasing physical or mental frailty had generally been living alone. They were virtually all in touch with social services and most had been receiving help, in some cases quite large packages of care. Their ability to look after themselves had declined and the move into residential care was usually gradual. While there was ultimately very little alternative but to move into care, and some pressure may have been brought to bear by carers or professionals, the elderly people had generally felt that the move was their choice and had settled in well at the home. The elderly people who entered residential care as a result of increasing mental or physical frailty accounted for around a quarter of the residential sample and were rather more likely to be admitted to a local authority home than a private home.

Admission to care as a result of increasing pressure on informal carer

Around a fifth of the elderly people had entered residential care because of increasing pressure on their informal carer. In all these cases, the elderly person was living with their carer and was becoming increasingly physically or mentally frail. This elderly woman described the deterioration in her husband’s health and how it had become increasingly difficult to care for him:

At first, he couldn’t walk and then he got prostate trouble. He was on the hospital list and they X-rayed him and they were going to operate on him
and he asked the heart people if it was OK. They said, "No". So he’s still incontinent. He’d had a slight stroke and I couldn’t cope. He wouldn’t stand. The doctor came and said, "We’ll send him into hospital to look at his prostate". I had him home but I couldn’t lift him, I couldn’t cope. Then the doctor got him to the residential home to assess him. He used to shout for me all night. I didn’t sleep till they got him to the home to assess him. Then they decided to keep him permanent...

It is often said that incontinence is the straw that breaks the camel’s back. This daughter-in-law described her mother’s incontinence and the effect it had on her life and marriage: ‘It was because she lost control of her bowels and she used to do it all over the place but she never did it if she was in for a short-stay or in hospital. We put up with it for two years and then we couldn’t any more. Friction was coming between my husband and myself. He got a bad heart and we couldn’t take it…’

In some cases, the carers had become physically ill themselves and were unable to continue caring. This daughter who had had her mother living with her for 18 years described her ill-health: ‘Because I wasn’t able and well enough to look after her any more. I had two heart attacks, it was no use waiting until the event again and then having her rushed into anywhere. We wanted her to be happy. If it was a snap decision, she would have had to go wherever that was available or even hospital until somewhere could be found. At least this way it was a good home. The doctor said it was her or me; I could have a third heart attack at any time…’

Many of these informal carers had instigated the move into residential care as they had reached the point where they felt unable to cope with the situation any longer. In some cases, there is some discrepancy between the elderly person’s and the carer’s account of the move into residential care. Sometimes the pressure and burden of caring had become just too much for the carer and the move into care had been pretty well enforced on the elderly person. But in order for the elderly person to be able to cope with the admission and the upset of the perceived or real rejection by their carer, some elderly people had felt it necessary to believe that they had in fact decided to move into residential care for altruistic reasons. Elderly people and their informal carers sometimes gave very different accounts of the ways in which the move into residential care occurred. An elderly woman had a very clear view of the reasons for her move and the way in which she had taken the initiative: ‘I have one daughter. I had to live with her after we were in an accident and my husband was killed. But she’s 71 and has Meniere’s disease. I decided -- I’m very independent -- that I wouldn’t be a burden on her. I saw an advert in the local paper for flats being built for elderly people financed by the Council and the Church. I rang the Council to see where they were and they sent someone to see me who thought I would be better off in a place like this…’

But her daughter had a rather different perception of what had happened: ‘After 16 and a half years of looking after her, it was affecting my health. My GP said it’s me or her… he told me I had to look after myself. I was very low. I
went straight from the surgery to the estate agent. I put a deposit down for this smaller house with no room for her...’

Some elderly people had entered residential care for what appeared to be truly altruistic reasons, not wanting to burden their carers. This elderly lady described her reasons for moving into residential care: ‘I wanted to come in because I felt I was being a burden to my son and his wife. They said I wasn’t a burden but I know I was. You can feel it...’

But her son had clearly still been prepared to continue caring:

She made the decision herself... We needed a holiday or we would have gone mad. We fixed up via the social services for mother to go into the home for two weeks. We needed the break or we’d have gone crackers. She didn’t want to go in, but when we got back, she had arranged to go in permanently. She’d got the social worker and everything... It was terrible, terrible. I was in a terrible state. I was upset when she said she was going to go in. Then she was upset because she thought she’d upset us. You feel guilty... It rocked my boat. I was shocked, surprised, upset. I thought she was going to spend the rest of her life with us. She’d been 18 months with us and we’d spent loads of money and time on alarms, TVs, conversions...

Previous chapters have discussed the pressure which a lot of carers, particularly resident carers, felt under when caring for their elderly relative. Caring was especially tiring when the carers themselves were elderly. Pressure on the carer was a key factor in the case of elderly couples. Ten of the elderly people in residential care had been living with their elderly spouse immediately before they moved into the home. In six of these cases, the elderly person moved into residential care as a result of increasing pressure on the informal carer. The carer (their spouse) remained in the community. (In the other four cases, both members of the couple moved into residential care as they both deteriorated.)

The decision for one half of a couple to move into care was often particularly difficult and stressful for both parties. This elderly man was clearly reluctant for his wife to move into a home: ‘She’s got an Alzheimer’s type disease. She was losing her memory. She was very confused. She went into hospital and then they said it was no longer wise for her to be in hospital and she’d have to go into some kind of nursing care. I wanted her home but they said she couldn’t. They said I wasn’t well enough to look after her. They kept on at me to take her from the hospital, to find a place for her. They wouldn’t let me bring her home. They said I wasn’t fit to cope for her...’

In cases where the elderly person had entered residential care because of increasing pressure on their carer, there was a good deal of variation in the extent to which the elderly person had participated in the decision about whether to enter residential care or not.

In around half the cases where the elderly person had moved into residential care because of pressure on their carer, the move into care seemed to have been negotiated to some extent between the elderly person and their carer, with the former agreeing to go in for the sake of their carer. In some cases, the elderly
person might have made the decision to move independently, in order to spare their carer the burden of caring. The elderly person was likely to have had some choice, even if the choice was notional in some cases, and they had frequently settled in well. These elderly people were most likely to enter a local authority home.

In the other cases, the decision seemed to have been enforced on the elderly person. They seemed to have been pressurised by their carer, and in some cases by a professional, to move into a residential home. The elderly people had really had very little choice but to move into care and often were quite unsettled and unhappy in the home. These people were admitted to either a local authority or a private home.

**Admission to care because of loneliness**

Finally, around one in seven of the elderly people had gone into residential care because they were lonely and felt unable to live alone. An 82-year-old woman who had been living alone in her own home in the London area described her feelings of isolation: ‘I just couldn’t cope with it. I couldn’t live at home. Those empty houses outside each side; they all went to work and I did not say anything to anyone. I was so lonely. Just so fed up and on my own. Here it’s company...’

For some people, the size of their house, which had often been a family home, had increased the feeling of loneliness as this woman explained:

- Just the loneliness. It was a six-roomed house and I was on my own and I couldn’t stick it no more so I tried to get in here. The man from social services and my neighbour asked if I could get in here. I was so lonely...

In some cases, this loneliness had come about as a result of a bereavement:

- ‘I lost my husband. I couldn’t stay in the cottage on my own...’

Others, however, had simply felt increasingly isolated and had become frightened of being on their own, especially at night or during the winter: ‘I was living on my own and I just felt I didn’t want to face another winter on my own in case I was ill...’

These elderly people had all lived alone and had become increasingly isolated. They were frequently women who felt lonely and scared living alone, but also included some men who felt unable to manage on their own, sometimes after losing their wife. In these cases, the elderly people themselves had made the decision to move into residential care. Some were in fact quite desperate to move into residential care for the company it offered and they had usually settled in well. These elderly people had more often moved into a private home and loneliness was one of the main reason for admission to private residential care.

**Combination of reasons for entering residential care**

These were the five main reasons why the elderly people went into residential care. But in reality, the situation was often more complicated than this, and people had generally suffered from a multiplicity of conditions.
In many cases, the move into residential care was the culmination of a number of events and illnesses that had taken place over a period of time, in some cases several years:

I couldn’t look after myself. First of all, I lost my husband three years ago. I was all right for a little while, then I got sleepless. Then I had two slight strokes, first in my right hand, then a couple of days later in my left arm. That cleared up in a month. That ended up in the September. I went on all right for a long while. I can’t explain, I had plenty of food and a home help and I went to my son’s every Sunday. Then, it came on one day at the beginning of last year. The nurse was coming in to bath me and I was very breathless. She said, ‘What’s the matter? You look ill’. They took a blood sample and I was anaemic. I didn’t improve much and the doctor was puzzled. He sent me to the hospital for tests... and then they said I was fit to come home. They kept sending me to the hospital every Friday... It got me down. Then suddenly I went downhill and I went back into hospital. They said I was not fit to go home and that I couldn’t manage on my own. My son was worried and there was a vacancy here so I came here on a trial for three weeks and here I am!...

This woman moved into a local authority home in the southern area, but some people entering private homes described a similar catalogue of events leading up to the move into care: ‘My wife went into a residential place about 3 1/2 years ago. She died there. I was alone trying to look after myself until I came here. I must have got depressed. I was talking to a gentleman whilst pushing my bike and I caught my leg and couldn’t get up. I managed to get home, had a bath and then couldn’t get out of the bath. I had home help but it started to get so that I hadn’t an interest in anything. I was fed up, the house was costing me a lot, I weighed it all up, what the house would cost to do it all up. I had a pace-maker and I went to the doctor who said, ”Why don’t you look for somewhere?” So he suggested here. I came and talked, had a good chat, then went in...’

As many as one third of the elderly people spontaneously referred to a stay in hospital as one of the reasons for moving into residential care. We went on to ask people specifically whether they had come into care directly from hospital. A quarter of the elderly people said that they had moved into the home from hospital, while a further quarter said they had been in hospital in the 12 months before moving into the home. More than half of the elderly people, therefore, had spent a period in hospital at some time in the year before admission and this reflects the poor health and declining abilities of many of these elderly people when they lived in the community.

Table 8.2 shows where elderly people were living immediately before admission to residential care. More than two-fifths had moved into residential care directly from their own home, while 8 per cent had moved in from sheltered housing. Around one in ten had been living in a relative’s home immediately before coming into residential care.

It is significant that 16 per cent of the private residents (but none of the local authority residents) had entered the home from another residential home. All but
one had previously lived in another private home. The reasons for moving from one home to another varied, but included dissatisfaction with the home and a wish to be nearer their relatives. But what is most interesting is the incidence with which elderly people moved from one private home to another. This demonstrates the ease with which some private residents can exercise a choice and vote with their feet, an option that is, more often than not, not open to local authority residents. But it was also true that some elderly people had left private homes which had been closed.

The local authority residents, therefore, generally entered residential care following a crisis such as a fall or an acute illness, a gradual deterioration in their health or because of increasing pressure on their carer. Private residents were also most likely to enter a home following a crisis or a deterioration in their health, but an important factor was also loneliness. Having established why the elderly people had moved into residential care, we went on to explore in detail the various stages in the decision-making process. It was quite clear that the reasons and circumstances surrounding the move into residential care had affected the amount of choice which the elderly people had been able to exercise.

The decision to move into residential care
The decision to move into residential care is often seen as a last resort. Fears have been expressed that some elderly people are pressurised into entering residential care by carers or by professionals when they really want to stay at home. We asked the elderly people and their carers a series of questions about the decision to move into a home. We were interested to know how the process began and who started the discussions.

The elderly people were much more likely to say that someone else had suggested residential care than that they themselves had requested it. Only 19 per cent of the elderly people said that they had asked to come into residential care.

| Table 8.2 Where elderly people living immediately before admission to residential care |
|------------------------------------------|-----------------|-----------------|
|                                         | Total | Local authority homes | Private homes |
| Own home                                | 43    | 48               | 37             |
| Sheltered housing                       | 8     | 12               | 4              |
| Relative’s home                         | 12    | 13               | 10             |
| Other residential home                  | 8     | –                | 16             |
| Nursing home                            | 3     | –                | 6              |
| Hospital                                | 26    | 27               | 25             |

*Base: all elderly people in residential care (103) (52) (51)*
There was no significant difference between the local authority and private residents. Twenty-two per cent of the private residents said they had asked to move into residential care compared with 17 per cent of the local authority residents. The elderly people who had asked to move into a home included those people who been admitted to care because they were lonely.

It is not always easy for elderly people to know whom to ask for help, particularly if they have no experience of such a situation. Few of the residents knew much about residential care before they came in. The private residents who asked to move into a home were most likely to turn to their carer or relative for help in applying: ‘I asked my son and his wife. I’d always said that if I could no longer manage on my own that this is what I would do. It was entirely on my own initiative...’ A couple of them, however, had asked the residential home about admission.

The local authority residents who asked to move into a home were split fairly evenly between those elderly people who said they had contacted a social worker or another member of the social services department – ‘I asked social services. They took me to three places but they said it would take a very long time because there were no vacancies but they said I could come here for two weeks. Then suddenly there was a vacancy and I stayed here...’ – and those who said they had approached their carer or relative.

But the majority of the elderly people had had residential care suggested to them (77 per cent) and this corresponds with Sinclair’s finding that ‘the idea of residential care often begins with someone else’ (Sinclair, 1988). Informal carers and other relatives clearly played an key role. Half of the residents who said residential care had been suggested to them said their carer or a relative had suggested it. Private residents were particularly likely to say their carer or a relative had suggested residential care.

Table 8.3 Who suggested residential care to elderly people

| Carer | 34 | 29 | 41 |
| GP/doctor | 25 | 24 | 27 |
| (Other) relative | 15 | 12 | 19 |
| Social worker/social services | 13 | 17 | 8 |
| Hospital/hospital doctor | 11 | 11 | 11 |
| Residential home | 3 | 2 | 3 |
| Don’t know | 5 | 7 | 3 |

Base: all elderly people to whom residential care was suggested (79) (42) (37)
y involved in helping elderly people to get services to help them at home, they
were likely to be involved in the decision to move into residential care. A quarter
of the elderly people who said someone had suggested they go into residential
care mentioned their GP. This probably reflects the poor health of many of the
residents, particularly immediately before admission. They often appeared to be
glad that someone had taken the decision out of their hands, particularly if they
were living on their own, like this 83-year old woman from the northern area: ‘I
had a fall and went into hospital. The GP came to see me there and said I couldn’t
go home...’

Social services staff had sometimes suggested that elderly people should go
into local authority homes, like this 89-year-old man, also living alone in the
northern area: ‘Social services decided I couldn’t fend for myself and should try
this home. I asked my doctor if he could get me some private help and he said,
"No"...

Hospital staff had also occasionally suggested that residential care might be
the best solution. This elderly man and his blind wife had been admitted to
residential care from hospital, after the husband had fallen down the stairs and
landed on his wife: ‘They said, "It’s no use us sending you home, you’re both
cripples". Someone from the hospital said it. The hospital authorities put me in
here. They said "You can have a one month trial here and if you want to leave,
you can". My wife had had enough buggering about so we stopped...’

The carers we interviewed described similar situations. One in five said the
elderly person had asked if they could move into residential care while a further
one in five carers said that they themselves had suggested it.

More than half the carers, however, said that someone else had suggested
residential care. The carers also indicated the importance of health care
professionals, particularly GPs, in the decision to move into care. Around a
quarter of all carers said the GP had suggested residential care. This son described
the role played by the GP in his mother’s move into a local authority home: ‘The
GP – he felt she shouldn’t go home from hospital. But the hospital people would
have overruled him if I hadn’t written letters and reports on her to the consultant
in charge of the ward she was in. "Care in the Community" sounds fine but we’ve
had twenty-odd years of caring for my mother and my wife’s mother and we’re
seeing the results of that. So it’s just creating another generation of sick elderly
people...’

Other carers said that hospital doctors (7 per cent) or hospital social workers
(4 per cent) had suggested residential care, but only a very small number said
that the social services department had suggested it.

If elderly people wanted to move into residential care, they tended to
approach their carer, relative or social worker for help. The carers were more
likely to contact the professionals. Carers of people who moved into a local
authority home normally asked social services or the GP, whereas carers of
private residents tended to go directly to the residential home to ask about
admission.
Discussion about the decision to move into residential care

Even if three-quarters of the elderly people had had residential care suggested to them, it was still quite possible that they made an informed choice, given enough advice, information and discussion. We examined the extent to which they had discussed the decision with other people.

Discussion by the elderly people

It was remarkable that only half the residents said that they had talked to someone about moving into residential care before the final decision was made. There was little difference between local authority and private residents in the extent to which the move had been discussed, but those in the northern authority, who tended to have larger families, were rather more likely than others to say they had discussed residential care with someone.

More than a third of the elderly people we interviewed had talked to their main informal carer about going into residential care, around a fifth had talked to a relative and some had also talked to friends or neighbours.

There did not appear to be much discussion with professionals. Professionals seemed most likely to suggest residential care and then leave the elderly person to consider this option, with the help of relatives and friends. A quarter of the local authority residents, however, said they had discussed residential care with a social worker before the decision was made. This seemed a low proportion, given the involvement that social workers have traditionally had in applications for residential care, but it must be remembered that social workers were rarely involved with elderly people in the northern area, and even in the two other areas, they had not always made a big impact on their clients.

The elderly people who talked to informal carers about residential care often said they discussed the fact that they could not look after themselves any more and that moving into a home would be best for them. This reflects the fact that many people had moved into care either because they had deteriorated and found it difficult to manage at home, or because there had been some sort of crisis, such as a fall or an acute illness. There was a stress on ‘being looked after’ and being relieved of chores and responsibility: ‘I spoke to my son and daughter-in-law. I wouldn’t have the shopping to do or anything like that so they thought it was better...’

The carers were sometimes cited as suggesting that the elderly person had done enough all their lives and now needed some of the strain removed. Some elderly people, however, had talked about their loneliness and wanting to move into care, while others commented that their carer or relative had suggested that they moving into a home to give them some relief: ‘My daughter. She said will you go and I said "Yes, if it will be to your benefit. You’ve looked after me long enough"...’

A small proportion said they had had more detailed discussions, such as which home they should move into, what parting with their home might mean, what residential care would be like and the financial implications.

The move into residential care

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But as many as half the residents said they had not talked to anyone about the decision to move into residential care. Most of these people clearly felt that this was not a matter for regret, however, as two-thirds said they would not have liked to have talked to anyone, while others were unsure. Sometimes the elderly person said they had made the decision themselves and did not need to discuss it, like this single lady who had been living alone in the southern area and who had attended a local authority home for day care: ‘I just thought of it myself. There were heaps of people I could have talked to, but I didn’t need to...’

Sometimes there was nothing to discuss as they could no longer manage at home, like this elderly woman who had fallen and suffered a fracture: ‘No. I knew I couldn’t carry on so I was quite happy...’

Some said there had been no time for discussion as their admission to care had been sudden, usually following a crisis or illness, while others had been quite happy to leave the decision and arrangements to their carer: ‘I didn’t have time. At the finish, it happened so quickly...’

However a small proportion of the elderly people would have liked to talk to someone about residential care but had not done so. These people were usually unhappy about their move into residential care. Some felt they had had no say in the decision, while others would have liked to have been told more about residential care: ‘Yes. But I couldn’t with my daughter. I had been very unhappy for the last couple of years. She had hurt me a lot, she had hurt my feelings. She is a very good daughter but it was difficult at the end...’

Discussion by informal carers

Three-quarters of the carers we interviewed said they had talked to the elderly person they cared for about the decision to move into residential care. This represents a greater proportion than was mentioned by the elderly people themselves but it must be remembered that these were the carers of elderly people who had carers. Some of the elderly people we spoke to had no kin at all with whom to discuss the option of residential care. It is also possible that some of the elderly people’s memories had faded and they simply could not remember talking to their carer, but it is also possible that some carers were keen to be seen to have gone through the ‘correct’ procedures. What is particularly interesting, however, is the fact that while virtually all of the non-resident carers had discussed residential care with the elderly person, only half of the resident carers had done so.

The resident carers often said that the elderly person had made the decision to move into care themselves. One son had arranged for his mother to go for a short-stay while he was on holiday and returned to discover that she had arranged to move in permanently: ‘She’d already made the decision. We talked to her about the pros and the cons when we got back, but she’d closed her mind, the decision had been made. She’d always said “Never let me go into a home”. I never thought my mother would ever go into a home. She started her life in an orphanage and we didn’t want her to end her life in one...’
Some said that the elderly person was too confused: ‘We really couldn’t have a discussion. She’s so confused now and her short-term memory has gone...’ Others said that the elderly person so dreaded the thought of going into a residential home that the carers had not been able to even broach the subject: ‘She made the decision herself. We didn’t want to upset her. It was a touchy subject because at one time she said ”There’s no way you’re putting me in a home”...’

Eighty-five per cent of all carers also said that they had discussed residential care with someone else, other than the elderly person. This was usually with other members of the family, but a small proportion had also sought out friends and neighbours for discussion. A daughter-in-law, who had spent all her married life living with her husband and his mother, said: ‘We talked to friends and to her daughter. Her daughter was all for it. She wouldn’t have to come so often. They would say it was too much for us to go on as we had done. She was getting very difficult, demanding and unpleasant. It was still very hard though...’

It seemed that daughters-in-law frequently took on the caring role for their husband’s parents. In a similar case, another daughter-in-law who had also been living with her mother-in-law all her married life, described the discussions she had had: ‘I talked to my husband and our friends. We talked about all the difficulties – her sleeping in the sitting room and being alone all day. My husband suggested I give up my job and look after her. I said "Why don’t you give up your job? She’s your mother". He saw things differently then!"

More than a third of the carers said that they had spoken to social services, usually a social worker, about the decision to move into care. In some cases, it seemed that the social services department had not always been supportive of people who wanted to continue caring for their relative, like this son in the northern area: ‘I talked to friends and with a lady, a social worker I think. The future problems were put to me. I asked about a lift for my house so she could come here, but the lady said had I thought about how she would be in a couple of years. She would probably be incontinent and we could not have help in the house. We could not have a home help or meals on wheels. My wife or I would be expected to give up work...’

Around a quarter of the carers had discussed the matter with the GP. This son’s GP had clearly played an important part in his mother’s move into care: ‘I talked to the GP. He suggested it. Not social workers, they never come near me. We talked about her general health, what she could do and couldn’t. She resisted at first. He said "She’s bloody stubborn, you’ll have a job to get through". I think she saw what it was doing to us so that helped. My wife and I never saw each other. We didn’t realise until she went in just how little we had been together...’

Some carers had spoken to hospital staff, especially hospital doctors, as well as district nurses, home helps and staff working in residential homes:

I discussed it with everybody – sisters at the hospital, the home help, the doctor, the social worker. Everyone was saying Mum has to go into a home, everyone was pulling together to get her into that home. That was the only place she wanted to go...
It appeared that elderly people were less likely to discuss residential care than their carers, most of whom said they tried to discuss the matter with the elderly person and many of whom also talked to other members of the family or professionals.

**Alternatives to residential care**

The White Paper, *Caring for People*, lays a lot of stress on promoting choice and independence (Department of Health, 1989). The changes outlined in the White Paper are intended to ‘give people a greater individual say in how they live their lives and the services they need to help them to do so’. It is clear that if elderly people are to make a real choice and an informed decision about moving into residential care, there ought to be discussion about what the alternatives to care might be. Social workers interviewed in this study stressed that they always tried to put forward all the options to elderly people before they considered residential care. It was commonly said to be a last resort when everything else had been tried.

It was perhaps surprising to find that only 6 per cent of the elderly people said that something other than residential care had been suggested to them. All but one of these people were private residents. Most suggestions for staying in the community had been made by a professional and centred round changes in accommodation, such as sheltered housing, moving into a bungalow or living with their carer, or an increase in the amount of social services, particularly home help.

We asked the carers whether other options had been considered, but only a fifth, mainly carers of people who had moved into a private home, said they had. Again, the main options were a change in accommodation or an increase in the amount of care at home, mainly in the form of a full-time, live-in housekeeper or a 24-hour nursing service: ‘We thought of getting private help, 24 hours a day. But it was too expensive...’

Some carers had considered having their elderly relative live with them, either in the carer’s own home or in a ‘granny annexe’, while some said sheltered housing had been considered: ‘I thought about giving up my job. But then you think of the mortgage. I thought of having her here to live with us, but we couldn’t afford the finances to have someone to look after her full-time. I don’t like her being there...’

In some cases, both options had been considered: ‘We thought of sheltered housing and having her live with us in a granny annexe. We looked into the cost of someone living in with her but the cost was exorbitant. My brother and I looked into both options but neither worked out...’

**Could the elderly people have remained in the community?**

Although it may seem unlikely that only 6 per cent of the elderly people had discussed options other than residential care, it must be recognised that we were asking them about a point at which residential care may have seemed the only
option. It is probable that other options had been discussed and tried, and that further discussion seemed irrelevant to them.

We asked the elderly people if they thought they might have been able to manage at home, with more help. Almost two-thirds of the elderly people said that they would not have been able to stay at home, even with extra help.

### Table 8.4 Whether elderly people felt they could have stayed at home with extra help

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Lived alone</th>
<th>Lived with spouse</th>
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<td>No</td>
<td>63</td>
<td>61</td>
<td>50</td>
<td>79</td>
</tr>
<tr>
<td>Don’t know</td>
<td>15</td>
<td>15</td>
<td>20</td>
<td>11</td>
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</table>

*Base: all elderly people in residential care (103) (74) (10) (19)*

The move into residential care

In their reasons given by the elderly people for not staying at home any longer centred round their ability to look after themselves. Forty-two per cent of those who felt it would not have been possible to carry on living at home simply said they could no longer manage at home and needed looking after. These people were most likely to have been living alone or with an elderly spouse. An elderly man and his wife had moved into a local authority home together: ‘It wouldn’t have been possible. We were two passengers. What can I do? I could only sit down and the wife was the same...’

Others said they could not carry on at home because they could not walk, they were blind or simply that they were too old. A few referred to difficulties in maintaining the house and garden. The people who felt unable to manage at home were mainly those who had lived alone: ‘I’m 82. You’re an age you can’t look after yourself...’

A fifth of the elderly people who felt they could not have stayed at home said they were lonely or scared at home. All these people had lived alone, like this elderly woman who had been lived in the London borough: ‘I never applied for it. I decided I couldn’t stay in that house another winter by myself. I wouldn’t go back for anything...’

This reflects the proportion of people who moved into residential care for the company it offered, most of whom were private residents: ‘I didn’t want to stay there alone. I wanted to be with people. I entertain them here, I do high kicks and dance for them...’

Virtually all those who had lived with others said that it would not have been possible to carry on living at home, mainly because their carer was ill or could not manage any longer, or because the elderly person did not want to place the burden of caring on their relative any longer. Some were spouses, like this elderly...
man in the northern area: ‘My wife couldn’t manage me. She’s 72. I’m 77. She’s getting on...’

Others were concerned about the health of their children, like this elderly lady, also living in the northern area: ‘Because my daughter was too ill for me to stay there. I needed to be found somewhere to stay quickly...’

But not all elderly people considered that it would have been impossible to stay at home. More than a fifth of the residents interviewed in both local authority and private homes felt that, with extra help, they would have been able to carry on living at home. There were some differences of opinion between the elderly people in the three areas. More than a third of the residents in the northern authority felt that they would have been able to carry on living at home had they received more help, compared with a fifth in the southern area and only a tenth in the London borough.

So what kind of help might have kept these elderly people in the community? For most of them, the key lay in a more intensive home help or home care type of service. Eighteen per cent of all residents felt they would have been able to carry on living at home if they had received more home help, or a home help every day, or had employed a housekeeper, while a further 7 per cent said that if they had received a home help at all, they might have been able to manage. A couple of people felt they could have stayed at home if they had received help getting up and going to bed, while others admitted that they would have required a 24-hour or live-in service. The perceived need for more home help or home care service may explain why so many of the northern residents felt they could have stayed at home, since many of them only received a minimal number of home help hours: ‘In the morning I needed help. By the time I had got up and dressed and made breakfast and the fire, I was very tired. I could have done with the home help more often, maybe 1 1/2 hours a day...’

So why had these elderly people not received the services they felt they needed? Money was the inhibiting factor for some people and was often mentioned by those who thought they needed a housekeeper or live-in help: ‘Someone to live in with me. But I wasn’t in a position to pay anyone to do it...’

These people were clearly looking towards the private sector for this type of help, but could not afford the cost: ‘I’d maybe have paid for help at home every day. They could have done all my jobs for me. But I have no money...’

Elderly people often referred to the limited supply of home help hours: ‘Someone to get me out of bed. It wouldn’t have to be a nurse. I don’t wet the bed. I sleep well. But they said they were short of home helps...’

Others, however, said they had not asked for a home help service, in some cases because they had not wanted a ‘stranger’ in their house. Some carers were similarly opposed to live-in help, like this daughter who had been living with and caring for her mother for 30 years: ‘I wasn’t prepared to have someone living and sleeping in the house. We hadn’t had the place to ourselves ever. I thought it might be 10 or possibly 15 years, never 30 years...’

These were the elderly people’s views on whether they could have stayed at home with extra help. But what were the carers’ views? Did they think the elderly...
people they were looking after could have stayed at home if they had received additional services?

Table 8.5 Whether carers felt elderly people could have stayed at home with extra help

<table>
<thead>
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<th></th>
<th>Total</th>
<th>Resident carers</th>
<th>Non-resident carers</th>
</tr>
</thead>
<tbody>
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<td>28</td>
<td>21</td>
</tr>
<tr>
<td>No</td>
<td>77</td>
<td>72</td>
<td>79</td>
</tr>
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</table>

Base: all carers of elderly people in residential care (74) (18) (56)

Some of all the carers we interviewed felt that the elderly person they were looking after would not have been able to carry on living at home, even with extra help, mainly because they felt that the elderly person had reached the point where they needed 24 hour supervision and even with extra help, there would still have been times when they would be alone. Quite simply, most carers felt the elderly person could not manage any more.

Some carers said that their elderly relative needed so much support that it was just not feasible for them to remain at home. This son felt that it was not realistic to expect the amount of care needed to keep her mother in her own home: ‘She was pretty close to the stage when no services other than three meals a day, washing, decorating, cleaning, everything was done for her. There’s no way any public or private organisation or care system could cope with that in their own home. You can’t care for the whole thing...’

And some carers said that even with extra help, the elderly person would still have been alone and loneliness was the main reason for their moving into a home.

Half of all the resident carers said that no extra help would have made it possible for the elderly person to carry on living at home with them as they, the carers, had reached the point where they no longer felt able to continue caring. We have already seen that the majority of the resident carers received very little support from formal or informal sources. It often appeared that, if they had received more help at an earlier stage, they would not have reached this point of being physically or emotionally unable to continue caring. Some had looked after elderly relatives for many years with no help and no respite. This daughter gave up in the end: ‘It affected my health. It was doctor’s orders. He said 16\(\frac{1}{2}\) years was enough. The stress was affecting my heart, I couldn’t stop shaking and it was time I had time for myself. If I had friends to stay, we would go out for a walk and she couldn’t manage so she’d be really unpleasant when we got back. I had to stop having visitors...’
But around a quarter of the carers we interviewed, both resident and non-resident carers considered the elderly person could have stayed at home with extra help.

The resident carers felt the elderly person might have been able to carry on at home if they themselves had received more help, such as respite care, in the form of a sitting service, day care for the elderly person or a night nurse to allow the carer to sleep at night, as well as practical help at home in the form of a bath nurse.

Non-residents carers were more likely to refer to the need for a live-in or 24-hour type of service but, like the elderly people, they too referred to the need for a general increase in the home help hours. Some said a night nurse would have answered the problem.

Shortage of local authority resources and shortage of money to buy-in appropriate help were two reasons given by carers for not being able to get the services which might have enabled the elderly people to stay at home.

But 12 of the 17 carers who felt the elderly person could have stayed at home said that services had not been sought because the elderly people themselves had made the decision to move into residential care for the company or the care it offered. These elderly people were generally those who had entered a home because they were scared or lonely or because they their ability to look after themselves had deteriorated and this demonstrates how some elderly people, given the choice, would rather move into residential care rather than live in the community.

We have discussed whether the elderly people thought they could have stayed at home and we have discussed what the carers’ views were. But perhaps it is most interesting and useful to compare their responses. We have seen that 23 of the 103 residents we spoke to considered they could have stayed at home with more help. But were they being realistic? Could they really have stayed in the community? We were only able to get a second opinion from an informal carer in 13 of these cases. In six cases, the elderly person did not have a carer and in four cases, we were unable to interview the main carer.

Of the 13 cases where we were also able to interview an informal carer, five of the carers agreed with the elderly person that they could have stayed at home with help. But eight of the carers disagreed with the elderly person and said that they could not have stayed at home, even with extra help. The elderly people had felt that they could have remained in the community with extra home help, but the carers said that they would have needed constant supervision or 24-hour help because of their physical or mental state. In most of these cases, the elderly people had ultimately agreed to move into residential care, but a couple of people said it had not been their decision and they had not wanted to move into residential care. These residents were generally unhappy in the home.

But what about the five cases where the carers agreed with the elderly people that they could have stayed at home? What had prevented these people remaining at home when both they and their informal carer felt they could have done so with more help?
In all of these cases, the elderly person had been living alone in the northern authority. The elderly people said that an increase in home help hours would have helped, while the carers felt that a live-in or 24-hour type service would have been the answer. But a lack of local authority resources and a lack of money to buy in these services privately prevented these services from being provided, with the result that the elderly people had moved into a residential home. Three had moved into a local authority home and two into a private home. This carer described the way she saw the situation: ‘He could have stayed at home with twenty-four hour cover. Someone to be with him all the time. But nothing was ever suggested from the authorities, like a night sitter or a day sitter. To be honest, whatever services you get you have to fight for, they’re so stretched. Who decides who’s a priority and who isn’t?’

Was there enough discussion?
Many of the elderly people had not spoken to others about moving into residential care and very few other options had been put to them. So did they feel that they had had enough discussion about the decision to move into residential care?

Just over 50 per cent of the elderly people, both local authority and private residents, felt they had had enough discussion about the move into residential care, while nearly 30 per cent said that they had not had enough discussion. Just under one fifth were undecided.

Seven of the 30 residents who had not had enough discussion said that they had not wanted to come into residential care and would have liked more discussion, particularly about other options and alternatives. Residents in the northern area in particular felt they would have liked to have discussed other options: ‘I was thinking I would have someone to help me so I could stay at home, survive at home. But my two sons couldn’t get me in a home quick enough. I did what they told me to do...’

A further eight residents said there had not been any discussion at all. These people generally said that they were unaware of the arrangements to move into a home and some people said they had been brought into care without consultation. Some were quite happy with this arrangement, like this elderly man who had recently entered a local authority home in the London area: ‘I never had any conversation at all. My son just told me I was coming here. But I didn’t complain. I was quite content...’

But others were less satisfied with the lack of consultation, like this elderly woman also living in a local authority home in the London area: ‘I seemed to be more of an on-looker. I moved from one place to another. I didn’t know what was happening...’

Others said they would have liked to have talked to social services or someone at the residential home before coming into care and some commented that they would have liked to have been told more about residential care in general: ‘I would have liked some kind of lecture and to talk to them and discuss what it is like and what sort of people are in them...’
Four residents said that while they felt they had not had enough discussion, there had really been very little to discuss as they could no longer manage at home.

Almost three-quarters of the carers felt the elderly people they had been caring for had had enough discussion about the decision to move into care (70 per cent). These were carers of elderly people who had carers, but nevertheless, a quarter felt the elderly person had not had enough discussion about going into residential care. A third of these carers said that the elderly person was too confused to participate in a dialogue about their care, while others said the elderly person had been too ill or that the admission to the home had been so sudden that there had been no time for discussion. Some carers admitted that the elderly person had not wanted to move into residential care and that, in some cases, there was no discussion at all.

**Control over the decision to move into residential care**

Two-thirds of the elderly people felt that they had had enough control over the decision to move into residential care (68 per cent). There were no differences between those who had entered a local authority home and those who had entered a private home. Many of the elderly people commented that they themselves had made the final decision, while others said that they had not been forced to move into a home: ‘They impressed upon me – my two lads – "It’s up to you Mum. It’s your decision". They would not influence me. When the month was up they came to see me and said, "Was I going to stay?” and they said it was the best decision, but there was no pressure...’ Even if residential care had not been their idea and even if they would have preferred not to go into a home, the elderly people had generally resigned themselves to going into residential care and from this point of view, they felt they had had enough control.

But around a fifth of the elderly people, both local authority and private residents, felt they had not had enough control (18 per cent). These people were generally those who had said that they had not had enough discussion about the move. The local authority residents who felt they had not had enough control over the decision to move into residential care generally felt that they had had no say at all: ‘I didn’t know I was coming. I had no say in the matter...’ The private residents were more likely to say that their carer had made the decision or that they had been told that they could not look after themselves. This elderly woman had been admitted to a private home after a stroke left her incapacitated: ‘I couldn’t do anything at all. I had no control. I was incapable...’

The people who said they had not had enough control were usually unhappy about the move into residential care.

While two-thirds of the carers felt the elderly people they had been caring for had had enough control, as many as 18 per cent said that the elderly person had not. It was interesting that the carers of private residents were more likely than those of local authority residents to say that the elderly person had not had enough control (28 per cent compared with 17 per cent). Resident carers were
also more likely than non-resident carers to say that the elderly person had not had enough control.

Carers usually said that elderly people had not had enough control because they were confused. This son described his mother’s mental health and the effect that this had on her ability to participate in the decision-making process: ‘Absolutely no control at all. It’s difficult because of her mental condition. She relied on me and I relied on the hospital. You get the best advice and act on it...’

Others said that the elderly person had had to come into care as they could not look after themselves or that illness had limited their choice: ‘She was virtually helpless. Circumstances intruded. She could have said no but I would have said, “What are you going to do then?” I know that sounds cruel but there was no choice...’

Some carers said that they had taken the control away from the elderly person by making the decision themselves, either because they themselves were ill or because they felt unable to continue caring, like this son caring for his 92 year-old mother: ‘I was ill myself at the time. We were getting up two or three times a night and it came to a head and something had to be done quickly. No-one else had the room to take her... It all got too much for me...’

The question of pressure to move into residential care is something which worries professionals and elderly people alike. There have been indications in recent years that some elderly people go into residential care not because they choose to but because they are pushed into it.

Thirteen per cent of the elderly people said they had felt under pressure to move into residential care, with local authority residents slightly more likely to have felt under pressure than private residents. The pressure had mainly come from informal carers – ‘This place loomed up on me. My son just told me I was coming here...’ – but GPs and hospital staff were also mentioned. This elderly woman described how she had felt: ‘The doctor at the hospital said it was the best thing I could do and my son agreed...’

As many as a fifth of the carers felt that the elderly person for whom they had been caring had been put under pressure to move into care. Most of the carers cited themselves as the source of pressure on the elderly person. Sometimes the carer alone had put pressure on the elderly person. This son described the circumstances surrounding his mother’s move into a local authority home: ‘I suppose I put her under pressure. It was all on my insistence. I started it off. But there was nothing else to do...’

But sometimes the pressure had come from the carer in conjunction with professionals, such as the GP or the social worker. In one case, all three were involved. ‘She felt she was being pressurised by all of us, by me, by the social worker, by the local GP. This was her general attitude to life. She was very depressed. To this day she blames me for putting her in a home...’

Carers who had been living with the elderly person were particularly likely to say that the elderly person had been put under pressure to move into residential care. These carers had usually reached breaking point and could no longer continue caring. Some had reasoned and explained to the elderly person why they
had to move into a home, like this daughter who had been living with her mother for over five years and helping her with personal tasks: ‘Yes, it was me. I said I just couldn’t look after her any longer. I told her the district nurse said I needed a break. I asked her if she would try it. I told her I would still be caring for her in a different way by visiting her regularly, that I couldn’t go on doing the lifting any longer...’

In other cases, the relationship between the carer and the elderly person had broken down: ‘I suppose she was put under a bit of pressure. I said “I’m selling the house and there won’t be room for you”. She didn’t have much choice to be honest...’

The decision to move into residential care
So who had made the decision for the elderly people to move into residential care? Two-thirds of the residents considered that, ultimately, they themselves had made the decision. In some cases, they had positively wanted to make the move, but more often than not, residents said that while they had not been forced to come in, they had agreed to do so because they could not look after themselves any more.

But one third of the local authority residents and a quarter of the private residents said that the decision to move into care had not been theirs. These people generally felt there had not been enough discussion, they had not had enough control and often felt under pressure to move into a home. They were likely to have moved into residential care following some sort of crisis or acute illness or because their carer refused to care for them any longer. These elderly people had certainly not played a key role in the decision to move into a home and many of them were unhappy about the fact. In these cases, carers, relatives or professionals had made the decision on the elderly person’s behalf. In the London borough, more than half the local authority residents said they had not made the decision to move into care: ‘It was my son’s decision. His wife was taken ill and went to see a specialist. There was no conversation. They never told me anything. I just minded my own business...’

Concern has also been expressed that elderly people may be precipitated into making decisions in a hurry or that they do not have time to reflect on their decision. One fifth of the elderly people said they had moved into residential care more quickly than they would have liked. Because many of them had been admitted to residential care at a time of crisis, either for themselves or their informal carers, many said they had not had the time or opportunity to consider the move: ‘It was all of a sudden. It was around Christmas. One minute I was there and the next I was here...’

Many of them had moved into the home directly from hospital, with little or no time to make arrangements for their personal belongings: ‘I would have liked to have arranged about my things in the flat and my budgie...’

In other cases, a vacancy had arisen which the elderly person had to take up immediately or not at all: ‘They didn’t give me much notice. They accepted me
and said would I hurry up and move in. I was on a month’s notice at Abbeyfields, so for a bit I was paying two rents…’

But not everyone was rushed into a decision. Some people, usually those who were lonely and had wanted to move into a home for the company, said that the move had not been quick enough, and they had had to wait for a vacancy: ‘I was waiting patiently. Everything was ready and packed last time I came whether I stayed long or short. I brought enough stuff for two weeks and when I found I could stay, they went back for more…’

Similarly, an elderly lady who had been living alone in the London area had been desperate to move into the private home for the company it offered: ‘It was not as quick as I’d have liked. It seemed like eternity until they completed decorating it here and I could come…’

While a significant proportion of the elderly people felt they had not made the decision to move into residential care, the vast majority thought it had been the best solution to their needs: ‘I think so. All my friends turned round and said it was the right decision. They all say I look much better. I don’t think I shall improve. Sometimes when I was at home I felt so ill it was as much as I could do to make a cup of tea…’ Only six residents felt that residential care had not been the best solution.

Similarly, all but three carers said that residential care had been the best solution to the elderly person’s needs and on a more personal level, more than 90 per cent of the carers felt that the move into residential care had been best for them as well.

All the resident carers, most of whom had been caring for a considerable time with very little support from formal or informal sources, said that residential care had been best for their needs. Some, like this elderly man who had been caring for his confused wife, only realised how much pressure they had been under once the pressure was relieved by the elderly person’s admission to a home. ‘For me, I realise now it takes my last energy doing everything. I’ve got heart trouble because of the strain. I didn’t realise until afterwards what a strain it all was…’

And some, like this daughter whose mother had moved in with her and her husband 13 years before, referred to the responsibility of living with and caring for an elderly relative: ‘I do think it was the best solution for me. If anybody asked me about taking their parents in, I’d say it’s a big thing to do… It’s a big thing for anyone to do…’

Non-resident carers commented that the elderly person’s move into residential care had relieved them from the almost incessant worry about whether the elderly person was safe and well: ‘It gave us peace of mind, knowing she was looked after. I was working and I had a young family. Nights were the problem. She couldn’t cope with that bit…’
The decision on which home to move into

Once the decision to move into residential care had been made, the decision had to be made about whether to move into a local authority or private home, followed by a decision on which particular home to select.

Consideration of a private home

We asked local authority residents and their carers whether they had ever considered a private residential home. As Table 8.6 shows, more than 80 per cent of the local authority residents said they had never considered moving into a private home. The overwhelming reason for this was cost, with the elderly people saying that they had no money or could not afford a private home. An 87-year-old woman, who had been living in a council house in the southern area before entering a local authority home, quoted the prices she had seen in the newspaper: ‘I couldn’t afford it on my pension. It’s £50 or £60 a week from what I see in the paper...’

This woman was probably not aware of attendance allowance or income support, but in any case she was sadly misinformed since all the private homes we visited cost considerably more than £50 or £60 per week and many did not consider people on income support.

Others, however, said that they had never considered moving into a residential home at all, including a local authority home. Most of these had taken little part in the decision to enter residential care and had generally been admitted following a crisis or at the request of their carer. This woman had entered a local authority home from hospital following a series of illnesses: ‘I never thought about it. I thought I’d live and die in my own home. That was my hope...’

Another elderly woman in the southern area seemed to have had very little input into the decision about whether to move into a residential home. She had not wanted to enter residential care and felt there had not been enough discussion and that she had not had enough control over the decision. As a result, she had not settled in well at the home: ‘I wasn’t allowed to (consider a private home). There was no yes and no about it. I was just told I was going...’

Table 8.6 Whether local authority residents and informal carers considered a private home

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<th>Elderly people</th>
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</tr>
</thead>
<tbody>
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Base: all local authority residents and informal carers

Column percentages

184
Only four of the 52 local authority residents we interviewed had considered moving into a private home. All of these were from the northern area, and had either decided against the private home because of cost or because they did not like the home they had visited, or because they found they liked a particular local authority home or there was one near their relatives.

Carers of local authority residents were more likely than the elderly people themselves to have considered a private home with around a third considering this option. Cost was again the main reason why they had decided against a private home or was the main reason for not considering this option at all: ‘We were not in a position to consider it. You don’t know whether the costs will run away and if you’re on a fixed income, you can’t cope forever...’

Some carers said that the elderly person had specifically wanted to go to a local authority home, usually because they already knew one, while other carers felt that a private home would offer no advantages over a local authority home. Others simply said there had been no time to consider a local authority home as the admission had been sudden and unexpected.

**Consideration of a local authority home**

Similarly, we asked private residents and their carers whether they had ever considered a local authority residential home.

Private residents were rather more likely to have considered a local authority home than the other way round. Seven of the 51 private residents we interviewed had thought about this option, more usually the northern residents. The main reason why they had not actually entered a local authority home was because there had been no vacancies. Some people had had their names on a waiting list, in some cases for quite some time. But ultimately they had needed to come into care and could no longer wait for a vacancy: ‘I got a brochure, but there wasn’t a vacancy and my family were keen for me to move into care so I came here...’

Elderly people who had wanted to move into residential care because they were lonely or frightened might not have seemed like an urgent case when assessed by the professionals and were most likely to have had a long wait for a local authority bed. In some cases, people had given up waiting and had turned to the private sector: ‘I had my name down for seven years but I had just too much money and I was too mobile...’

Others, however, like an elderly man living in a private home in the northern area, had rejected the possibility of moving into a local authority home, mainly because of the size of the homes and number of people: ‘I had been in one, a local authority one. But there was too much of a carry on. There were about 60 people there...’

There were three main reasons why the majority of the private residents had not considered a local authority home. Firstly, some were quite simply unaware of their existence. Others said there had been no time to consider a local authority home as they had had to move into a home very quickly. And some said that their carer had decided where they should go.
So what had their carers thought? More than half the carers of private residents had considered the possibility of their relative moving into a local authority home, but had found there were no vacancies: ‘We thought about it but there was no place there. We wanted some action there and then. We phoned them but they had no places...’

Many carers gave this as a reason for not considering a local authority home at all, like the daughter of an elderly lady in the northern area:

> No – we didn’t consider a local authority home. Social services told me there was no chance. They were all full. I asked the DCO. He said ‘I’ll tell you now, there’s no chance, even for a temporary place’...

The short supply and rationing of local authority beds had also meant that some people had been told they were not eligible for a local authority bed, because they had a property or savings, while others who had wanted to move into a local authority to be near their family had been told they were ineligible because they did not live in the area.

Sometimes a local authority home had been considered and rejected, or not considered at all, because the elderly person had not wanted to share a room, which some felt they would have had to in a council home: ‘We considered it but the one we saw smelt and it had double rooms. They never took new people without sharing. Some people want to share but he wouldn’t want to. It was institutional in all sorts of ways. It was single storey, there were three old ladies in a row. Anyway, we wouldn’t have got in as we came from out of the county...’

Others felt that the residents were more likely to be confused in local authority homes: ‘Hearsay told me that the residents nearly all have Alzheimer’s disease in local authority homes...’

Some carers considered a private home would be better and, as they could afford the cost of private care, opted for this type of home: ‘Somewhere we got the idea that local authority ones wouldn’t be up to the standard we wanted for Mother and we knew, between us, we could afford it...’

One daughter felt she had been altruistic when choosing a home for her mother, leaving the local authority beds to those who could not afford a place in

Table 8.7  Whether private residents and informal carers considered a local authority home

<table>
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<tr>
<th></th>
<th>Elderly people</th>
<th>Carers</th>
</tr>
</thead>
<tbody>
<tr>
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<td>59</td>
</tr>
<tr>
<td>No</td>
<td>67</td>
<td>41</td>
</tr>
<tr>
<td>Don’t know</td>
<td>19</td>
<td>-</td>
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</table>

Base: all private residents and informal carers (51) (32)
a private home: ‘We considered a local authority home but we really didn’t feel we should take up the place. On the financial side, you pay over, as much as you can afford, you’re means-tested. We had no objections to that. But it seemed ridiculous for us to go through that when we could afford an independent place. Hundreds need the other places...’

**Local authority versus private homes**
We were interested in the views of the elderly people and their carers on both local authority and private residential homes. How people viewed a particular type of home might have influenced which home the elderly people moved into.

More than half of the elderly people simply did not know what differences there were between local authority and private homes (57 per cent). Local authority residents were less likely than private residents to be aware of any differences between the two types of home. Around 10 per cent considered that there were no differences and that local authority and private homes were exactly the same.

The main difference cited by local authority residents was that local authority homes were less expensive than private homes. Private residents also referred to this difference but were also more likely to say that private homes offered better care and more attention and were smaller than local authority homes. Three-quarters of the local authority residents did not know what advantages private homes offered, and the same proportion of private residents did not know what advantages local authority homes offered. Sixteen per cent of the private residents felt that local authority homes offered no advantages, while a similar proportion of local authority residents said the same about private homes.

Very few elderly people, therefore, were able to comment on the advantages of the two sectors and those cited tended to be offered by residents living in that type of home. Local authority homes were seen to be cheaper and to employ well-trained staff. Private homes were thought to provide good care and attention, in a smaller environment more like a home, with fewer rules and regulations and more privacy, usually because of the provision of single rooms.

Carers, on the other hand, who were frequently very involved in the decision about whether to move into care, were much more likely to hold strong opinions about public and private residential homes. The main differences were thought to be in the quality of care provided, the standard of accommodation, the size of the homes, the type of resident and the motivations for running the homes. But carers of elderly people who had moved into the different sectors held very different views.

Carers of local authority residents considered that the main advantage of local authority homes was the high level of regulation and inspection: ‘The checking procedures. I think things run by the local authority are more likely to be checked to keep up standards concerning hygiene and the daily care of old people...’ This was seen to be related to the accountability of the authority: ‘It is more accountable. They have more of a set standard to be maintained. Their recruitment of staff is probably more exacting...’
They also considered the staff to be well-trained and qualified and felt reassured by the fact that the homes were run to provide care for people and not for the profit of the home owners: ‘I think it’s better if they are not there for profit and they haven’t got their own ends in sight. Then they look after the residents’ interests...’

A wide range of other advantages were cited, including good quality care, security of tenure, permanency of staff, cost and the organisation of activities and outings. But a quarter of the carers of local authority residents could not think any advantages of local authority homes.

Carers of local authority residents were less familiar with the advantages of private homes. Forty-three per cent felt unable to comment, while 17 per cent said that private homes offered no advantages. The main advantage cited by these carers was the luxurious standard of accommodation: ‘The decor and ambience, if you like. The private ones are plusher. That’s the way they get them in. They look better, they’re in better settings. The council ones are more institutionalised, with stark corridors and stark rooms...’

But many, like the daughter of an elderly woman living in a local authority home in the southern area, questioned whether the care would be better than that provided by the local authority: ‘More top coating! Thicker carpet, an extra coat of paint, but who knows if the care is as good...’

Some felt that private homes would arrange more activities, while others referred to the fact that residents could choose which home they wanted to go to and once in, might be treated as an individual and have more say.

Carers of private residents, on the other hand, held, if anything, stronger views on the two types of home. They thought the main advantages of the private sector were the small size of the homes and the high number of staff per resident. These advantages were thought to result in a high quality of care and attention. These carers also commented on the the fact that private residents were less likely to be confused.

Other advantages cited included single rooms, a high standard of accommodation, the possibility of finding a place and moving in when necessary, without the wait associated with local authority homes, and residents being treated as individuals. There was also a feeling that if you paid for the service, then the quality must be better! The daughter of an elderly woman in a private home in the London area expressed this opinion: ‘You like to think that if you’re paying, you get that little extra treatment. If you pay more, it must be better...’

Carers of private residents saw cost as the main advantage of the public sector homes. A fifth of them commented on the high price of the private homes and the economic advantage of local authority homes: ‘The worry about a private home is that as the cost of living goes up, the charges go up. How you meet them, I don’t know. They drain your resources to the limit...’

Like local authority carers, the private carers acknowledged the high level of regulation and inspection of council-run homes, possibly indicating some concern about what they saw as the relative infrequency of inspection of individual private homes: ‘The staff don’t have an axe to grind. The council ones
are subject to tiers of management. They are top-heavy, but there are stringent controls. I suppose the private must be but I don’t know how much the private are inspected as against the public ones...

Some carers felt that more activities were organised in local authority homes, and that the homes generally had more amenities and facilities.

Overall, carers of both local authority and private residents generally considered the type of home in which the elderly person was living, whether local authority or private, offered more advantages than the alternative type of home. But carers of private residents recognised the cost advantages of local authority homes, as well as what they saw as the regulation and inspection of the homes by the local authority. Carers of local authority residents, on the other hand, recognised the higher standard of accommodation provided by the private sector.

It was also clear that carers of private residents had more idea of the pros and cons of each type of home, and were more likely to have considered the different types of home, than carers of local authority residents.

**Choice of an individual home**

It did not appear that the elderly people really had much control over the decision of whether to enter a private or local authority home. Very few had even considered the alternatives.

The rationing of beds in the local authority sector is of particular importance in the process of deciding which home the elderly person enters and is closely related to the reasons for entering care in the first place. Elderly people who enter residential care as the result of a crisis, such as a fall or an acute illness, who cannot look after themselves and cannot wait for a vacancy to arise in a local authority home, are more likely to enter a private home. People who enter residential care because they are lonely might not meet the physical or mental requirements which ration admission to local authority homes, and are also likely to enter a private home. On the other hand, people who have deteriorated over a period of time and who have received an increasing package of services, are more likely to have been considered for residential care and enter a local authority home as a vacancy arises.

All these factors affected the type of home to which the elderly person was admitted. The elderly people themselves did not have very much choice and the carers’ choice was influenced by their views of the different types of home, their financial position and bed space. But how much choice did the elderly people have about which specific home they actually moved into within a particular sector?

Two-thirds of all the elderly people said they had not had any choice about which home they moved into (67 per cent). Local authority residents were rather more likely to say that they had not had a choice (71 per cent compared with 63 per cent of private residents).

The main reason given by both local authority and private residents as to why they had not had a choice was that their carer had made this decision. Private residents were particularly likely to say that their carer had decided which home
they should move into. In many cases, as in the case of this elderly man in a private home in the northern area, the elderly person was pleased and relieved that someone else had done the choosing for them: ‘My daughter went all over the place to find a place. She’s topper, she is!’

In a few cases, it had been the GP or the hospital who had made the decision.

Elderly people sometimes said they had not had a choice of home because they had wanted to move into a particular home, either because they already knew it through day care or short-stay care, or because it had been recommended.

Sometimes people had had to move into a home very quickly, often following an accident or illness, and consequently there had been no time to look around at different homes and make a choice. Others said they had known nothing about the move, but had simply been brought into the home.

More than a third of the private residents, however, and more than a quarter of the local authority residents, said they had some choice of home. Around half of the private residents who said they had had a choice said that they themselves, or their carer, or in some cases both, had visited a number of different homes and had preferred the one into which they had eventually moved: ‘I went to see another home but it was too immaculate if you know what I mean. I wanted somewhere homely...’

The others had generally chosen a home because it was local to where they had lived or because it was near their carer: ‘We went to see another two but we liked this one the best. Also it was nearer my son and his wife...’

The local authority residents who said they had had a choice similarly said that they themselves or their carers had visited a number of homes and had chosen the home in preference to the others. Others had chosen the home because they already knew it or because it was near their carer or friends: ‘I did go and see another but I didn’t like it much. Anyway, I’d been here before for a short-stay.’

Two other important factors were highlighted by carers when they were asked whether the elderly person had had any choice over which home they moved into. Firstly, the shortage of local authority beds was again seen to restrict choice. Almost a fifth of the local authority carers said that the elderly person had not had a choice because there had been no beds available elsewhere and they had moved into the home because that was where a vacancy had arisen. And private carers had experienced the same problem. This daughter had been under pressure to find a place for her mother who was being discharged from hospital following a fall and a fractured hip: ‘I had to do it so quickly, she was coming out of hospital. It was a case of getting her in where she could. This had just opened up so I knew I’d get her in. We were the first ones. She’s called the “Queen of May”...’

Secondly, private carers often added that they had selected the home because it offered a single room: ‘She wanted to be in the one nearest us. But she didn’t want to share a room which she’d have had to have done in the others we saw...’
Who made the arrangements for the move into the residential home?

Only seven of the elderly people, all but two of whom were private residents, had actually made their own arrangements to move into a home. Half the elderly people said that their main carer, or another relative, had made the arrangements. Carers and relatives had made the necessary arrangements for as many as three-quarters of the private residents. This is really not surprising considering how involved carers and relatives were in the decision about whether the elderly person should move into residential care at all and their involvement in the decision as to which type of home the elderly person should move into.

Table 8.8 Who made arrangements for elderly people to move into residential home

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</tr>
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<tr>
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Base: all elderly people in residential care

(103) (52) (51)

Larger numbers of elderly people said that a member of the social services department had made the arrangements to move into the home. But residents of local authority homes were particularly likely to say that social services had arranged the move. Almost half of the local authority residents said that someone from social services had made the arrangements compared with less than 10 per cent of the private residents.

This is not surprising given the fact that the local authority residents were more likely to have been in contact with the social services department. It also reflects the fact that admission to a local authority home requires an assessment by a social worker. Most people who said that social services had arranged the move referred to the involvement of a social worker, including a few who specifically mentioned the hospital social worker. But a few mentioned the domiciliary care organiser and one mentioned a home help.
The local authority residents in the southern authority, who were more closely in contact with social services, were particularly likely to say that a social worker had made the arrangements. Residents in the northern area, on the other hand, where there was very little social work with elderly people, were less likely to mention social workers and more likely to refer to the social services department in general or domiciliary care organisers in particular.

Other people said to have arranged for the elderly people to move into the home included GPs and, to a lesser extent, hospital staff. It was clear, however, that health professionals generally played very little part in actually arranging for the elderly people to move into a home and this was confirmed by the carers we spoke to. A few of the elderly people said the staff at the residential home had made the arrangements for them to move into the home.

Arrangements for the move into residential care, therefore, was most likely to have been made by the social services department in the case of local authority residents, and by carers and relatives in the case of private residents. This confirmed the situation outlined by the social workers we spoke to, who said that while they might give elderly people information about private residential care, they would not, except under exceptional circumstances, become involved in the move into a private home.

Information about the residential home
Awareness and information about a home plays a vital role in any decision-making process. Choice can only be exercised when appropriate information is available to those making the decision, whether this is the elderly person or their informal carer.

How had the elderly people found out about the residential home in which they were living? The main source of information about the home came from the informal network. More than a third of the elderly people had heard about the residential home from their carer or relative, while others had heard from a friend or neighbour or simply through ‘word of mouth’. More than half the private residents said they had first heard about the home from their carer or relative. Elderly people who had lived with a member or members of their family were also likely to have heard about the home from a relation.

Local knowledge of the area was also important, with around one in ten of the residents commenting that they had lived in the area for a long time, sometimes all their lives, and had therefore always been aware of its existence. Some even remembered the home being built: ‘I’ve known about it for 35 years. I remember when it was built. I was born and bred in this town. I’ve always lived in the same street...’

But one in ten of the residents, mainly in local authority homes, said they had never heard of the home and only found out about it when they were admitted.

Professionals appeared to play only a small role in informing elderly people about the home they had moved into. This confirms the findings of our interviews with social workers, who generally gave little information about residential care to elderly people and their carers, particularly information on private homes.
Nevertheless, 16 per cent of the local authority residents had heard about the home from a social worker or other member of the social services team. Very few had heard of the home through written literature such as advertisements, but 8 per cent of the private residents said they had found out about the home from the list that was given to them by the council.

Carers, then, were the main means by which elderly people had found out about the home. But where had the carers themselves first heard about it? The carers of local authority residents were most likely to have heard about the home from one of four main sources: from a social worker, in some cases a hospital social worker, from the elderly person themselves, often because they had been to the home for day care or short-stay care, through local knowledge of the area or through their job – some carers were working in social or health care professions.

Carers of private residents, on the other hand, were most likely to have found out about the home from the list given to them by the council (25 per cent). But some, like this daughter who had been responsible for finding a home in the northern area for her 91-year old mother, were concerned about the lack of guidance in choosing a home: ‘I think it’s appalling that no-one can help you choose a private home. I asked the domiciliary care organiser to recommend one. He said he wasn’t allowed to. I suppose that’s fair but we have no way of knowing what homes are like. It’s just what you hear from other people or find out ourselves...’

Other important sources, however, included a relative or again, simply local knowledge of the area: ‘I knew it because of driving past it. I saw it converted, it was local knowledge...’

Written information about the home

We were interested to know to what extent the elderly people had been helped in making a choice through written information about residential homes. Only two of the local authority residents we spoke to had received written information about the home they now lived in, but more than a quarter of the private residents had done so, generally some form of leaflet, brochure or booklet about the home, either from the home directly or through their carer. Some, however, had not received the information until they had moved into the home. Only five of the elderly people, all private residents, had received written information about other homes.

However, more than two-thirds of those who had not received any written information about the home said that they would not have wanted any anyway. Some elderly people, mainly local authority residents, already knew the home through day care, short-stay care or because they had visited it, while others said they were happy with what they had been told: ‘I went by the fact that I’d stayed here before for a short-stay and I liked it...’
The private residents were more likely to say that they had simply left all the arrangements to their carer: ‘No, not really. I thought my step-son would sort it out for me...’

Some elderly people said there had been no need for written information because they had had to move into residential care and written information would not have made any difference to the outcome.

Carers, on the other hand, were more likely to have received written information about the home, especially carers of private residents. Almost half of the private carers said they had had written information about the home into which the elderly person had eventually moved, usually in the form of a brochure or leaflet received from the home itself.

Around two-fifths of the carers of private residents had also received information from other residential homes. This information was almost exclusively about other private homes and had usually been obtained from the council list of registered homes, but many had also received a brochure from other homes they had visited while seeking residential accommodation for their relative: ‘When we went round to the homes, they all gave us a copy of their brochure. It was part of our son’s report to Mother! We passed them on to her to look at...’

Like the elderly people, however, around two-thirds of the carers who had not received written information about the elderly person’s home said that they would not particularly have wanted any, mainly because of the great value and importance that they put on visiting the homes personally and judging for themselves: ‘No. The going to look was better. You could see for yourself what the set-up was...’

The daughter of an elderly man living in a private home in the northern area had visited several homes and she had clearly used her sense of smell to select which home her father would move into. It goes without saying that this type of information with the associated implications is just not available from a brochure produced by a residential home: ‘No, I followed my nose! A lot of it was what the place smelt like...’

**Visiting the residential homes**

So how many of the carers had visited the home? And more importantly, how many of the elderly people themselves had visited the home?

Two-thirds of the local authority residents had visited the home before they went in, compared with around half of the private residents. The local authority residents who had visited the home were quite likely to say that they had attended the home for day care, short-stay care or had had a trial stay there. The private residents, on the other hand, were more likely to have made a visit to the home, often with carers, and may well have stayed for lunch or for the day. Some had visited on several occasions: ‘About four times before taking the plunge. They welcomed me and gave me lunch. The actual proprietors themselves were very important. She is a trained nurse. They’re young – in their thirties – which I think is very unusual. It makes all the difference to the atmosphere...’
Almost half of the private residents and a third of the local authority residents, therefore, had not visited the home before they moved in. But only a quarter of these people said they would have liked to have done so. More often than not, private residents were quite happy to leave it to their carers to visit the home and make arrangements, while some local authority residents had at least moved into the home for a trial period before the final decision was made: ‘Elaine, my daughter, came. It was her decision. She said, "Did I want to see it?" but I took her word for it. She’s got good judgement. I just came straight in here...’

Since a substantial proportion of the elderly people had not visited the home into which they had ultimately moved, it was not surprising that few had visited other homes. Around a fifth of both the local authority and private residents had visited other residential homes, usually in the same area as the one they had entered. Most of them had only visited one other home, but a few of the private residents had visited two, three or even more. The local authority residents had usually visited other local authority homes, while the private residents had usually visited other private homes. Only a couple of the private residents had visited homes in the local authority sector, while the same number of local authority residents had looked at a private or voluntary home.

Virtually all the carers of private residents had visited the home into which the elderly person moved, but only two-thirds of the local authority carers had. Resident carers were also more likely than non-resident carers to have visited the home. The main reason for not visiting the home was because the move into residential care had been very sudden and so there had not been time to do so. Others had not visited because they had thought the elderly person was only going in for a short-stay, while many of the friends and neighbours we interviewed as carers said that they had had nothing to do with the arrangements.

We have seen that carers of private residents often shopped around quite a lot before choosing a home, so it was not surprising that around two-thirds of them had visited other homes apart from the one into which the elderly person moved. Many had visited only one other home, but some had visited two or three and around a fifth of the private carers had visited four or more other homes. But almost three-quarters of the carers of local authority residents had not visited another home.

**Influences on choice of residential home**

The elderly people themselves had very little knowledge about the different types of home. Many of them, therefore, had relied on their carers or professionals to make the decision about the type of home. The carers themselves tended to have strong views on local authority and private homes, which had influenced which type of home the elderly person had moved into. But they had also been constrained by two factors; bed vacancies in the local authority homes and the cost of private homes. These factors had also affected which particular home the elderly person had moved into.
But the type of home also depended on the reason why the elderly person had been admitted to residential care. We have discussed the four main types of situation leading up to admission. The people who had entered residential care following some sort of crisis, such as a fall, fracture or an acute illness had frequently reached the point where they could no longer look after themselves at home. The move into a home was urgent. Because of the shortage of beds in local authority homes, these people tended to move into a private home where a vacancy could be found quickly.

Then there were the people who had deteriorated over a period of time. They had generally received increasingly large packages of care from social services and as they deteriorated, their admission, generally to a local authority home, was planned.

The elderly people who had made the decision themselves to move into residential care because they felt lonely and isolated had generally moved into a private home. The admission to care would probably not be considered urgent by professionals and these elderly people might expect a very long wait for a local authority bed. They had often been advised to move into a private home where a vacancy could be found, though many had wanted to move into this type of home anyway.

Admission to a home because of pressure on the carer might result in admission to either a local authority or a private home and there was a great deal of variation in the extent to which the elderly people had been involved in choosing a home.

The elderly people we interviewed generally had very little real choice about either the move into residential care or the particular home they would move into. There were, however, two extreme situations in our sample. Firstly, there was a group of people who were generally mentally alert and relatively physically able but who were becoming increasingly lonely and isolated. They had actively made the decision to move into a home for the companionship and care it offered. These people accounted for around a fifth of the sample. They had usually entered a private residential home and had often been active in seeking an appropriate home.

At the other extreme, there was a group of people who had not wanted to enter residential care and who felt they had not been consulted about the move. They felt there had not been enough discussion, they had not had enough control and had felt under pressure to enter a home. These people also accounted for around a fifth of the sample. Some had entered a local authority home, others a private home. They had usually been admitted to care following a crisis, having been told that there was no way they could stay at home, or they had moved into a home, possibly under duress, to relieve their carers, many of whom had been caring for some considerable time. These people were generally very unhappy about the move into residential care and had generally not settled in the home very well.

The rest of the sample, accounting for around three-fifths of the elderly people we interviewed, had generally not positively chosen to move into care but
had usually accepted the situation and had participated to varying degrees in the decisions about the home.