

# **Self-Funded Admissions to Care Homes**

Ann Netten, Robin Darton and Lesley Curtis

Discussion Paper 1705/4  
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### ***Notes on terminology and symbols***

1. Percentages shown in the tables have been rounded to whole numbers and may not sum to 100 due to rounding. The following symbols have been used in the tables: '<1' denotes non-zero percentages of under one per cent; 'na' denotes information that was not available; and '-' denotes inapplicable items of information.
2. Results of statistical tests are reported in the form of  $p$ -values, where, for example,  $p < 0.05$  indicates that there is only a 0.05 (or 5 per cent) probability that the difference examined occurred by chance.

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## **The Authors**

**Ann Netten** is Director of the Personal Social Services Research Unit at the University of Kent. She worked in local authority social services before joining the Unit in 1987. Much of her work has focused on cost estimation, covering diverse areas such as health and social services, informal care, and the criminal justice system. Her other interests include care of older people, particularly environmental aspects of residential care, developing theoretical approaches to the evaluation of community care and measuring outcomes of social care.

**Robin Darton** is a research fellow at the Personal Social Services Research Unit at the University of Kent. He has a background in psychology and statistics, and joined the Unit in 1979. His research interests are in health and social services provision for elderly people and in methodological issues relating to the design and analysis of studies of health and social care. He has been involved in several major studies of care homes, work on long-term care demand and finance, and work on care management, including the Darlington Community Care Project for Elderly People.

**Lesley Curtis** is a research officer at the Personal Social Services Research Unit at the University of Kent. She joined the Unit in 1999, having previously worked in the field of health services research. Her research interests include costing services and care homes research.



## Summary

### Background

1. The problems that individuals and society as a whole will have in financing the costs of care of elderly people is an issue of immense current concern. Although long-term care can be provided in private households, for the most part high cost care is still provided in residential or nursing home settings. The degree to which the costs of such care will fall to individuals themselves (directly or through insurance schemes) or be borne by the state will depend on government policies both now and in the future. It is crucial to the understanding of the impact of such policies that we have an understanding of the resources on which individuals can draw, the degree to which they take advantage of benefits already available to them and the circumstances that lead to admission to care homes.
2. The Family Resources Survey provides regular information about the resources available to individuals and households in the community. Two studies commissioned by the Department of Health have provided a cross-sectional picture of the characteristics of homes and their residents and a prospective analysis of the characteristics of publicly-funded admissions and mortality and dependency outcomes over a 42-month period in England. This study aims to fill the important gaps remaining: the circumstances, characteristics and expected outcomes of self-funded residents on admission. Self-funded residents are those where no contribution to the fees is made by the local authority or the NHS.
3. The objectives of the study were:
  - to establish whether self-funded people who are admitted to residential care differ significantly in terms of financial assets and informal support from elderly people in private households;
  - to establish the extent to which self-financed residents are admitted at levels of dependency that might have been maintained in the community;
  - to investigate the process of admission and whether those people with lower levels of dependency are admitted through choice or lack of access to appropriate alternatives;
  - to investigate factors associated with the choice of home;
  - to identify the level of receipt of non-means tested benefits; and
  - to estimate expected length of stay of self-funded residents.

## **Method and response rates**

4. There are considerable methodological problems of sensitivity and access in obtaining information about people at the point of admission to care homes. A feasibility study preceded the main study and fed into the design. For the main study a sample of 500 homes in England, Scotland and Wales was approached and, among the 481 (96 per cent) that were prepared to participate, a retrospective sample of admissions over the previous six months identified. Home managers where there had been a self-funded admission were interviewed about the home and the resident. If the resident had been admitted during the previous two months information was collected about their dependency characteristics at admission. Where there was a relative or friend of the resident, permission was sought to contact them to identify more detailed information about the circumstances of the admissions and the formal and informal resources on which the resident could draw. This process was repeated prospectively every few months so all self-funded admissions were identified over a fourteen-month period during 1999/2000.
5. In total, information was collected about 921 residents admitted to 292 homes, 599 of whom were admitted to a residential place and 322 to a nursing place. This represented a rather higher proportion being admitted to residential (65 per cent) than had been expected. However, examination of the data revealed that the potential source of bias towards people admitted to residential places was very limited, so unweighted data has been used throughout.
6. The name of a relative or friend was identified for 609 cases (65 per cent of the sample). Responses were obtained from 331 relatives or friends (a response rate of 54 per cent). The nature of the design was such that full information about both dependency characteristics (from the home manager) and circumstances of admission (from a relative or friend) was available on relatively few residents (148).

## **Homes**

7. The characteristics of the homes included in the 1999 survey were generally very similar to those of the homes included in the 1996 Department of Health funded cross-sectional survey (Netten et al., 1998), despite the fact that the 1999 survey included homes which catered specifically for self-funded residents, whereas the 1996 survey covered all homes.

8. Improvements in standards of provision of single bedrooms and en suite toilets were recorded in the 1999 survey, and this is consistent with the results reported by Laing and Buisson (2000) from their market surveys.
9. Nearly all of the homes in both the 1996 and current study provided short-term or respite care, with the exception of voluntary residential homes in the 1996 survey, for which the proportion was 80 per cent.
10. However, rehabilitative care was provided by fewer homes, and the proportions of dual registered homes and nursing homes in the 1999 survey which provided rehabilitative care were lower than the figures for the 1996 survey.

### **Characteristics of self-funded residents and circumstances of admission**

11. Compared with publicly-funded residents, self-funded people tended to be older and less likely to be married. This is to be expected as those who are married home-owners will be entitled to public support at a lower level of assets as the value of the home is not taken into consideration unless the partner no longer needs the property. This also explains why a relatively high proportion, 40 (or 27 per cent) of the 148 married people, were moving into a home at the same time as their spouse. These couples were more likely to move into residential than nursing or dual registered homes.
12. Among self-funded admissions, the proportion moving into homes directly from hospital was not associated with type of place. This was in contrast with publicly-funded residents, where a higher proportion admitted to nursing places came directly from hospital. Fewer than half of self-funders were admitted from hospital, compared with nearly two-thirds of publicly-funded admissions ( $p < 0.05$ ).
13. As had been hypothesised, self-funders were significantly less dependent than publicly-funded residents on admission, both in terms of physical functioning and cognitive impairment ( $p < 0.05$ ). This was particularly true among those admitted to residential homes. If the proportion of self-funders in the lowest dependency group were the same as publicly-funded residents then we would expect about 15 per cent fewer self-funded residents.
14. However, home managers identified a higher rate of disorders and diseases than social workers had done in the study of publicly-funded admissions that had been conducted four years previously. This was particularly true of depression in residents overall and malignancy in those admitted to a nursing place. While there may be an underlying difference, it is more likely the difference is related to the

role of the informant. Those involved in day-to-day care and administering medications are more likely to have full information about diagnoses.

15. However, this cannot explain in full the quite dramatic difference in reported need for nursing care tasks. A significantly higher proportion of self-funded people were identified as needing at least some type of nursing care (76 per cent compared with 43 per cent among publicly-funded residents) ( $p < 0.05$ ). This was particularly true of nursing tasks defined as 'ongoing monitoring' (49 per cent compared with 4 per cent of publicly-funded admissions) and 'other medication' (64 per cent compared with 3 per cent).
16. Informal support network type was associated with the types of care being received, and those receiving supervision; physical help; personal care; and/or taking medicine prior to admission were significantly more dependent on admission.
17. At least somebody was visiting all the older people before they were admitted: just two people had less than weekly face-to-face contact with a relative, friend or neighbour. About two-thirds (64 per cent) saw somebody daily. The majority of the remainder (25 per cent of the sample for whom information was available) had contact at least two or three times per week.
18. Service receipt was rather less evident. Over half the sample (55 per cent) had home care, with the majority, 46 per cent of the sample, having at least some of it organised by the local authority. In the survey of publicly-funded admissions 64 per cent were receiving home care prior to admission. Self-funders appeared to have less access to local authority arranged home care services prior to admission and received fewer hours per week. Fifteen per cent of those receiving home care services had topped these up through private provision. People arranging private provision received more hours per week than those where the local authority had organised the care (an average of 24 hours compared with eight hours per week). Service receipt was not related to level of impairment on admission.
19. Over 90 per cent of the sample had unmet needs prior to admission in at least one of the core social care domains of food and nutrition, personal care, the relative's concern for their safety, social participation and involvement and control over daily life. There was some evidence that unmet needs for social participation and involvement were associated with lower levels of dependency suggesting that some of the motivation for entering a home would be for the company it would provide.
20. The local authority had assessed about half of the residents prior to admission, but was involved in negotiating the placement in less than a fifth of cases. The resident was involved in the decision to go into the home and the choice of actual

home in a minority of instances. As we would expect, relatives, mostly sons and daughters, dominated in the decision making process.

21. Location of the home, 'general atmosphere' and availability of places were the most important factors in both accepting and rejecting homes.

### **Income and assets**

22. Information about home ownership was available for 848 of the residents, 81 per cent of whom were homeowners prior to admission. This is rather lower than might be anticipated for this group, but there was little evidence that non-home owners had owned homes in the past. Those people who do not own homes at the time of admission will not benefit from policies such as those disregarding this component of assets during the first three months. The evidence here suggests that a fifth of new admissions fall into this category. Moreover, these are not people who have accumulated a high level of financial assets, either through prior home ownership or any other way.
23. In terms of overall levels of assets there was some evidence that a small proportion (6 per cent) of people were being admitted to homes as self-funders when they were entitled to public support. Overall, a third had assets of £60,000 or less but nearly two-fifths had assets in excess of £100,000.
24. Information on the value of the residents' average weekly income was available for 309 residents. For these people, the mean and median incomes were £184 and £150 per week respectively. There were no significant differences between the residents admitted to residential and nursing places in terms of the distribution of average weekly income.
25. Information about assets and income was combined to identify the distribution of people across different income and asset groups. We used £200 per week income and £50,000 in assets as cut-off points. The low-income high-asset group on this basis constituted just over a third (35 per cent). Over a quarter of self-funders (26 per cent) were in the group with relatively low assets and income. Only 7 per cent had relatively high incomes but low assets. Although a smaller proportion in residential homes were in this group there was no statistically significant relationship between income and asset groupings and the place to which people were admitted.
26. As expected, levels of assets and income among admissions to self-funded care were higher than among the general population of older people living in private households. Unlike the figures for people living in private households, there was

no clear relationship between levels of income and levels of assets for the residents in the survey.

### **Benefit receipt**

27. We would expect almost everybody in the study to be entitled to Attendance Allowance. In practice, just 67 per cent of the sample were claiming. There was no relationship between reported level of dependency on admission and whether people were receiving Attendance Allowance.
28. About 10 per cent of admissions were receiving Income Support, compared with 15 per cent in the general population of this age group. Average level of income from this source was only available for 23 cases. These were receiving an average of £78 from this source, compared with £43 per week among people 65 or over in the general population.
29. Receipt of benefits was significantly associated with level of income, with those on the lowest and highest levels of income least likely to be claiming. Those on incomes of between £100 and £200 per week were most likely to be claiming Attendance Allowance or Income Support. Other wealth and education-related factors, socio-economic group, levels of financial and total assets and home ownership, were not associated with benefit receipt.
30. Contact with the local authority prior to admission was associated with benefit receipt. Of those having contact with the local authority, 77 per cent were receiving benefits, compared with 57 per cent of those who had not had contact ( $p < 0.001$ ). However, 24 of the 34 people identified above that had very low incomes and were not claiming benefits had been in contact with the local authority. Those people who had been receiving local authority arranged services prior to admission were much more likely to be in receiving benefits than those were using non-local authority services or no services at all (82 per cent compared with 61 per cent,  $p < 0.001$ ).

### **Charges and spenddown**

31. Mean charges to residents were £275 per week for residential places and £371 per week for nursing places. Approximately 85 per cent of residents occupied single rooms, and paid a premium of approximately £30 per week, on average, compared with residents sharing a double room. Previous work had indicated that self-funders tended to pay a premium. By the time of the study, self-funders appeared to be more likely to be charged the same as publicly-funded residents.

32. In 91 per cent of cases the resident was either solely responsible for paying the charges or was paying with assistance from the (then) Department of Social Security. In the remaining 9 per cent of cases the resident was receiving financial assistance from their spouse or a relative.
33. Sixteen per cent of residents had a weekly income that exceeded the charge for their care. Approximately 70 per cent of residents had a weekly income that was insufficient to meet the charge for their care, but had assets of more than £16,000. Two-thirds of these were estimated to have sufficient assets to fund the shortfall for more than five years, but 10 per cent were only estimated to have sufficient assets to fund the shortfall for up to one year. Five per cent of residents had a weekly income that was insufficient to meet the charge and assets of no more than £16,000. In all but one case, these residents had assets of no more than £10,000, and none were previously homeowners.
34. Since the study, there was an increase in the capital limits and the introduction of an initial three months' stay during which the value of the person's home would be disregarded. This would have the effect of reducing the proportion of residents who spent down to the upper limit soon after admission, while increasing the proportion eligible for local authority financial support. However, the overall distribution of the estimated length of time that the resident's assets would last was similar to that for the previous charging regulations.
35. Information obtained from relatives and friends suggested that the financial position of residents who had assets that were estimated to last for several years was reasonably secure. However, for residents with lower levels of assets there was more uncertainty about the likely spenddown duration. Residents with low levels of assets formed a small group, but there was some evidence that their relatives were unsure of the financial arrangements that could be made. Thus, for these groups of residents in particular there would appear to be a need for more information and advice.

### **Life expectancy**

36. Application of a survival analysis model derived from a previous survey of publicly-funded residents to the survey of self-funded residents produced the same median estimated life expectancy overall (19 months) and for individuals occupying a residential place (26 months). For individuals occupying a nursing place, the median estimated life expectancy for self-funded residents (9 months) was lower than for publicly-funded residents (12 months). The self-funded residents had higher levels of physical and mental functioning than the publicly-

funded residents, but they were older, and self-funded residents admitted to nursing places were more likely than publicly-funded residents to have been suffering from disorders and diseases, and to have been admitted from hospital.

# **Chapter 1**

## **The Study**

### **1.1 Background**

The problems that individuals and society as a whole will have in financing the costs of long-term care of elderly people is an issue of immense current concern. Although long-term care can be provided in private households, for the most part high-cost care is still provided in residential or nursing home settings. The degree to which the costs of such care will fall to individuals themselves (directly or through insurance schemes) or be borne by the state will depend on government policies both now and in the future. Crucial to understanding the impact of these policies is information about the circumstances and expectations of older people who are admitted to residential or nursing homes. In particular, information is needed about the resources of people admitted (both in terms of informal support and financial assets), the precipitating causes of admission (including dependency), the likely costs of care, and the length of time over which these costs will be incurred.

Since this survey was commissioned a number of new policy initiatives have been introduced which have consequences for self-funders. In particular, in response to the Royal Commission on Long Term Care (Cm 4192-I, 1999) the government is introducing free nursing care, increased levels of entitlement to statutory support through a three month disregard of the value of the home and increase in levels of assets allowed (Cm 4818-I, 2000). These are described in more detail in Chapter 4.

### **1.2 Previous Research**

There are two central government departments with a key interest in this area: the Department for Work and Pensions (DWP), formerly the Department of Social Security (DSS), and the Department of Health (DH). Each Department has funded a variety of research projects that provide information which can be drawn on in the process of evaluating the issues around the funding of long-term care. Two are of particular relevance here. The DWP funds the Family Resources Survey (FRS), an annual survey first conducted in 1993/94 of 26,000 households in Great Britain, 34 per cent of which included a person over pensionable age. This survey includes information about income and assets and the degree to which individuals draw on or provide informal support where there is disability. The DH has

funded the Personal Social Services Research Unit to undertake linked studies of residential and nursing home care in England that have identified:

- the characteristics of a sample of over 2,500 local authority-funded residents admitted in the autumn and winter of 1995/96;
- mortality, location and dependency of these admissions over time; and
- the characteristics of the current population of homes in a cross-sectional survey of over 600 residential and nursing homes in the autumn of 1996.

The data collected in these studies were collected on a comparable basis to data collected in the General Household Survey (GHS).

Between them, these surveys, currently and in the future, will provide a valuable fund of information:

- financial assets, income and benefit receipt of elderly people in private households (FRS);
- informal care support of elderly people in private households (FRS);
- financial assets, income and some information about benefit receipt of people who, on admission, are funded or partially funded by local authorities with known initial levels of contribution towards fees (DH-funded studies);
- dependency characteristics of local authority-funded admissions and all types of funded resident in residential and nursing homes (DH-funded studies);
- cost of local authority provision and fees of independent providers which will be linked to characteristics of residents, characteristics of homes and market-related factors (DH funded studies); and
- mortality and length of stay data about local authority-funded residents which will be linked to characteristics on admission (DH-funded studies).

But there are important gaps. There is no information about receipt of non-means tested benefits (Disability Living Allowance and Attendance Allowance) prior to and after admission to residential care. The results of the DH-funded studies to date suggest that a proportion of self-funded residents are less dependent than publicly-funded residents on admission (Netten et al., 1998). This raises the issue of the extent to which this is occurring and whether such residents are admitted through choice or lack of access to appropriate alternatives. This is important from a public funding perspective because if residents who could have been living in private households are being admitted they are likely to live longer in care and be more likely to run out of assets. For all self-funded admissions the circumstances of admission, their financial resources, their access to services and to informal

care will affect the decision to enter care. This, together with the type of home that they decide to enter, the price agreed, and their expected length of stay, could have important future financial implications for public funding. Moreover, a recent small-scale qualitative study (Wright, 1998) suggested that rules about the capital limits to savings are often misunderstood, resulting in the savings of people in care homes continuing to be used to meet care costs well below the £16,000 limit. This suggests that the current observed levels of spend-down are below the levels that should prevail.

### **1.3 Aims and Objectives**

The overall aim of the study was to identify the circumstances and probable outcomes of older people (defined here as people aged 65 and over) who move into care homes and who fund their own care. The objectives of the study were :

- to establish whether self-funded people who are admitted to residential care differ significantly in terms of financial assets and informal support from elderly people in private households;
- to establish the extent to which self-financed residents are admitted at levels of dependency that might have been maintained in the community;
- to investigate the process of admission and whether those people with lower levels of dependency are admitted through choice or lack of access to appropriate alternatives;
- to investigate factors associated with the choice of home;
- to identify the level of receipt of non-means tested benefits; and
- to estimate expected length of stay of self-funded residents.

### **1.4 Study Design**

There are major methodological difficulties in establishing the financial and other circumstances of self-funded admissions (Darton et al., 2000). Establishing appropriate sources of information and achieving a reasonable response rate is problematic at a time in their lives when elderly people themselves are very vulnerable, and relatives and home managers are likely to be very defensive. Moreover, in the survey of local authority-funded admissions, 80 per cent of elderly people showed some signs of cognitive impairment and 35 per cent were severely cognitively impaired. In addition, there are always difficulties in identifying reliable financial information under any circumstances.

In order to identify the feasibility of a full-scale survey a small-scale study was undertaken prior to the main survey. This identified the data that need to be collected, devised a broad methodology for collecting data and identified the size of the sample required to answer the aims of the survey. Residents themselves were rarely clear about their financial circumstances on admission, so any information that was gathered from this source was likely to need to be verified. Often nobody at the care home knew anything about finances. The most reliable and informed source was the relatives who were usually very involved in the decision making. However, some information was regularly available at homes about all admissions (such as age, gender, marital status and previous address).

In the light of the findings of the feasibility study, it was decided not to collect any information directly from elderly people, although their permission for participation would be sought. Instead, attempts would be made to interview a relative, wherever one could be identified. Where there was no relative, home managers would be asked a limited number of questions about the resident's finances, to mirror the questions in the interview conducted with relatives. It was decided that relatives would be approached for an interview four to six weeks after the time of admission, since this period of time is used by homes and local authorities as a settling-in period and to determine whether the placement should be considered to be permanent.

#### ***1.4.1 Sample design***

A detailed discussion of the sample selection procedure is given in Appendix B. The sample was designed to yield an achieved sample of 1,000 individuals, with around 500 admissions to residential places and 500 admissions to nursing places. Using information collected in the 1996 cross-sectional survey (Netten et al., 1998), it was estimated that 1,000 self-funded individuals would be admitted to approximately 375 homes in one year. Allowing for nonresponse and for those homes that did not admit self-funded residents indicated that an initial sample of 500 homes would need to be selected (Netten et al., 1999).

A two-stage sampling procedure was employed, with local authorities forming the PSUs (primary sampling units) and homes forming the second-stage units. Although national information was available on the number of homes, no national information was available for admissions. Since the aim of the survey was to produce national estimates for self-funded admissions, the sampling procedure was designed to yield an equal probability sample of homes. At the first stage, a sample of 28 local authorities or groups of local authorities was selected using systematic sampling applied to a list of local authorities ordered geographically and, in England, by type of authority. At the second stage, the A-Z Care

Homes Guide Data-on-Disk database was used as the sampling frame for selecting homes. Again, a systematic sampling procedure was used to select the homes.

The main sample consisted of 350 residential homes, 95 nursing homes and 60 dual registered homes. Five homes were selected out at random to reduce the sample to 500 homes. As noted in Appendix B, the proportion of nursing and dual registered homes selected for the survey (31 per cent) was lower than the estimated proportion nationally (39 per cent). However, the national figures were based on estimated numbers of homes for elderly people, and the calculation of weights, based on places in homes, indicate that the proportions of residential and nursing places were closer to the national figures (see below).

#### ***1.4.2 Fieldwork procedure***

The details of the fieldwork procedure, which was conducted by the National Centre for Social Research, are given in Appendix C. Appendix D includes copies of the questionnaires used.

In July 1999 each home was approached to recruit them to the study and identify all self-funded admissions over the previous six months. A self-funded admission was identified as a person who had been admitted on a permanent basis, who was not receiving any funding from the local authority or NHS, other than on a temporary basis while their previous accommodation was being sold. Permanent admissions were defined as people who had no fixed date when they were going to leave the home as most permanent admissions initially enter the home on a trial basis. People who had been in other care homes before admission for six weeks or more were excluded as not being new admissions to care.

Interviews with home managers were conducted for those homes where there had been any admissions, and information collected about those individuals. All homes that were recruited to the study were contacted on a bimonthly basis on three more occasions to identify new admissions during the period. The final wave of contacts was delayed to allow a four-month interval, as the rate of admission was slightly lower than had been anticipated. The fieldwork period ended in March 2000.

For each identified admission where there was a contact, a letter was sent to relatives to inform them about the survey and to give them an opportunity to opt out of any further participation. Face to face interviews were conducted with the majority of relatives, although a minority of respondents, who lived some way from any of the participating authorities, completed a postal version of the questionnaire.

Thus the data collected consisted of:

- a home manager interview about the characteristics of the home;
- an interview with the home manager about the characteristics of individual residents admitted during the period. For those admitted within two months of the interview information was also collected about dependency characteristics on admission; and
- an interview about circumstances prior to and on admission with a relative or friend, for those residents who had not died shortly after admission and where such an individual could be identified.

### **1.5 Response Rates**

The description of the response to the survey given here summarises the final outcome of the fieldwork. Table 1.1 summarises the response to the survey. A detailed description of the outcome of each wave of the fieldwork is given in Appendix C. The 500 selected homes were included in the pre-screening exercise conducted by telephone in order to determine whether the named individual recorded on the A-Z Care Homes Guide Data-on-Disk database was the correct person to approach for the main survey. At this stage, 19 homes either refused to provide contact details or to participate. Among the remaining 481 homes which formed the eligible sample for the main stage of the survey, 292 were reported to have had an admission of one or more self-funded residents during the survey period, and interviews were conducted with the manager of each of these homes. Resident-level data were obtained for 1,076 residents in 283 of these 292 homes. The remaining homes either turned out not to have had any admissions during the survey period or did not participate in the survey after the initial interview. In the case of five of the 292 homes, the data collected about the home were found to be unreliable during the editing stage and were treated as missing data.

The survey was intended to cover new admissions to residential or nursing home care. Individuals who transferred from another residential or nursing home were not intended to be included unless they had been in the previous home for no more than six weeks. However, 154 individuals who had been admitted from another home following a stay of more than six weeks were included in the dataset. In addition, two residents were aged under 65 at the time of admission, of whom one had been admitted from another home. Thus, 921 of the 1,076 residents were within the scope of the survey. These residents were accommodated in 270 of the 283 homes.

**Table 1.1: Response to the survey**

| <i>Response category</i>                            | <i>Number of homes</i> | <i>Number of residents</i> |
|-----------------------------------------------------|------------------------|----------------------------|
| Homes selected for sample                           | 505                    | -                          |
| Homes selected for pre-screening                    | 500                    | -                          |
| Homes declined to participate                       | 19                     | -                          |
| Homes available for main stage of survey            | 481                    | -                          |
| Homes reported self-funded admissions (interviewed) | 292                    | -                          |
| Resident Questionnaire completed                    | 283                    | 1076                       |
| Residents within scope of survey                    | 270                    | 921                        |
| In residential place                                | 207 <sup>1</sup>       | 599                        |
| In nursing place                                    | 85 <sup>1</sup>        | 322                        |
| Family/Friend Questionnaire completed               | 153                    | 331 <sup>2</sup>           |
| Residents in residential places                     | 108 <sup>1</sup>       | 228                        |
| Residents in nursing places                         | 53 <sup>1</sup>        | 103                        |

Notes:

1. Discrepancy with total number of homes due to inclusion of dual registered homes.
2. Excluding one questionnaire completed for resident not in scope of survey.

Information on the level of physical and mental functioning of the elderly people admitted to homes was only recorded for those residents who were recently admitted to the home, defined as two months prior to the interview, in order to provide greater comparability with the survey of publicly-funded admissions. Among the 921 elderly residents within the scope of the survey, 402 were recorded as having been admitted in the two months prior to the interview. These 402 cases included 140 residents in nursing places (34.8 per cent) and 262 residents in residential places (65.2 per cent).

For the 921 residents within the scope of the survey, home managers reported that 651 had a family member or a friend who might be contacted for information about their circumstances prior to admission to the home. This question was not asked for the 154 individuals who had been admitted from another home following a stay of more than six weeks or about the 107 residents that had died by the time of the interview. In 609 cases information for contacting the family member or friend was obtained from the manager or they agreed to post a questionnaire to the person identified. Responses were obtained from 327 of these

individuals (53.7 per cent), and from four additional individuals who contacted the survey company directly, giving a total of 331 interviews with relatives or friends.

There was a slightly lower proportion of people admitted to nursing home places (31 compared with 35 per cent in the main sample). This is to be expected as a higher proportion of people admitted to nursing homes die shortly after admission. There was no difference in terms of age and gender, although there were some differences in marital status (see Chapter 3). It is not surprising that there were interviews with relatives for a lower proportion of those who had never been married, as nearly two thirds of these interviews were with sons or daughters of the older person (see table 1.2). Only 8 per cent were friends rather than relatives. In only two instances did a representative of the home feel able to provide detailed background information about circumstances prior to admission and levels of asset and income.

Of the 331 relatives and friends, 251 responded to a final open-ended question asking for any comments they would like to make about the funding of care for older people. Of these, 75 were analysed. People had a range of experiences and the aim of the question was to highlight issues that had not been, or could not be contained in the main part of the questionnaire, rather than to explore these experiences in depth. Although the question asked about funding, people used it to express opinions on a range of subjects. This means that, on issues other than those related directly to funding, it is difficult to judge how widespread the concerns expressed were. We might suspect that those with particularly strong feelings would be more likely to express them here. However, the results provide us with a helpful insight into various issues of concern and are incorporated into the relevant sections throughout the report.

**Table 1.2: Relationship of respondent to Family/Friend Questionnaire to resident**

| <i>Relationship to resident</i> | <i>No.</i> | <i>%</i> |
|---------------------------------|------------|----------|
| Spouse (married)                | 22         | 7        |
| Son/daughter                    | 205        | 62       |
| Brother/sister                  | 14         | 4        |
| Other relative                  | 53         | 16       |
| Spouse (separated/divorced)     | 2          | <1       |
| Friend                          | 26         | 8        |
| Representative of home          | 2          | <1       |
| Other                           | 6          | 2        |
| Not answered                    | 1          | <1       |
| Total                           | 331        | 100      |

### 1.6 Sources of Bias and Weighting

The aim here is to provide nationally representative data as far as possible. We investigated whether there was a need to weight the data but the data shown in this report are not weighted as the effect of such weighting on the results is minimal, but considerable estimation is required to weight each result appropriately. Here we describe potential sources of bias and the effect of applying weights.

The principal focus of the survey was on individuals admitted to residential or nursing home care. Some information was obtained about the homes that provided accommodation, as described in Chapter 2. However, since the survey concentrated on individuals, the main purpose of constructing weights was to ensure that overall estimates properly represented admissions to residential and nursing home care. The weights were designed to adjust for over- or under-representation by the respondent homes of the number of residential and nursing places nationally. The admission rates of self-funded residents to residential and nursing places among the respondents were thus treated as unbiased estimates for all homes.

National information on the number of residential and nursing homes relates to 31st March of each year, and has been published for 1999 for England, Scotland and Wales. Some information has also now been published for 2000. In the case of nursing homes, information published for England for 1998 (Department of Health, 1998b) excluded private hospitals and clinics, and included the number of registered beds for older people. However, information published for England for 1999 (Department of Health, 2000a) and, more recently, for 2000 (Department of Health, 2001d), included private hospitals and clinics, and did not show the number of registered beds for older people. In addition, information published on dual

registered beds is restricted to residential beds. Additional information relating to nursing homes in England for 1999 was supplied by the Department of Health to correspond to the information published for 1998, and the Department also supplied information on the number of residential and nursing beds in dual registered homes. For Scotland and Wales, the information published for 1999 and 2000 did not distinguish dual registered beds. However, information published for Scotland for 1997 included beds in dual registered homes in the figures for residential care and nursing homes (Scottish Office, 1998b), and indicated that they formed a smaller proportion of residential beds than in England. Table 1.3 shows the estimated number of residential and nursing home places for older people in England, Scotland and Wales for 1999 and 2000 and the proportion of residential and nursing places in each year.

**Table 1.3: Estimated number of residential and nursing home places for older people, 31 March 1999 and 31 March 2000**

| <i>Country</i> | <i>31 March 1999</i>           |                            | <i>31 March 2000</i>           |                            |
|----------------|--------------------------------|----------------------------|--------------------------------|----------------------------|
|                | <i>Residential home places</i> | <i>Nursing home places</i> | <i>Residential home places</i> | <i>Nursing home places</i> |
| England        | 211760                         | 152450                     | 213424                         | 145949 <sup>1</sup>        |
| Wales          | 9540                           | 10836 <sup>2</sup>         | 9540 <sup>3</sup>              | 10653                      |
| Scotland       | 9424                           | 21718                      | 9289                           | 21228                      |
| Total          | 230724                         | 185004                     | 232253                         | 177830                     |
| Proportion (%) | 55.5                           | 44.5                       | 56.6                           | 43.4                       |

Sources:

Department of Health (2000a, b, c, 2001d) and retabulation by Department of Department of Health (2000b), with updated figures; Scottish Executive (undated (a), (b)); The National Assembly for Wales (2001); The National Health Service in Scotland Information and Statistics Division (2001).

Notes:

1. Estimated from 1999 proportion of nursing home places for older people.
2. Interpolated from 1998 and 2000 figures.
3. 1999 figures.

Among the 481 homes that formed the eligible sample, 292 homes were reported to have had an admission of one or more self-funded residents during the survey period, and interviews were conducted with the manager of each of these homes. However, resident-level data were obtained for 1,076 residents in 283 of these homes. The remaining homes either dropped out after the initial interview with the manager or were found not to have had any admissions. As explained above, 154 residents were found to be out of scope of the survey because they had been admitted from another home, following a stay of more than six weeks. In addition, two residents were aged under 65 at the time of admission, of whom one had been admitted from

another home. Thus, 921 of the 1,076 residents were in the scope of the survey. However, since the remaining 155 residents were admitted to vacant places during the survey period, the 283 homes were treated as the base number for calculating weights.

The 283 homes included 186 residential homes, 44 nursing homes and 53 dual registered homes. Calculation of the number of residential and nursing places in the 283 homes was complicated by places in some dual registered homes being registered as both residential and nursing places, and by inconsistencies in the responses to the relevant questions. For just over one-half of the dual registered homes (28 homes), the total of the number of residential places and nursing places corresponded to the total number of places. For these homes, 28 per cent of places were residential places and 72 per cent of places were nursing places. In 20 dual registered homes, some of the places were registered for both residential and nursing care, while the information was incomplete for the remaining five homes. For these 25 homes, the information on the number of residential and nursing places recorded in the sampling frame indicated that 33 per cent of places were residential places and 67 per cent were nursing places. Combining these figures indicated that 30 per cent of places in the 53 dual registered homes were residential places and 70 per cent were nursing places. Combining the estimated number of residential and nursing places in dual registered homes with the places in the residential and nursing homes produced overall proportions of 60 per cent of residential places and 40 per cent of nursing places. The unscaled weights are therefore 56/60 for residential home places and 44/40 for nursing home places. Table 1.4 shows the components of the weights and the scaled weights for the 921 residents in the scope of the survey.

**Table 1.4: Weights for residents in scope of the survey to adjust distribution of residential and nursing home places to national distribution**

| <i>Information</i>                                    | <i>Residential<br/>home places</i> | <i>Nursing<br/>home places</i> |
|-------------------------------------------------------|------------------------------------|--------------------------------|
| Estimated proportion of places nationally (1999–2000) | 0.56                               | 0.44                           |
| Estimated proportion of places in survey (283 homes)  | 0.60                               | 0.40                           |
| Number of residents (283 homes)                       | 599                                | 322                            |
| Weight (unscaled)                                     | 0.9333                             | 1.1000                         |
| Weight (scaled)                                       | 0.9412                             | 1.1093                         |

The effect of weighting data on residents is shown in table 1.5, for the information on resident dependency given by the Barthel Index of Activities of Daily Living (Royal College of Physicians and British Geriatrics Society, 1992). As shown in Chapter 3, residents in

nursing places had significantly higher levels of dependency than those in residential beds ( $X^2 = 110.3$ , 3 d.f.,  $p < 0.001$ ). The weighted figures shown in table 1.5 were obtained by reweighting the data for individuals to adjust for item nonresponse and then applying the weights for residents in the scope of the survey from table 1.4. The reweighting for item nonresponse assumed that the distribution of the Barthel Index was the same among those for whom information was recorded as those for whom information was not recorded. However, the effect of weighting for item nonresponse was small because the proportion of residents in nursing places for whom information on the Barthel Index was recorded (33.9 per cent) was similar to the proportion for whom no information was recorded (35.7 per cent). Even for this variable, which had significantly different distributions for residential and nursing places, reweighting the data on residents to correspond to the proportions of residential and nursing beds had little effect on the overall distribution of scores on the index. For this reason, the information presented in this report has not been reweighted.

**Table 1.5: Grouped Barthel Index of Activities of Daily Living for residents, by type of place (unweighted and weighted)**

| <i>Barthel Index of ADL</i>        | <i>Unweighted</i>        |                      |                   | <i>Weighted<sup>1</sup></i> |                      |                   |
|------------------------------------|--------------------------|----------------------|-------------------|-----------------------------|----------------------|-------------------|
|                                    | <i>Residential place</i> | <i>Nursing place</i> | <i>All places</i> | <i>Residential place</i>    | <i>Nursing place</i> | <i>All places</i> |
| Number of individuals              |                          |                      |                   |                             |                      |                   |
| Total                              | 599                      | 322                  | 921               | 564                         | 357                  | 921               |
| With valid data                    | 252                      | 129                  | 381               | 234                         | 147                  | 381               |
| Barthel Index of ADL (grouped) (%) |                          |                      |                   |                             |                      |                   |
| Low dependence (Score 13–20)       | 66.3                     | 18.6                 | 50.1              | 66.2                        | 18.4                 | 47.8              |
| Moderate dependence (Score 9–12)   | 18.3                     | 17.8                 | 18.1              | 18.4                        | 17.7                 | 18.1              |
| Severe dependence (Score 5–8)      | 11.1                     | 26.4                 | 16.3              | 11.1                        | 26.5                 | 17.1              |
| Total dependence (Score 0–4)       | 4.4                      | 37.2                 | 15.5              | 4.3                         | 37.4                 | 17.1              |

Note:

1. Weights: 0.9255 for a residential place, 1.1455 for a nursing place.

## 1.7 Conclusion

The funding of long-term care is an important policy area both nationally and internationally. Those people who organise and fund their own care are a difficult to reach group in research terms, but one that will be fundamentally affected by government policies both directly and indirectly. Self-funded residents in care homes are bearing substantial financial costs. It is important to have an understanding of their characteristics, the factors that affect the decision

to move into a care home, the resources on which they draw and the likely outcome in terms of length of stay and running out of assets.

Identifying this information presents considerable methodological problems. This study has succeeded in identifying some information about a substantial number of people admitted. Necessarily the design has meant that the number of people for whom we have detailed and complete data is limited. While every attempt has been made to make the information as nationally representative as possible, the results must be treated with caution.

Chapter 2 describes the characteristics of the homes from which the sample of admissions was drawn and sets these in the context of the PSSRU national survey conducted in England in 1996. Chapter 3 starts by identifying key concepts and a framework for considering the decision to enter a care home. This provides the context for a description of the characteristics and care circumstances of self-funded people on admission and key factors in the decision processes. Chapter 4 identifies the financial resources on which residents can draw, including an analysis of the factors associated with receipt of benefits. Chapter 5 draws together information from this study and the longitudinal survey of publicly-funded admissions to predict likely outcomes in terms of mortality, length of stay, length of time assets will last and likelihood of people requiring statutory support.



## **Chapter 2**

### **Home Characteristics**

#### **2.1 Introduction**

In order to provide a context to the information about residents, this chapter presents information on the characteristics of homes, drawn from the interview conducted with home managers. As explained in Chapter 1, the survey was designed to provide comparable information to that collected in previous surveys conducted for the Department of Health in 1995 and 1996. The longitudinal survey, begun in 1995, was concerned with admissions of publicly-funded older people to residential and nursing homes, while the 1996 cross-sectional survey collected information about a sample of homes and their residents. This chapter presents the information collected from home managers alongside that collected in the 1996 survey. The 1999 survey only included homes which were reported to have had an admission of one or more self-funded residents during the survey period. Thus, differences from the results obtained in the 1996 survey could be due to differences between homes catering specifically for self-funded residents and homes in general, as well as to sampling effects and changes over time. Where possible, the results obtained in the 1999 survey have also been compared with the results reported by Laing and Buisson (2000) from their market surveys.

The tables of information on home characteristics which accompany this chapter have been prepared according to a common format. For the 1996 survey, the homes were selected with probability proportional to size, and the data have been weighted to adjust for representativeness at the level of the type of authority, varying selection probabilities at the home level and varying response rate, as described in Netten et al. (1998). The numbers of homes shown in each table are the numbers of respondent homes which provided usable home-level data, and thus the information for the survey of self-funded admissions is based on 287 homes.

#### **2.2 Size of Homes**

Table 2.1 shows the mean size of homes, in terms of the number of places, the range of home sizes, the distribution of the number of places, and information on occupancy and turnover.

The mean sizes of homes in the 1999 survey were very similar to those of the homes in the 1996 survey. With the exception of private residential homes, the ranges of sizes were

narrower for the homes in the 1999 survey. Since the number of admissions during the survey period would have been correlated with the size of the home, smaller homes would have been less likely to have been included in the 1999 survey, whereas the selection procedure for the 1996 survey was not based on the number of admissions. The 1999 survey did not include any very large homes, although the largest nursing home had 95 places.

As in the 1996 survey, the sizes of private residential homes in the 1999 survey were concentrated in the 10–25 place range, and the sizes of voluntary residential homes were spread across the range of sizes. Dual registered homes and nursing homes had mainly at least 25 places, although 16 per cent of nursing homes in the 1999 survey were in the 15–19 place range.

As noted in Chapter 1, the calculation of the number of residential and nursing places in the homes in the survey was complicated by places in some dual registered homes being registered as both residential and nursing places, and by inconsistencies in the responses to the relevant questions. For 29 of the 56 dual registered homes, the total of the number of residential places and nursing places corresponded to the total number of places. For these homes, 28 per cent of places were residential places and 72 per cent of places were nursing places. In 23 dual registered homes, some of the places were registered for both residential and nursing care, while the information was incomplete for the remaining four homes. For these 27 homes, the information on the number of residential and nursing places recorded in the sampling frame indicated that 33 per cent of places were residential places and 67 per cent were nursing places. Combining these figures indicated that 31 per cent of places in the 56 dual registered homes were residential places and 69 per cent were nursing places. The mean numbers of residential and nursing places shown in table 2.1 for dual registered homes in the 1999 survey were calculated using the information recorded in the sampling frame for the 27 homes which had some places registered for both residential and nursing care or which provided incomplete information. The mean numbers of residential and nursing places in dual registered homes calculated for the 1999 survey were very similar to those for dual registered homes in the 1996 survey.

Full information on the number of permanent and short-stay residents in the 1999 survey was available for 286 of the 287 homes which provided home-level data. However, in 12 cases the occupancy rate exceeded 100 per cent, suggesting that there had been double-counting of the permanent and short-stay residents. The information given in table 2.1 on the number of residents, occupancy and admission rates has been based on the 274 homes which had occupancy rates not exceeding 100 per cent of places.

The mean number of short-stay residents, that is, those with a planned date of discharge, in each type of home in the 1999 survey was approximately 0.5 persons per home. This was very similar to the mean number of short-stay residents recorded in the 1996 survey.

Occupancy rates in the 1999 survey tended to be higher in voluntary residential homes, at over 90 per cent of places, than in the other homes, where the mean occupancy rate was just under 90 per cent of places. Across all types of home, occupancy rates were slightly higher than those found for homes in the 1996 survey.

Turnover rates have been calculated as the ratio of the number of admissions during the previous 12 months to the number of places. In 11 cases in the 1999 survey the turnover rate exceeded 100 per cent, and in nine cases the information was missing. These homes have been excluded from the figures given in table 2.1, in addition to the homes which had occupancy rates exceeding 100 per cent.

As may be seen from table 2.1, turnover rates in both surveys were larger for dual registered and nursing homes than for residential homes, and turnover rates for voluntary residential homes were smaller than for private residential homes. In the 1999 survey, mean truncated admission rates were just under 30 per cent among voluntary residential homes, and were approximately 35 per cent among private residential homes. Among dual registered and nursing homes, mean truncated admission rates were approximately 50 per cent.

As explained in Appendix B, information obtained in the 1996 survey provided an overall estimate of 2.66 admissions of self-funded residents per home per year, suggesting that a sample of 1000 admissions would be achieved from a sample of 375 homes. In the event, a sample of 921 self-funded residents was obtained from 283 homes over a period of approximately 15 months, corresponding to an annual rate of 2.60 admissions per home. In the 1999 survey, mean truncated admission rates of self-funded residents ranged from 15 per cent among dual registered homes to just under 20 per cent among nursing homes and for the survey as a whole the figure was approximately 17 per cent. The mean number of places among the homes which responded to the survey was just under 28 places, and thus the mean number of admissions of self-funded residents was approximately 4.8 per home. This estimate would include residents who had been admitted from another home, and were therefore out of scope of the survey, as well as residents who had died or were discharged from the home, although the survey was intended to include such cases.

**Table 2.1: Size of home, occupancy and turnover, by type of home, 1996–1999**

| <i>Information</i>                                | <i>1996</i>                       |                               |                                |                          | <i>1999</i>                       |                               |                                |                          |
|---------------------------------------------------|-----------------------------------|-------------------------------|--------------------------------|--------------------------|-----------------------------------|-------------------------------|--------------------------------|--------------------------|
|                                                   | <i>Private<br/>res.<br/>homes</i> | <i>Vol<br/>res.<br/>homes</i> | <i>Dual<br/>reg.<br/>homes</i> | <i>Nursing<br/>homes</i> | <i>Private<br/>res.<br/>homes</i> | <i>Vol<br/>res.<br/>homes</i> | <i>Dual<br/>reg.<br/>homes</i> | <i>Nursing<br/>homes</i> |
| Number of homes                                   | 148                               | 122                           | 76                             | 159                      | 169                               | 18                            | 56                             | 44                       |
| Number of places                                  |                                   |                               |                                |                          |                                   |                               |                                |                          |
| Mean                                              | 20.0                              | 30.3                          | 39.2                           | 37.7                     | 20.7                              | 31.8                          | 38.7                           | 38.7                     |
| Minimum                                           | 6                                 | 8                             | 9                              | 9                        | 7                                 | 11                            | 17                             | 15                       |
| Maximum                                           | 56                                | 100                           | 77                             | 180                      | 58                                | 72                            | 70                             | 95                       |
| Number of residential places                      |                                   |                               |                                |                          |                                   |                               |                                |                          |
| Mean                                              | -                                 | -                             | 13.1                           | -                        | -                                 | -                             | 12.7                           | -                        |
| Minimum                                           | -                                 | -                             | 2                              | -                        | -                                 | -                             | 2                              | -                        |
| Maximum                                           | -                                 | -                             | 52                             | -                        | -                                 | -                             | 39                             | -                        |
| Number of nursing places                          |                                   |                               |                                |                          |                                   |                               |                                |                          |
| Mean                                              | -                                 | -                             | 27.6                           | -                        | -                                 | -                             | 28.5                           | -                        |
| Minimum                                           | -                                 | -                             | 4                              | -                        | -                                 | -                             | 10                             | -                        |
| Maximum                                           | -                                 | -                             | 65                             | -                        | -                                 | -                             | 67                             | -                        |
| Number of places (%)                              |                                   |                               |                                |                          |                                   |                               |                                |                          |
| 4–9                                               | 8                                 | 5                             | 1                              | <1                       | 8                                 | 0                             | 0                              | 0                        |
| 10–14                                             | 18                                | 0                             | 3                              | 3                        | 18                                | 11                            | 0                              | 0                        |
| 15–19                                             | 31                                | 16                            | 0                              | 4                        | 26                                | 11                            | 4                              | 16                       |
| 20–24                                             | 19                                | 14                            | 9                              | 10                       | 20                                | 17                            | 5                              | 7                        |
| 25–29                                             | 9                                 | 10                            | 20                             | 23                       | 11                                | 6                             | 16                             | 11                       |
| 30–39                                             | 8                                 | 30                            | 21                             | 22                       | 12                                | 33                            | 30                             | 32                       |
| 40–49                                             | 4                                 | 20                            | 22                             | 19                       | 4                                 | 11                            | 27                             | 11                       |
| 50 or more                                        | 2                                 | 4                             | 24                             | 19                       | <1                                | 11                            | 18                             | 23                       |
| Number of residents <sup>1</sup>                  |                                   |                               |                                |                          |                                   |                               |                                |                          |
| Mean                                              | 16.9                              | 28.0                          | 32.5                           | 32.6                     | 18.2                              | 30.2                          | 34.2                           | 34.5                     |
| Minimum                                           | 4                                 | 3                             | 3                              | 8                        | 6                                 | 11                            | 12                             | 14                       |
| Maximum                                           | 53                                | 95                            | 73                             | 174                      | 57                                | 72                            | 63                             | 90                       |
| Number of permanent residents <sup>1</sup>        |                                   |                               |                                |                          |                                   |                               |                                |                          |
| Mean                                              | 16.7                              | 27.3                          | 31.8                           | 32.1                     | 17.8                              | 29.6                          | 33.7                           | 34.1                     |
| Minimum                                           | 3                                 | 3                             | 3                              | 8                        | 6                                 | 11                            | 12                             | 14                       |
| Maximum                                           | 52                                | 95                            | 72                             | 170                      | 55                                | 70                            | 63                             | 90                       |
| Number of short–stay residents <sup>1</sup>       |                                   |                               |                                |                          |                                   |                               |                                |                          |
| Mean                                              | 0.2                               | 0.7                           | 0.7                            | 0.5                      | 0.3                               | 0.6                           | 0.5                            | 0.4                      |
| Minimum                                           | 0                                 | 0                             | 0                              | 0                        | 0                                 | 0                             | 0                              | 0                        |
| Maximum                                           | 4                                 | 12                            | 6                              | 10                       | 5                                 | 2                             | 6                              | 3                        |
| Occupancy (% of places) <sup>1</sup>              |                                   |                               |                                |                          |                                   |                               |                                |                          |
| Mean                                              | 85.0                              | 90.5                          | 82.6                           | 87.1                     | 89.3                              | 93.9                          | 88.0                           | 88.7                     |
| Minimum                                           | 29                                | 38                            | 4                              | 26                       | 34                                | 80                            | 58                             | 62                       |
| Maximum                                           | 100                               | 100                           | 100                            | 100                      | 100                               | 100                           | 100                            | 100                      |
| Admissions of perm resids (% places) <sup>2</sup> |                                   |                               |                                |                          |                                   |                               |                                |                          |
| Mean                                              | 29.1                              | 26.2                          | 43.4                           | 42.5                     | 35.7                              | 28.2                          | 49.2                           | 52.6                     |
| Minimum                                           | 0                                 | 0                             | 10                             | 0                        | 4                                 | 9                             | 6                              | 4                        |
| Maximum                                           | 85                                | 78                            | 89                             | 97                       | 89                                | 50                            | 95                             | 96                       |

Notes:

1. For homes with occupancy rate  $\leq 100\%$ .
2. For homes with both occupancy rate and admission rate  $\leq 100\%$ .

## 2.3 Establishment and Ownership of the Home

Table 2.2 shows the length of time that the home had been open, the length of ownership and the size of the organisation running the home, the original function of the building used by the home and the date of construction of purpose-built homes.

Nearly all of the residential homes and over 80 per cent of the dual registered and nursing homes in the 1999 survey had been in operation for more than five years. Furthermore, over 80 per cent of the private residential homes, over 90 per cent of the voluntary residential homes and approximately 60 per cent of the dual registered and nursing homes had been in operation for at least ten years. Dual registered homes were the most likely to have been in operation for less than five years (16 per cent), while the equivalent figure for nursing homes was 11 per cent. Equivalent information was not obtained in the 1996 survey.

Over 70 per cent of the residential homes and over 60 per cent of the dual registered and nursing homes in the 1999 survey had been run by the current owners for over five years. Conversely, 13 per cent of the private residential homes, 19 per cent of the dual registered homes and 14 per cent of the nursing homes had been run by the current owners for less than two years. In contrast, all of the voluntary residential homes had been run by the current organisation for at least two years. The proportions of homes in the 1999 survey which had been acquired by their current owners within the previous two years were very similar to the corresponding figures obtained in the 1996 survey.

As in the 1996 survey, ownership of private residential homes remained concentrated among small organisations in the 1999 survey. Over 90 per cent of private residential homes in the 1999 survey were run by organisations which ran one or two homes, compared with just over half of the other types of home. Higher proportions of dual registered and nursing homes were run by a larger organisation in the 1999 survey than in the 1996 survey. Organisations which owned more than ten homes accounted for 27 per cent of dual registered homes and 21 per cent of nursing homes in the 1999 survey, compared with approximately 10 per cent in the 1996 survey. However, voluntary residential homes were the most likely to be run by larger organisations. Voluntary residential homes in the 1999 survey were either run by organisations which owned one or two homes, or by organisations with more than five homes, and approximately 30 per cent of the homes were run by organisations which ran more than ten homes.

**Table 2.2: Establishment and ownership of home, by type of home, 1996–1999**

| <i>Information</i>                           | <i>1996</i>                       |                               |                                |                          | <i>1999</i>                       |                               |                                |                          |
|----------------------------------------------|-----------------------------------|-------------------------------|--------------------------------|--------------------------|-----------------------------------|-------------------------------|--------------------------------|--------------------------|
|                                              | <i>Private<br/>res.<br/>homes</i> | <i>Vol<br/>res.<br/>homes</i> | <i>Dual<br/>reg.<br/>homes</i> | <i>Nursing<br/>homes</i> | <i>Private<br/>res.<br/>homes</i> | <i>Vol<br/>res.<br/>homes</i> | <i>Dual<br/>reg.<br/>homes</i> | <i>Nursing<br/>homes</i> |
| Number of homes                              | 148                               | 122                           | 76                             | 159                      | 169                               | 18                            | 56                             | 44                       |
| Length of time home open (%)                 |                                   |                               |                                |                          |                                   |                               |                                |                          |
| Under 6 months                               | na                                | na                            | na                             | na                       | 0                                 | 0                             | 0                              | 0                        |
| 6 months – 1 year                            | na                                | na                            | na                             | na                       | <1                                | 0                             | 2                              | 0                        |
| 1–2 years                                    | na                                | na                            | na                             | na                       | 0                                 | 0                             | 4                              | 2                        |
| 2–5 years                                    | na                                | na                            | na                             | na                       | 2                                 | 0                             | 11                             | 9                        |
| 5–10 years                                   | na                                | na                            | na                             | na                       | 13                                | 6                             | 20                             | 30                       |
| 10 years and over                            | na                                | na                            | na                             | na                       | 84                                | 94                            | 64                             | 59                       |
| Length of ownership (%)                      |                                   |                               |                                |                          |                                   |                               |                                |                          |
| Under 6 months                               | -                                 | -                             | -                              | -                        | <1                                | 0                             | 4                              | 5                        |
| 6 months – 1 year <sup>1</sup>               | 7                                 | 0                             | 8                              | 8                        | 5                                 | 0                             | 6                              | 2                        |
| 1–2 years                                    | 6                                 | 3                             | 7                              | 6                        | 8                                 | 0                             | 9                              | 7                        |
| 2–5 years                                    | 8                                 | 13                            | 14                             | 24                       | 15                                | 11                            | 20                             | 23                       |
| 5–10 years                                   | 42                                | 25                            | 41                             | 34                       | 23                                | 22                            | 20                             | 32                       |
| 10 years and over                            | 37                                | 59                            | 30                             | 28                       | 49                                | 68                            | 41                             | 32                       |
| Number of homes owned by<br>organisation (%) |                                   |                               |                                |                          |                                   |                               |                                |                          |
| 1                                            | 78                                | 43                            | 53                             | 58                       | 80                                | 47                            | 39                             | 43                       |
| 2                                            | 11                                | 7                             | 13                             | 11                       | 13                                | 6                             | 14                             | 14                       |
| 3–5                                          | 6                                 | 3                             | 17                             | 16                       | 7                                 | 0                             | 13                             | 20                       |
| 6–10                                         | 1                                 | 12                            | 7                              | 3                        | 0                                 | 18                            | 7                              | 2                        |
| 11–20                                        | 2                                 | 18                            | 4                              | 1                        | 0                                 | 18                            | 14                             | 7                        |
| More than 20                                 | 1                                 | 16                            | 5                              | 11                       | <1                                | 12                            | 13                             | 14                       |
| Original function of building (%)            |                                   |                               |                                |                          |                                   |                               |                                |                          |
| Purpose-built home                           | 8                                 | 53                            | 20                             | 28                       | 7                                 | 50                            | 37                             | 30                       |
| Private residence                            | 50                                | 30                            | 42                             | 45                       | 58                                | 33                            | 39                             | 52                       |
| Hotel                                        | 16                                | 4                             | 11                             | 9                        | 19                                | 0                             | 4                              | 5                        |
| Hostel                                       | 2                                 | 3                             | 3                              | 0                        | 1                                 | 6                             | 2                              | 0                        |
| Other                                        | 18                                | 8                             | 21                             | 14                       | 12                                | 11                            | 17                             | 11                       |
| Not known                                    | 7                                 | 2                             | 4                              | 4                        | 3                                 | 0                             | 2                              | 2                        |
| Date of construction (%)                     |                                   |                               |                                |                          |                                   |                               |                                |                          |
| Since 1990                                   | -                                 | -                             | -                              | -                        | 1                                 | 6                             | 21                             | 25                       |
| 1985–1990 <sup>2</sup>                       | 5                                 | 18                            | 16                             | 24                       | 2                                 | 0                             | 9                              | 5                        |
| 1960–1984 <sup>3</sup>                       | 1                                 | 27                            | 3                              | 1                        | 2                                 | 39                            | 0                              | 0                        |
| 1940–1959                                    | 0                                 | 3                             | 0                              | 0                        | <1                                | 0                             | 0                              | 0                        |
| Before 1940                                  | 1                                 | 4                             | 1                              | 1                        | 0                                 | 0                             | 5                              | 0                        |
| Date not known                               | 0                                 | 1                             | 0                              | 3                        | 0                                 | 6                             | 0                              | 0                        |
| Not purpose built/not known                  | 93                                | 47                            | 80                             | 72                       | 93                                | 50                            | 64                             | 70                       |

Notes:

1. Figures for 1996 survey are for under 1 year.
2. Figures for 1996 survey are for 1986–1996.
3. Figures for 1996 survey are for 1960–1985.

The growth in the ownership of homes, particularly dual registered and nursing homes, by major providers, defined as those owning three or more homes, is shown in Laing's market surveys (Laing and Buisson, 2000). In 1989, 3.7 per cent of places in private residential homes, 23.7 per cent in private dual registered homes and 18.8 per cent in private nursing homes were in homes run by major providers; in 1999, the corresponding proportions were 11.0 per cent, 49.2 per cent and 43.3 per cent. The proportion of private residential homes run by providers owning three or more homes in the 1999 survey was slightly smaller (7 per cent), but the proportions of dual registered homes (46 per cent) and nursing homes (43 per cent) were similar to those reported by Laing and Buisson.

With the exception of dual registered homes, the proportions of homes which occupied purpose-built buildings were very similar to those recorded in the 1996 survey. Fifty per cent of the voluntary residential homes occupied purpose-built buildings, compared with fewer than 10 per cent of private residential homes and 30 per cent of nursing homes. Among dual registered homes, 37 per cent occupied purpose-built buildings, compared with 20 per cent in the 1996 survey. As for the homes in the 1996 survey, the main type of building converted for use as a residential or nursing home in the 1999 survey was formerly a private residence, accounting for more than half of the converted homes in each case.

The majority of purpose-built dual registered and nursing homes in the 1999 survey were built since 1990. Similarly, the majority of such homes in the 1996 survey were built within the previous ten years. This concentration of recent purpose-built homes is likely to be related to the growth in ownership by major providers. In contrast, the majority of purpose-built voluntary residential homes had been built more than 15 years before the 1999 survey. The 1996 survey included a higher proportion of purpose-built voluntary residential homes which had been built within ten years of the survey, but the majority of homes had been built earlier than this.

## **2.4 Bedroom Sizes and Facilities**

Table 2.3 presents information on bedroom sizes, the facilities provided in bedrooms, group living arrangements and sitting and dining facilities.

The national minimum standards for care homes for older people (Department of Health, 2001b) require that all places for residents in new homes should be in single rooms, and that existing homes must provide 80 per cent of places in single rooms by April 2007. For residential homes for older people, this standard was originally set in the 1973 DHSS

Building Note (Department of Health and Social Security, 1973). The 1973 Building Note superseded the 1962 Ministry of Health Building Note, which indicated that at least 40 to 50 per cent of places should be in single rooms, 30 to 40 per cent should be in double rooms, and no more than 10 to 20 per cent should be in four-bedded rooms (Ministry of Health, 1962). Two DHSS circulars issued in 1986 (Department of Health and Social Security, 1986a, b) emphasised that the design recommendations related principally to new buildings, and indicated that no specific ratio of single to double rooms was appropriate in every case. However, the second circular also reminded registration authorities of the recommendations in the 1984 Code of Practice for Residential Care (Centre for Policy on Ageing, 1984) that special reasons should apply if more than two people occupied a room. The 1984 Code of Practice also stated that single rooms would normally be considered preferable to shared rooms. Prior to the new common standards, there were no specific recommendations for bedroom sizes for nursing homes, although most health authorities advised that most beds should be in single rooms (Laing and Buisson, 1997). The updated version of the Code of Practice for Residential Care, relating to residential and nursing homes, reinforced this by stating that all residents should have a single room unless they preferred otherwise (Centre for Policy on Ageing, 1996).

Voluntary residential homes in the 1999 survey had a greater proportion of places in single rooms (94 per cent) than private residential homes (78 per cent), dual registered homes (81 per cent) and nursing homes (71 per cent). In each case the proportion was higher than in the 1996 survey. Laing and Buisson (2000) report similar figures for private residential, dual registered and nursing homes surveyed in March 2000: 78 per cent of places in private residential homes, 80 per cent in private dual registered homes and 75 per cent in private nursing homes were in single bedrooms. Dual registered and nursing homes also had a small number of places in rooms with three or more beds, whereas the places in private and voluntary residential homes were in single or double rooms only. In relation to the 1973 Building Note standards, 82 per cent of voluntary residential homes met the criterion of a maximum of 20 per cent of places in double rooms, compared with about 50 per cent of private residential homes and dual registered homes and 40 per cent of nursing homes. In each case, the proportion of homes which met this criterion was greater than in the 1996 survey.

Laing and Buisson (2000) note that, in addition to the single room ratio, the proportion of rooms with en suite toilets is the second principal marker for standards of amenity, and that both measures have been increasing over the period covered by their surveys, which began in the late 1980s. Over 75 per cent of the homes in the 1999 survey provided en suite toilets in at least some bedrooms, and the figure for nursing homes was over 85 per cent. For each

type of home, the proportion of homes which provided en suite toilets in at least some bedrooms was greater than in the 1996 survey, the difference between the two surveys being greatest for nursing homes. In the 1999 survey, 26 per cent of nursing homes provided en suite toilets in all bedrooms, compared with 9 per cent in the 1996 survey, while the corresponding figures for private residential homes were 15 per cent in the 1999 survey and 12 per cent in the 1996 survey. Laing and Buisson (2000) report that, for homes surveyed in March 2000, 45 per cent of places in private residential homes, 58 per cent in private dual registered homes and 55 per cent in private nursing homes were in rooms with an en suite toilet.

As in the 1996 survey, few homes in the 1999 survey provided en suite showers or baths in all bedrooms (4 per cent overall). However, a higher proportion of nursing homes provided en suite showers or baths in all (12 per cent) or some bedrooms (43 per cent) than in the 1996 survey. The small sample of voluntary residential homes in the 1999 survey was also more likely to provide en suite showers or baths in at least some bedrooms than the sample in the 1996 survey.

As in the 1996 survey, the majority of homes in the 1999 survey were not organised as group living homes, in which the home is divided into smaller units for eating, sitting and sleeping. The voluntary residential homes, dual registered homes and nursing homes in the 1999 survey were slightly more likely to have been organised along group living lines than the homes in the 1996 survey. However, even fewer private residential homes in the 1999 survey were organised along group living lines than in the 1996 survey. The lower levels of group living arrangements among private residential homes than among other types of home may reflect the smaller average size of private residential homes.

In both surveys, voluntary residential homes, dual registered homes and nursing homes had larger numbers of sitting rooms and dining rooms than private residential homes, as may be expected from their greater size and the greater use of group living arrangements. Private residential homes tended to have fewer sitting rooms than other independent sector homes and, to a lesser extent, fewer dining rooms, as may be expected from their smaller average size. The main difference in the provision of sitting rooms and dining rooms between the two surveys was that dual registered homes and nursing homes tended to have more dining rooms than the homes in the 1996 survey. This may be related to the slightly greater use of group living arrangements recorded in the 1999 survey. However, as in the 1996 survey, nursing homes were most likely to have no dining room. Five per cent of nursing homes in each survey were recorded as having no dining room.

**Table 2.3: Facilities provided, by type of home, 1996–1999**

| <i>Facilities</i>                 | <i>1996</i>                       |                               |                                |                          | <i>1999</i>                       |                               |                                |                          |
|-----------------------------------|-----------------------------------|-------------------------------|--------------------------------|--------------------------|-----------------------------------|-------------------------------|--------------------------------|--------------------------|
|                                   | <i>Private<br/>res.<br/>homes</i> | <i>Vol<br/>res.<br/>homes</i> | <i>Dual<br/>reg.<br/>homes</i> | <i>Nursing<br/>homes</i> | <i>Private<br/>res.<br/>homes</i> | <i>Vol<br/>res.<br/>homes</i> | <i>Dual<br/>reg.<br/>homes</i> | <i>Nursing<br/>homes</i> |
| Number of homes                   | 148                               | 122                           | 76                             | 159                      | 169                               | 18                            | 56                             | 44                       |
| Bedroom sizes (% of places)       |                                   |                               |                                |                          |                                   |                               |                                |                          |
| Single                            | 69                                | 89                            | 65                             | 65                       | 78                                | 94                            | 81                             | 71                       |
| Double                            | 31                                | 11                            | 32                             | 31                       | 22                                | 6                             | 18                             | 28                       |
| 3 or more beds                    | 0                                 | 0                             | 3                              | 4                        | 0                                 | 0                             | <1                             | <1                       |
| Bedrooms & building note stds (%) |                                   |                               |                                |                          |                                   |                               |                                |                          |
| Meets 1973 BNS                    | 31                                | 77                            | 30                             | 29                       | 49                                | 82                            | 53                             | 40                       |
| Meets 1962 BNS only               | 42                                | 20                            | 28                             | 22                       | 36                                | 18                            | 31                             | 21                       |
| Below both BNS                    | 28                                | 3                             | 42                             | 49                       | 14                                | 0                             | 16                             | 38                       |
| En suite toilets (%)              |                                   |                               |                                |                          |                                   |                               |                                |                          |
| All bedrooms                      | 12                                | 20                            | 13                             | 9                        | 15                                | 22                            | 20                             | 26                       |
| Some bedrooms                     | 57                                | 43                            | 51                             | 57                       | 60                                | 56                            | 58                             | 60                       |
| No bedrooms                       | 32                                | 38                            | 36                             | 34                       | 25                                | 22                            | 22                             | 14                       |
| En suite shower or bath (%)       |                                   |                               |                                |                          |                                   |                               |                                |                          |
| All bedrooms                      | 3                                 | 7                             | 3                              | 2                        | 4                                 | 6                             | 0                              | 12                       |
| Some bedrooms                     | 47                                | 30                            | 37                             | 38                       | 45                                | 61                            | 33                             | 43                       |
| No bedrooms                       | 51                                | 62                            | 60                             | 60                       | 52                                | 33                            | 67                             | 45                       |
| Group living arrangements (%)     |                                   |                               |                                |                          |                                   |                               |                                |                          |
| Bedrooms with sitting and dining  | 10                                | 19                            | 14                             | 20                       | 8                                 | 28                            | 21                             | 25                       |
| Bedrooms with sitting only        | 4                                 | 5                             | 5                              | 4                        | 2                                 | 6                             | 4                              | 2                        |
| Sitting and dining not grouped    | 85                                | 73                            | 81                             | 76                       | 90                                | 61                            | 75                             | 68                       |
| Other                             | 2                                 | 3                             | 0                              | 0                        | 0                                 | 6                             | 0                              | 5                        |
| Sitting room provision (%)        |                                   |                               |                                |                          |                                   |                               |                                |                          |
| No sitting room                   | 0                                 | 0                             | 0                              | 2                        | 0                                 | 0                             | 0                              | 0                        |
| 1 sitting room                    | 24                                | 9                             | 9                              | 13                       | 18                                | 11                            | 7                              | 11                       |
| 2 sitting rooms                   | 41                                | 30                            | 26                             | 30                       | 41                                | 17                            | 27                             | 30                       |
| 3 sitting rooms                   | 22                                | 21                            | 29                             | 26                       | 27                                | 28                            | 23                             | 34                       |
| 4 sitting rooms                   | 7                                 | 19                            | 21                             | 18                       | 9                                 | 22                            | 25                             | 9                        |
| 5 or more sitting rooms           | 5                                 | 21                            | 15                             | 11                       | 4                                 | 22                            | 18                             | 16                       |
| Dining room provision (%)         |                                   |                               |                                |                          |                                   |                               |                                |                          |
| No dining rooms                   | 1                                 | 0                             | 1                              | 5                        | 0                                 | 0                             | 0                              | 5                        |
| 1 dining room                     | 81                                | 65                            | 61                             | 54                       | 82                                | 61                            | 41                             | 43                       |
| 2 dining rooms                    | 13                                | 17                            | 25                             | 31                       | 15                                | 22                            | 39                             | 32                       |
| 3 dining rooms                    | 3                                 | 6                             | 8                              | 5                        | 2                                 | 0                             | 11                             | 11                       |
| 4 dining rooms                    | 1                                 | 7                             | 4                              | 4                        | 0                                 | 6                             | 7                              | 9                        |
| 5 or more dining rooms            | 1                                 | 6                             | 1                              | 2                        | <1                                | 11                            | 2                              | 0                        |

## 2.5 Type of Care Provided

Table 2.4 shows the type of care provided by homes. In the 1999 survey, home managers were asked whether their home provided each of the types of care shown in the table, with the exception of care for a particular ethnic or religious group or ‘other’ specialist care. In the

1996 survey, home managers were asked whether their home provided most of the types of care shown in the table, but home managers were asked whether people with incontinence or those sectioned under the Mental Health Act would not be admitted to the home. In addition, in the 1996 survey, care for older people with mental health problems was not separated from care for older people with dementia.

The increased policy emphasis on prevention and rehabilitation (Cm 4169, 1998; Department of Health, 1998c) means that residential and nursing homes have an important part to play in providing specialist services to help to achieve these objectives (Department of Health, 2001b). In both surveys, over 90 per cent of homes provided short-term or respite care, with the exception of voluntary residential homes in the earlier survey, for which the proportion was 80 per cent. However, rehabilitative care was provided by fewer homes, and the proportions of dual registered homes and nursing homes in the 1999 survey which provided rehabilitative care were lower than the figures for the 1996 survey. Only 68 per cent of dual registered homes provided rehabilitative care in the 1999 survey, compared with 83 per cent in the 1996 survey, and for nursing homes the corresponding figures were 70 per cent in the 1999 survey and 76 per cent in the 1996 survey.

Nearly all of the homes in the 1999 survey provided care for people with incontinence. In the 1996 survey, 11 per cent of private residential homes did not admit people with incontinence, but for the other types of home the proportion was under 10 per cent.

With the exception of voluntary residential homes, over 80 per cent of homes in the 1999 survey provided care for people with dementia. A lower proportion of homes provided care for people with other mental health problems or learning disabilities, and relatively few provided care for people sectioned under the Mental Health Act. In the 1996 survey, care for older people with mental health problems was not separated from care for older people with dementia, but the proportions of homes providing such care were lower than the proportions of homes in the 1999 survey which provided care for people with dementia. Similar proportions of homes in both surveys provided care for people sectioned under the Mental Health Act, but a higher proportion of homes in the 1996 survey provided care for people with learning disabilities. Nursing homes which catered for elderly people with mental illness, but which were recorded simply as for people with mental illness in the database used for selecting the sample, were not included in either survey. Thus the level of provision of care for such individuals may be underestimated for both surveys. However, previous studies of private residential homes and nursing homes have indicated that individuals with behavioural problems and, to a lesser extent, confusion, tend to be considered unsuitable for admission (Challis and Bartlett, 1987; Phillips et al., 1988).

Dual registered homes and nursing homes in the 1996 survey were more likely than residential homes to provide post-operative/convalescent care. However, in the 1999 survey voluntary residential homes were more likely than dual registered homes and nursing homes to provide such care, and the difference between private residential homes and dual registered homes and nursing homes was less marked. Approximately 90 per cent of dual registered homes and nursing homes in the 1996 survey reported providing terminal care, compared with 59 per cent of private residential homes and 67 per cent of voluntary residential homes. However, in the 1999 survey, 77 per cent of private residential homes and 89 per cent of voluntary residential homes reported providing such care, compared with 95 per cent of dual registered homes and 91 per cent of nursing homes.

**Table 2.4: Type of care provided, by type of home, 1996–1999**

| <i>Type of care</i>               | <i>1996</i>                       |                               |                                |                          | <i>1999</i>                       |                               |                                |                          |
|-----------------------------------|-----------------------------------|-------------------------------|--------------------------------|--------------------------|-----------------------------------|-------------------------------|--------------------------------|--------------------------|
|                                   | <i>Private<br/>res.<br/>Homes</i> | <i>Vol<br/>res.<br/>homes</i> | <i>Dual<br/>reg.<br/>homes</i> | <i>Nursing<br/>homes</i> | <i>Private<br/>res.<br/>homes</i> | <i>Vol<br/>res.<br/>homes</i> | <i>Dual<br/>reg.<br/>homes</i> | <i>Nursing<br/>homes</i> |
| Number of homes                   | 148                               | 122                           | 76                             | 159                      | 169                               | 18                            | 56                             | 44                       |
| Type of care (%)                  |                                   |                               |                                |                          |                                   |                               |                                |                          |
| Short-term care                   | 91                                | 80                            | 95                             | 94                       | 95                                | 100                           | 98                             | 93                       |
| Rehabilitative care               | 70                                | 63                            | 83                             | 76                       | 73                                | 61                            | 68                             | 70                       |
| Incontinence                      | 89                                | 92                            | 99                             | 98                       | 98                                | 100                           | 100                            | 100                      |
| Dementia                          | 77                                | 73                            | 53                             | 63                       | 89                                | 78                            | 82                             | 84                       |
| Other mental health problems      | na                                | na                            | na                             | na                       | 62                                | 56                            | 55                             | 40                       |
| Sectioned under Mental Health Act | 21                                | 13                            | 17                             | 9                        | 22                                | 17                            | 15                             | 5                        |
| Learning disabilities             | 48                                | 44                            | 36                             | 40                       | 30                                | 39                            | 35                             | 25                       |
| Post-operative/convalescent care  | 48                                | 48                            | 61                             | 64                       | 65                                | 78                            | 71                             | 73                       |
| Terminal care                     | 59                                | 67                            | 88                             | 92                       | 77                                | 89                            | 95                             | 91                       |
| Ethnic or religious group         | 74                                | 78                            | 83                             | 74                       | na                                | na                            | na                             | na                       |
| Other specialist care             | 17                                | 19                            | 27                             | 35                       | na                                | na                            | na                             | na                       |

## 2.6 Activities Arranged and Transport Provided for Residents

Table 2.5 presents details of the organisation of activities for residents and the types of activities arranged relatively frequently, that is, at least weekly or monthly, and presents details of transport available for residents. In the 1996 survey more detailed information was collected about the range of services available so the group activity with the highest proportion of homes taking part is shown for the purposes of comparison (bingo or other games). For the 1999 survey, all organisers of activity programmes were recorded, and so the percentages shown in the table sum to more than 100 per cent.

Nearly all homes in the 1996 survey organised an activity programme for residents, but fewer homes in the 1999 survey did so. In most cases the programme was organised by one or more members of staff, although in about 15 per cent of homes the programme was organised by an outside volunteer or professional not employed by the home in both surveys. In the 1999 survey, dual registered homes and nursing homes were more likely to assign the responsibility for organising the programme to a specific member of staff, whereas in private and voluntary residential homes a number of staff were more likely to share the responsibility. A similar pattern was observed in the 1996 survey, except that a similar proportion of voluntary residential homes as dual registered and nursing homes assigned the responsibility to a specific member of staff.

In the 1996 survey, home managers were asked to record the frequency with which different activities took place, whereas in the 1999 survey they were asked a composite question on group activities in the home. In general, in the 1996 survey private homes tended to be less likely to organise activities for residents than homes overall and there were variations between the different types of home in the proportions organising particular activities. However, the overall pattern of activities was quite similar across the different types of home. In the 1999 survey, group activities were less likely to occur in nursing homes than in the other types of home. Eighty per cent of nursing homes in the 1999 survey held group activities at least once a month, compared with 84 per cent of private residential homes, 89 per cent of voluntary residential homes and 93 per cent of dual registered homes. In each case, the proportion of homes reporting that group activities were held at least once a month was no greater than the largest proportion reported for an individual activity in the 1996 survey. However, for each type of home, the proportion of homes which arranged trips or outings at least once a month was larger in the 1999 survey than in the 1996 survey.

Overall, the proportion of homes in the 1999 survey which had a dedicated minibus for residents, approximately 20 per cent, was very similar to that in the 1996 survey. However, with the exception of private residential homes, homes in the 1999 survey were more likely to have had access to a minibus shared with other homes or to a community or local authority bus.

**Table 2.5: Activities arranged and transport provided for residents, by type of home, 1996–1999**

| <i>Information</i>                       | <i>1996</i>                       |                               |                                |                          | <i>1999</i>                       |                               |                                |                          |
|------------------------------------------|-----------------------------------|-------------------------------|--------------------------------|--------------------------|-----------------------------------|-------------------------------|--------------------------------|--------------------------|
|                                          | <i>Private<br/>res.<br/>homes</i> | <i>Vol<br/>res.<br/>homes</i> | <i>Dual<br/>res.<br/>homes</i> | <i>Nursing<br/>homes</i> | <i>Private<br/>res.<br/>homes</i> | <i>Vol<br/>res.<br/>homes</i> | <i>Dual<br/>res.<br/>homes</i> | <i>Nursing<br/>homes</i> |
| Number of homes                          | 148                               | 122                           | 76                             | 159                      | 169                               | 18                            | 56                             | 44                       |
| Activity programme arrangements (%)      |                                   |                               |                                |                          |                                   |                               |                                |                          |
| No programme                             | 5                                 | 5                             | 3                              | 5                        | 13                                | 11                            | 7                              | 20                       |
| Nobody in particular organises           | -                                 | -                             | -                              | -                        | 3                                 | 11                            | 4                              | 0                        |
| Staff with responsibility to<br>organise | 15                                | 31                            | 32                             | 29                       | 20                                | 28                            | 54                             | 39                       |
| General staff member                     | 25                                | 15                            | 15                             | 23                       | 31                                | 11                            | 18                             | 25                       |
| Staff share responsibility               | 40                                | 30                            | 28                             | 22                       | 37                                | 39                            | 29                             | 30                       |
| Outside professional employed            | na                                | na                            | na                             | na                       | 17                                | 0                             | 16                             | 14                       |
| Outside volunteer or<br>professional     | 11                                | 16                            | 20                             | 11                       | 15                                | 22                            | 14                             | 9                        |
| Activities at least once a month (%)     |                                   |                               |                                |                          |                                   |                               |                                |                          |
| Group activities <sup>1</sup>            | 89                                | 83                            | 89                             | 89                       | 84                                | 89                            | 93                             | 80                       |
| Trips and outings                        | 39                                | 48                            | 50                             | 43                       | 52                                | 78                            | 59                             | 57                       |
| Minibus used for the residents (%)       |                                   |                               |                                |                          |                                   |                               |                                |                          |
| Just for this home                       | 20                                | 12                            | 26                             | 16                       | 20                                | 17                            | 25                             | 16                       |
| Shared with other homes                  | 11                                | 13                            | 3                              | 13                       | 8                                 | 33                            | 14                             | 23                       |
| Community/local authority bus            | 11                                | 14                            | 10                             | 10                       | 13                                | 17                            | 25                             | 14                       |
| No minibus                               | 58                                | 60                            | 61                             | 61                       | 59                                | 33                            | 36                             | 48                       |

Note:

1. In the 1996 survey detailed information was asked about a range of activities. The figures shown are for the proportion of homes that ran bingo or games, the group activity that was reported by most homes.

## 2.7 Conclusion

Information was collected about the characteristics of the homes in order to provide contextual information when examining the characteristics and circumstances of admission of self-funded residents. The information was collected in a way that allows us to compare the homes with those included in a previous national survey of English homes. The 1999 survey only included homes that were reported to have had an admission of one or more self-funded residents during the survey period. Thus, differences from the results obtained in the 1996 survey could be due to differences between homes catering specifically for self-funded residents and homes in general, as well as to sampling effects and changes over time. However, the characteristics of the homes included in the 1999 survey were generally very similar to those of the homes included in the 1996 survey. Improvements in standards of provision were consistent with the results reported by Laing and Buisson (2000) from their market surveys. This suggests that the homes provide a reasonably representative sample of

the national picture. We turn now to the characteristics and circumstances of self-funded admissions.



## **Chapter 3**

### **The Residents**

#### **3.1 Introduction**

There is a dearth of information in the literature about the circumstances of admission of self-funded residents. Why do older people go into a care home? Are people being admitted unnecessarily? To what extent are older people themselves involved in the decision? What affects their choice of home?

This chapter starts by identifying the key concepts and a framework for considering the decision to enter a care home. This, together with results from other studies allows us to structure the description of the characteristics and circumstances of self-funded people on admission. We compare self-funders to publicly-funded admissions in terms of demographic characteristics and dependency. We then turn to the precipitating causes of admission and levels of informal support and service input prior to admission.

Wherever possible information was collected about residents on the same basis as information had been collected about publicly-funded admissions (Bebbington et al., 1996). However, as described in Chapter 1, information had to be collected from a variety of sources, so the numbers of people for whom data are available does vary as is made clear throughout. When making comparisons it is important to bear in mind that the information about publicly-funded admissions was restricted to England, whereas the homes included in this survey included Scotland and Wales. Moreover, the study of publicly-funded admissions took place in 1995, four years prior to the current study.

#### **3.2 Theoretical Framework**

Clearly the primary reason that people move into a care home is that they, or others on their behalf, decide that they will be better off in a home. However, underlying that belief will be a series of different assumptions and experiences relating to care homes and the likely consequences of remaining (or for those discharged from hospital, returning) to their current home.

One approach to considering the key aspects of caring in the community is the social production of welfare (Netten and Davies, 1990). This has similarities to the theory of social production functions which incorporates individual behaviour (as well as goals) and

circumstances in terms of resources and constraints (Lindenberg, 1996) which has been used to predict attitudes to admission to care homes (Steverink, 2001). The social production of welfare represents the household as the basic unit for producing welfare for household members – through the provision of shelter, meals, social events and so on. Using the resources of the household (time and skills of household members, unearned income, and capital goods such as cookers, washing machines and so on), ‘commodities’ are produced such as nutrition and household cleanliness. What is produced and how depends on non-resource aspects such as the preferences and relationships between household members.

Once one or more members of a household become impaired physically, mentally or emotionally then what needs to be produced and the process of production changes. Where there is considerable impairment or the resources of the household are limited then others beyond the immediate household become involved in the production process. As a result the production unit becomes the informal network rather than the household. Formal services may also be purchased privately or commissioned through the local authority social services department in order to ensure an adequate level of ‘basic’ or fundamental commodities are produced.

The basic commodities required by individuals include meals and nutrition, personal care, safety, social participation and involvement and a sense of control over daily life (Netten and Smith, 1998). For older people themselves other aspects of life are very important, such as home cleanliness, but it is unlikely that such aspects would play a key role in the decision to enter a care home.

The decision to enter a care home comes at the point where the informal network, together with any services used, are not producing adequate level of basic commodities to reflect the preferences of household members. The judgement is made that overall the resources at the disposal of the network would result in better outcomes in a care home setting.

Although people generally do not want to enter care homes they do provide certain advantages over care in private households:

- a physical environment designed for people with physical impairments;
- a constant source of help with tasks such as personal care;
- a sense of safety for older people themselves and from the perspective of relatives;
- the company of others; and
- in the case of nursing homes, ready access to nursing expertise.

In analysing the decision to enter a home therefore, we need to identify:

- the level of impairment or dependency;
- the characteristics of the support network and the degree to which the network was providing support;
- the financial resources available;
- the use of formal services;
- the level of unmet need in terms of basic commodities; and
- the reasons given for admission.

Once the decision is made about admission to a care home there is then the issue of choosing the type of place (residential or nursing) and particular home. At least in theory the mixed economy of care should provide a variety of types of home and prices enabling people to choose those homes that meet their requirements best. But how much choice is there in practice at this stressful stage in people's lives and what influences them most?

In presenting the results we start by identifying type of place people were admitted to and potential sources of bias, before describing the demographic characteristics of self-funded people admitted to care homes. This provides us with the context for considering the issues identified in this section.

### **3.3 Type of Place to Which People were Admitted**

The overall distribution and rate of admission to each type of place is described in Chapter 1. In our study 65 per cent of all admissions were to residential places (as opposed to nursing places). As discussed in Chapter 1, this reflected the rate of admission to the homes in the study, in which there was a slight bias towards residential rather than to nursing places. Once adjusted the proportion admitted to residential places was 61 per cent, still significantly higher than among publicly-funded admissions (54 per cent,  $p < 0.05$ ).

Of the 330 people for whom we had information from a relative, 69 per cent were admitted to a residential place. We would expect a tendency to over-represent admissions to residential places among this sample as people admitted to nursing homes are more likely to die shortly after admission. In this study 20 per cent of our sample in nursing homes had died prior to the interview with home managers (so no relative was contacted), compared with 7 per cent of people admitted to a residential place.

The issue of weighting the results to reflect the national picture was discussed in Chapter 1. Clearly we would not expect weighting to affect our results very much. Rather than weight the results we present most results for residential and nursing homes separately

### 3.4 Age, Gender and Marital Status

The average age of self-funded residents at the point of admission was 85, compared with an average age of 83 among publicly-funded admissions. Table 3.1 shows the age distribution: 57 per cent of self-funded people were aged 85 or more compared with 45 per cent of publicly-funded admissions ( $p < 0.05$ ). Amongst self-funders there was no difference in age between those admitted to residential and nursing home places, whereas publicly-funded admissions to nursing homes are significantly younger (Netten et al., 2001a).

**Table 3.1: Demographic characteristics of admissions, by type of place occupied**

| <i>Demographic characteristics</i> | <i>Self-funded</i>           |                          |                       | <i>Publicly-funded</i>       |                          |                       |
|------------------------------------|------------------------------|--------------------------|-----------------------|------------------------------|--------------------------|-----------------------|
|                                    | <i>Residential place (%)</i> | <i>Nursing place (%)</i> | <i>All places (%)</i> | <i>Residential place (%)</i> | <i>Nursing place (%)</i> | <i>All places (%)</i> |
| Age group                          | (n = 589)                    | (n = 316)                | (n = 905)             | (n = 1304)                   | (n = 1118)               | (n = 2422)            |
| 65 to 69                           | 2                            | 3                        | 2                     | 3                            | 4                        | 3                     |
| 70 to 74                           | 4                            | 5                        | 4                     | 8                            | 10                       | 9                     |
| 75 to 79                           | 14                           | 15                       | 15                    | 15                           | 19                       | 17                    |
| 80 to 84                           | 22                           | 23                       | 22                    | 26                           | 26                       | 26                    |
| 85 and over                        | 58                           | 54                       | 57                    | 48                           | 41                       | 45                    |
| Sex                                | (n = 597)                    | (n = 320)                | (n = 917)             | (n = 1304)                   | (n = 1118)               | (n = 2422)            |
| Male                               | 27                           | 37                       | 31                    | 27                           | 32                       | 29                    |
| Female                             | 73                           | 63                       | 69                    | 73                           | 68                       | 71                    |
| Marital status                     | (n = 591)                    | (n = 315)                | (n = 906)             | (n = 1165)                   | (n = 1054)               | (n = 2219)            |
| Married                            | 11                           | 21                       | 15                    | 16                           | 25                       | 20                    |
| Not married                        | 89                           | 79                       | 85                    | 84                           | 75                       | 80                    |
| Source of admission                | (n = 599)                    | (n = 322)                | (n = 921)             | (n = 1310)                   | (n = 1123)               | (n = 2433)            |
| Private household                  | 52                           | 44                       | 49                    | 46                           | 20                       | 34                    |
| Care home                          | 7                            | 5                        | 7                     | 11                           | 16                       | 13                    |
| Hospital                           | 40                           | 48                       | 43                    | 42                           | 63                       | 52                    |
| Other                              | 1                            | 2                        | 2                     | 1                            | 2                        | 1                     |

In contrast, the proportions of men and women admitted was very similar: overall, 69 per cent of the self-funders were women, compared to 71 per cent of publicly-funded admissions. The tendency for a higher proportion of men to be admitted to nursing homes was more

evident among self-funders: 37 per cent were male compared with 32 per cent of publicly-funded people although this difference was not statistically significant.

Just 15 per cent of the sample were married at the point of admission, rather less than among publicly-funded admissions, where 20 per cent were married on admission. This is to be expected as those who are married home-owners will be entitled to public support at a lower level of assets as the value of the home is not taken into consideration unless the partner no longer needs the property. This also explains why a relatively high proportion, 40 (or 27 per cent) of the 148 married people, were moving in to a home at the same time as their spouse.

As with publicly-funded residents, significantly more people admitted to a nursing place were married (21 per cent) than a residential place (11 per cent) ( $p < 0.001$ ). Amongst publicly-funded residents the proportions were 29 per cent and 18 per cent respectively (Bebbington et al., 1996). However, those married couples who were admitted together were significantly more likely to move into a residential home than a nursing or dual registered home ( $p < 0.01$ ).

There was no significant difference in terms of age or gender between those residents for whom we did or did not have an interview with a relative or friend. However, relatives or friends were more likely to be interviewed if the resident was separated or divorced (5 per cent of residents compared with 2 per cent of those where there was no interview) and less likely if they had never been married (9 per cent compared with 16 per cent where there was no interview) ( $p < 0.05$ ).

### **3.5 Source of Admission**

Basic information about where people were immediately prior to admission was available from home managers for the whole sample (921 cases). Of these a lower proportion were admitted directly from hospital (43 per cent) compared with publicly-funded residents (52 per cent). Table 3.1 shows that in practice a similar proportion were admitted from hospital to residential homes (about 40 per cent), it is amongst those admitted to nursing places where the difference is most marked. Less than half of self-funders were admitted from hospital, compared with nearly two thirds of publicly-funded admissions ( $p < 0.05$ ).

As with publicly-funded admissions, the majority of self-funded residents (71 per cent of the 869 for whom information was available) had lived alone prior to their admission to the home or their hospital stay immediately before admission. Among publicly-funded residents for whom this information was available (a sample of 2,438) the proportion was 63 per cent. The

proportions of self-funded admissions who lived alone was lower among those admitted to nursing homes, 59 per cent, compared with 76 per cent admitted to residential homes ( $p < 0.001$ ). Among publicly-funded admissions just over half (52 per cent) of those admitted to nursing homes lived alone prior to admission.

### **3.6 Dependency, Disorders and Diseases**

One of the issues raised by previous work (Netten et al., 1998) was whether self-funders were admitted at a lower level of dependency than publicly-funded residents. Information was collected about disorders and diseases, mobility, need for help with specific tasks and for nursing care, continence, cognitive impairment and challenging behaviour. In order to ensure that the information corresponded to people's dependency at the point of admission this information was only available for those who had been admitted during the previous two months (394 cases).

#### **3.6.1 Disorders and diseases**

Table 3.2 lists disorders and diseases known about by the home staff on admission and compares this with those identified by social workers for publicly-funded admissions. These different sources of information need to be borne in mind when interpreting the results as it is critical for home managers, particularly in nursing homes, to know about diagnosed conditions of people for whom they are caring. From a placement point of view specific diagnoses are less important than knowing about the effect on functioning and general prognoses.

The proportion of self-funded people admitted who were diagnosed as suffering from depression was significantly higher than publicly-funded residents ( $p < 0.05$ ). Although among residents overall the difference was not statistically significant, a significantly higher proportion of self-funders admitted to nursing homes were identified as suffering from cancer than publicly-funded residents ( $p < 0.05$ ). Indeed for most disorders and diseases prevalence was similar or higher among self-funded admissions. However, this higher prevalence of reported disorders and diseases did not translate into greater dependency.

**Table 3.2: Disorders and diseases of persons admitted, by type of place occupied**

| <i>Disorders and diseases</i> | <i>Self-funded</i>                             |                                            |                                         | <i>Publicly-funded</i>                          |                                             |                                          |
|-------------------------------|------------------------------------------------|--------------------------------------------|-----------------------------------------|-------------------------------------------------|---------------------------------------------|------------------------------------------|
|                               | <i>Residential place<br/>(n = 259)<br/>(%)</i> | <i>Nursing place<br/>(n = 134)<br/>(%)</i> | <i>All places<br/>(n = 393)<br/>(%)</i> | <i>Residential place<br/>(n = 1314)<br/>(%)</i> | <i>Nursing place<br/>(n = 1124)<br/>(%)</i> | <i>All places<br/>(n = 2438)<br/>(%)</i> |
| Dementia (diagnosed)          | 38                                             | 31                                         | 36                                      | 38                                              | 39                                          | 38                                       |
| Arthritis                     | 31                                             | 34                                         | 32                                      | 34                                              | 28                                          | 32                                       |
| Stroke                        | 13                                             | 27                                         | 18                                      | 17                                              | 26                                          | 21                                       |
| Cardiovascular disease        | 17                                             | 25                                         | 19                                      | 19                                              | 20                                          | 19                                       |
| Respiratory/chest disease     | 10                                             | 25                                         | 15                                      | 14                                              | 15                                          | 14                                       |
| Deafness                      | -                                              | -                                          | -                                       | 16                                              | 11                                          | 14                                       |
| Depression (diagnosed)        | 24                                             | 25                                         | 24                                      | 14                                              | 12                                          | 13                                       |
| Fracture                      | 9                                              | 10                                         | 9                                       | 10                                              | 11                                          | 10                                       |
| Blindness                     | -                                              | -                                          | -                                       | 10                                              | 10                                          | 10                                       |
| Malignancy                    | 7                                              | 22                                         | 13                                      | 4                                               | 13                                          | 8                                        |
| Other psychiatric disorder    | 9                                              | 7                                          | 8                                       | 6                                               | 5                                           | 6                                        |
| Gastrointestinal disease      | 6                                              | 10                                         | 7                                       | 4                                               | 6                                           | 5                                        |

### 3.6.2 Physical functioning

Dependency was measured using a number of items and a combination of these used to compile the Barthel Index of Activities of Daily Living (Royal College of Physicians and British Geriatrics Society, 1992), a measure of abilities to perform activities of daily living and continence. In this index a maximum score of 20 indicates high functional ability and a score of zero indicates extreme dependence on others. Table 3.3 compares self-funded residents with publicly-funded admissions in terms of mobility, ability to undertake individual activities of daily living, continence and Barthel score.

In almost all instances there was evidence of a lower level of physical dependency among self-funded residents than among publicly-funded residents. This was true in terms of mobility, activities of daily living, and continence. The average Barthel score of people admitted to nursing homes was 7.1, compared with 14.1 among those admitted to residential care. The equivalent figures for publicly-funded admissions were 6.8 and 12.5 respectively. Although the difference in average Barthel score among those admitted to nursing homes did not reach statistical significance, self-funders admitted to residential homes were significantly more able than publicly-funded admissions ( $p < 0.05$ ).

**Table 3.3: Dependency characteristics of admissions, by type of place occupied**

| <i>Dependency characteristics</i>  | <i>Self-funded</i>                             |                                            |                                         | <i>Publicly-funded</i>                          |                                             |                                          |
|------------------------------------|------------------------------------------------|--------------------------------------------|-----------------------------------------|-------------------------------------------------|---------------------------------------------|------------------------------------------|
|                                    | <i>Residential place<br/>(n = 261)<br/>(%)</i> | <i>Nursing place<br/>(n = 135)<br/>(%)</i> | <i>All places<br/>(n = 396)<br/>(%)</i> | <i>Residential place<br/>(n = 1310)<br/>(%)</i> | <i>Nursing place<br/>(n = 1124)<br/>(%)</i> | <i>All places<br/>(n = 2434)<br/>(%)</i> |
| <b>Mobility</b>                    |                                                |                                            |                                         |                                                 |                                             |                                          |
| Walk outdoors                      | 25                                             | 6                                          | 18                                      | 16                                              | 4                                           | 11                                       |
| Walk indoors and stairs            | 15                                             | 5                                          | 12                                      | 16                                              | 5                                           | 11                                       |
| Indoors on level unaided           | 11                                             | 3                                          | 9                                       | 8                                               | 2                                           | 5                                        |
| On level with aids                 | 15                                             | 7                                          | 13                                      | 24                                              | 9                                           | 17                                       |
| Level with help                    | 13                                             | 13                                         | 13                                      | 18                                              | 23                                          | 20                                       |
| Mobile in wheelchair               | 13                                             | 30                                         | 18                                      | 14                                              | 28                                          | 20                                       |
| Chair or bedfast                   | 7                                              | 36                                         | 17                                      | 4                                               | 29                                          | 15                                       |
| <b>Self care (need assistance)</b> |                                                |                                            |                                         |                                                 |                                             |                                          |
| Wash face and hands                | 18                                             | 58                                         | 31                                      | 34                                              | 67                                          | 49                                       |
| Bath or wash all over              | 80                                             | 91                                         | 84                                      | 86                                              | 95                                          | 90                                       |
| Dress                              | 46                                             | 83                                         | 58                                      | 58                                              | 88                                          | 72                                       |
| Feed self                          | 4                                              | 38                                         | 16                                      | 11                                              | 38                                          | 23                                       |
| Use WC                             | 17                                             | 60                                         | 32                                      | 28                                              | 73                                          | 49                                       |
| Transfer (bed/chair)               | 25                                             | 73                                         | 41                                      | 32                                              | 76                                          | 52                                       |
| <b>Continence</b>                  |                                                |                                            |                                         |                                                 |                                             |                                          |
| Continent                          | 60                                             | 35                                         | 52                                      | 53                                              | 24                                          | 40                                       |
| Occasional accidents               | 24                                             | 23                                         | 24                                      | 32                                              | 30                                          | 31                                       |
| Incontinent                        | 16                                             | 42                                         | 25                                      | 15                                              | 46                                          | 29                                       |
| <b>Barthel Index (grouped)</b>     |                                                |                                            |                                         |                                                 |                                             |                                          |
| Low dependence (Score 13–20)       | 66                                             | 19                                         | 50                                      | 52                                              | 12                                          | 34                                       |
| Moderate dep (Score 9–12)          | 18                                             | 18                                         | 18                                      | 28                                              | 19                                          | 24                                       |
| Severe dep (Score 5–8)             | 11                                             | 26                                         | 16                                      | 15                                              | 32                                          | 23                                       |
| Total dependence (Score 0–4)       | 4                                              | 37                                         | 15                                      | 4                                               | 37                                          | 19                                       |

In addition to differences in level of dependency within home type a higher proportion of self-funded than publicly-funded people are admitted to residential places, making the overall difference in level of dependency even more marked. Table 3.3 slightly overstates this because of the small bias towards residential admissions in our sample. Table 1.5 in Chapter 1 shows that when weighting is applied the proportion of people in the least dependent group is 48 per cent, compared with 50 per cent shown in table 3.3. This is significantly more than the 34 per cent identified in this group among publicly-funded admissions ( $p < 0.05$ ).

### **3.6.3 Cognitive impairment**

Cognitive impairment and challenging behaviour were measured by using items from the Minimum Data Set (MDS), a structured approach to assessment and problem identification (Morris et al., 1990; Carpenter et al., 1997). A seven-point scale, the Minimum Data Set

Cognitive Performance Scale (MDS CPS) (Morris et al., 1994) was compiled from these items. Using these hierarchical categories provided an overview of problems in the areas of memory, functioning and communication. An additional question taken from the MDS concerned frequency of problem behaviour such as wandering, physical or verbal abuse and antisocial acts. Behavioural symptoms of depression were excluded.

Information was also collected about diagnosed diseases and disorders and need for specific nursing tasks.

Table 3.4 shows levels cognitive impairment and behaviour and compares these with publicly-funded admissions. As we would expect, very severely impaired people were significantly more likely to be admitted to nursing homes ( $p < 0.05$ ). There was no association between problem behaviour and type of place to which people were admitted.

**Table 3.4: Cognitive impairment and behavioural problems of admissions, by type of place occupied**

| <i>Dependency characteristics</i> | <i>Self-funded</i>           |                          |                       | <i>Publicly-funded</i>       |                          |                       |
|-----------------------------------|------------------------------|--------------------------|-----------------------|------------------------------|--------------------------|-----------------------|
|                                   | <i>Residential place (%)</i> | <i>Nursing place (%)</i> | <i>All places (%)</i> | <i>Residential place (%)</i> | <i>Nursing place (%)</i> | <i>All places (%)</i> |
| MDS CPS <sup>1</sup> categories   | (n = 256)                    | (n = 127)                | (n = 383)             | (n = 1260)                   | (n = 1023)               | (n = 2283)            |
| Intact (0)                        | 27                           | 28                       | 27                    | 22                           | 18                       | 20                    |
| Borderline intact (1)             | 14                           | 11                       | 13                    | 15                           | 10                       | 13                    |
| Mild impairment (2)               | 20                           | 15                       | 18                    | 13                           | 9                        | 11                    |
| Moderate impairment (3)           | 18                           | 14                       | 17                    | 25                           | 17                       | 21                    |
| Mod severe impairment (4)         | 6                            | 8                        | 7                     | 8                            | 10                       | 8                     |
| Severe impairment (5)             | 14                           | 19                       | 16                    | 18                           | 32                       | 24                    |
| Very severe impairment (6)        | <1                           | 6                        | 2                     | <1                           | 4                        | 2                     |
| Frequency of problem behaviour    | (n = 261)                    | (n = 136)                | (n = 397)             | (n = 1261)                   | (n = 1025)               | (n = 2286)            |
| Never/very unusual                | 70                           | 70                       | 70                    | 67                           | 65                       | 66                    |
| Sometimes (>weekly)               | 12                           | 16                       | 14                    | 21                           | 20                       | 20                    |
| Frequently (daily)                | 18                           | 14                       | 17                    | 13                           | 16                       | 14                    |

Note:

1. Minimum Data Set Cognitive Performance Scale.

Although every attempt has been made to ensure comparability, necessarily in the survey of publicly-funded admissions social workers were assessing people immediately prior to admission, and in this study managers were assessing people immediately after admission. While characteristics such as physical functioning may be changing, overall we would expect the assessments to be very similar. There is rather less confidence when comparing information about cognitive functioning and behaviour.

In terms of cognitive impairment a significantly higher proportion of self-funded residents were identified as entirely cognitively intact (27 per cent) and a lower proportion severely impaired (16 per cent) than publicly-funded admissions (20 and 24 per cent respectively) ( $p < 0.05$ ).

Identifying problem behaviours is always difficult, as respondents will vary in what they identify as problematic. Moreover, behavioural problems may develop as a result of a move. There was no statistically significant difference in behavioural problems between public and self-funders. A slightly lower proportion of self-funded people were identified as showing any problem behaviour (30 per cent) compared with publicly-funded (34 per cent). However, more self-funders were identified as displaying such behaviours at least daily (17 compared with 14 per cent).

#### ***3.6.4 Need for nursing care***

Unlike other measures of dependency, need for many of the specific nursing tasks identified at the point of admission was higher among self-funders than publicly-funded admissions (see table 3.5). A significantly higher proportion of people were identified as needing at least some type of nursing care (76 per cent compared with 43 per cent) ( $p < 0.05$ ). A lot of this difference is due to significantly more people identified as needing ongoing monitoring, (49 per cent compared with 4 per cent of publicly-funded admissions,  $p < 0.05$ ) ‘other’ medication (64 per cent compared with 3 per cent,  $p < 0.05$ ) and ‘other’ types of nursing (26 per cent compared with 6 per cent,  $p < 0.05$ ). Higher proportions were also identified as needing named specific procedures: dressings, bedfast procedures and a feeding tube, although these did not reach statistical significance overall, they were significantly higher among those admitted to nursing places ( $p < 0.05$ ).

The difference may be partly associated with an increasing number of people being cared for in homes who were previously cared for in hospitals in the period since the study of publicly-funded admissions. However, the lower levels of dependency reported above suggest that this is not the dominant reason for the reported differences. At least some of the difference is likely to be attributable to the nature of the informant. Social workers only identified nursing care tasks for 66 per cent of admissions to nursing places, while in the cross-sectional survey of homes 85 per cent of residents were identified as needing some type of nursing task. However, in residential homes the proportion of publicly-funded residents identified as needing nursing tasks on admission (24 per cent) was virtually identical to the proportion identified by home managers in the cross-sectional survey. This contrasts with 67 per cent of self-funded admissions to residential places.

**Table 3.5: Need for nursing tasks, by type of place occupied**

| <i>Nursing tasks</i>                            | <i>Self-funded</i>                             |                                            |                                         | <i>Publicly-funded</i>                          |                                             |                                          |
|-------------------------------------------------|------------------------------------------------|--------------------------------------------|-----------------------------------------|-------------------------------------------------|---------------------------------------------|------------------------------------------|
|                                                 | <i>Residential place<br/>(n = 256)<br/>(%)</i> | <i>Nursing place<br/>(n = 137)<br/>(%)</i> | <i>All places<br/>(n = 393)<br/>(%)</i> | <i>Residential place<br/>(n = 1311)<br/>(%)</i> | <i>Nursing place<br/>(n = 1123)<br/>(%)</i> | <i>All places<br/>(n = 2434)<br/>(%)</i> |
| Ongoing monitoring                              | 39                                             | 68                                         | 49                                      | 1                                               | 6                                           | 4                                        |
| Daily dressings                                 | 26                                             | 42                                         | 32                                      | 17                                              | 39                                          | 28                                       |
| Bedfast procedures<br>(e.g. bed bath)           | 5                                              | 40                                         | 18                                      | 1                                               | 24                                          | 12                                       |
| Feeding requiring nursing<br>skills (e.g. tube) | <1                                             | 15                                         | 6                                       | <1                                              | 7                                           | 3                                        |
| Regular injections                              | 2                                              | 7                                          | 4                                       | 2                                               | 5                                           | 4                                        |
| Help with complex appliances<br>or prostheses   | 2                                              | 7                                          | 4                                       | 2                                               | 11                                          | 6                                        |
| Provision of (other)<br>medication              | 53                                             | 84                                         | 64                                      | 1                                               | 4                                           | 3                                        |
| Other nursing care                              | 5                                              | 66                                         | 26                                      | 2                                               | 11                                          | 6                                        |
| Any nursing tasks identified                    | 67                                             | 94                                         | 76                                      | 24                                              | 66                                          | 43                                       |

One further explanation is that what people take to be defined as a nursing task has changed since the time of the previous surveys. The Royal Commission on Long Term Care occurred between the studies. The public discussion about the need to fund nursing care and consequent debate about the nature of nursing care may have affected the responses given.

### ***3.6.5 Implications of dependency differences***

If we assume that self-funders can be maintained in the community to the same level of dependency of publicly-funded residents then we can estimate the proportion of residents who need not have been admitted. Using the proportions in the lowest Barthel dependency groups, 16 per cent would not have been admitted based on the data reported in table 3.3, although this reduces to 14 per cent if we use the data weighted to reflect the national picture (see table 1.5). While this could be due to a positive decision to enter a home for specific perceived benefits, the question is raised whether it is due to lack of access to adequate support. We turn first to the basic unit of production of care described above: the informal care network.

### **3.7 Informal Support Network**

In section 3.2 above we identified that the informal care network is the basic unit for producing care in the community. The level and stability of social support has been found in the past to be a key determinant of whether or not people are admitted to care homes (Bowling, 1994). Information was collected from relatives about the types of informal network that the older person drew on prior to admission and types of direct help received. Clearly such a source means that at least one relative or friend was sufficiently involved in the admission process to be prepared to respond to the survey. Necessarily, therefore, our sample is likely to underestimate the proportions of people who were isolated with little or no support. Thus the findings below should be seen in the context that 11 per cent of the sample who had survived the initial period after admission did not have a relative or friend that the home could identify.

#### ***3.7.1 Support network type***

In order to identify the type of informal network we used the Wenger Support Network Typology, which was developed on the basis of an intensive four-year qualitative study of older people (Wenger, 1991). The support network is defined as all those in the social network who are available to provide emotional support and companionship, help with various tasks of daily living, advice or advocacy (Wenger and Scott, 1995). The types of network are shown in box 3.1. This typology has been shown to have predictive validity in terms of likelihood of institutionalisation, mental health outcomes, hospital discharge outcomes, and levels of carer stress (Wenger, 1997).

Wenger (1997) describes the different strengths and weaknesses and the nature of potential risks related to network type. Family dependent support networks tend to delay admission to residential care, as the family tends to struggle to keep their dependent at home as long as they can. Among all other networks the presence of a spouse is the key determinant of admission to a care home. People with private restricted networks are described as ‘most at risk’ as the predominant membership is relatives who live more than 50 miles away, with little source of local support. This network is least common in population samples for the United Kingdom, but the most frequent type on social work caseloads. Both this network and local self-contained networks, where primary support comes from neighbours, are associated with early admissions where need is identified. However, both these networks are associated with resistance to interventions.

Network type was defined on the basis of eight questions about location and frequency of contacts with, family, friends and neighbours and participation in community groups (Wenger and Day, 1995). A computer algorithm for identifying network type was provided by the Centre for Social Policy Research and Development at the University of Wales, Bangor. The Centre also provided data about prevalence of network types identified in their longitudinal study of older people in the general population in North Wales (Wenger, 1992). The typology and general distribution have been confirmed in other studies set in urban contexts (Burholt et al., 1997).

### Box 3.1: Support Network Typology

1. **Family Dependent Support Network** has primary focus on close family ties with few peripheral friends and neighbours. It is often based on a shared household with, or near to, an adult child, often a daughter. Community involvement is generally low. All support needs are met by relatives. These networks tend to be small and the people are more likely to be widowed, older and in less good health than those with other types of networks.
2. **The Locally Integrated Support Network** includes close relationships with local family, friends and neighbours. Many neighbours are also friends. Usually based on long-term residence and active community involvement in religious and voluntary organisations in the present or recent past. These networks tend to be larger on average than others.
3. **The Local Self-contained Support Network** typically has arms length relationships or infrequent contact with at least one relative living in the same or adjacent community or neighbourhood, often a sibling, niece or nephew. Childlessness is common. Reliance is focused on neighbours, but elderly people with this type of network tend to adopt a household focused lifestyle, whilst community involvement, if any, tends to be low key. Networks tend to be smaller than average.
4. **The Wider Community Focused Support Network** is associated with active relationships with distant relatives, usually children, and high salience of friends and neighbours. Absence of local kin is typical. The distinction between friends and neighbours is maintained. The people are generally involved in community and/or voluntary organisations. This type of network is frequently associated with retirement migration and is commonly a middle class or skilled working class adaptation. Networks are larger than average.
5. **The Private Restricted Support Network** is typically associated with absence of local kin, other than in some cases a spouse, although a high proportion are married. Contact with neighbours is minimal. These people have few nearby friends and a low level of community contacts or involvements. The network type subsumes two sub-types: independent married couples and dependent persons who have withdrawn or become isolated from local involvement. In many cases a low level of social contact represents a lifelong adaptation. Networks are smaller than average.

Table 3.6 shows the proportions of self-funded admissions for whom there was an interview with a relative or friend in each network type compared with the initial longitudinal survey of

ageing sample of people 65 and over and with two subsequent waves of follow-up. Clearly, people being admitted to self-funded care are older than people aged 65 and over in the general population. The follow-up sample in 1995 is closest in terms of average age, but the sample by this stage has reduced to just 70 people. The larger follow-up sample in 1987 shows a similar age range to our study sample.

**Table 3.6: Comparison of distribution of network types and age range of self-funded admissions with the Bangor Longitudinal Study of Ageing**

| <i>Network type/age range</i> | <i>Longitudinal sample</i> |                         |             | <i>Self-funded admissions</i> |
|-------------------------------|----------------------------|-------------------------|-------------|-------------------------------|
|                               | <i>1979<sup>1</sup></i>    | <i>1987<sup>2</sup></i> | <i>1995</i> |                               |
| Network type (%)              |                            |                         |             |                               |
| Family dependent              | 22                         | 22                      | 20          | 22                            |
| Locally integrated            | 33                         | 31                      | 23          | 19                            |
| Local self-contained          | 20                         | 16                      | 10          | 13                            |
| Wider community focused       | 16                         | 22                      | 17          | 12                            |
| Private restricted            | 9                          | 9                       | 27          | 22                            |
| Inconclusive                  | 0                          | 0                       | 3           | 12                            |
| Age Range                     |                            |                         |             |                               |
| Minimum                       | 65                         | 71                      | 81          | 65                            |
| Maximum                       | 99                         | 103                     | 96          | 101                           |
| Mean                          | 75                         | 80                      | 86          | 85                            |
| Standard deviation            | 6.8                        | 5.2                     | 3.6         | 6.4                           |
| Total number of people        | 523                        | 223                     | 70          | 317                           |

Notes:

1. Sample included community dwellers aged 65+.
2. 1987–1999 selected samples in table included all survivors from 1979 sample living in the community.

When compared to the general population self-funded admissions show similar proportions of people with the most resilient network: family dependent, but lower proportions of locally integrated and wider community focussed. The most vulnerable network type, private restricted, is higher than in the general population samples with the exception of the 1995 follow-up wave. We would have anticipated that this group would be under-represented in our sample given that our informants are relatives and friends, and this group includes the most isolated individuals.

As we would expect, given the discussion above in section 3.2, network types develop and respond to changes in individuals' circumstances (Wenger and Scott, 1995). Locally integrated or local family dependent support networks are the networks that are best adapted

to support community living in the face of growing impairment (Wenger and Scott, 1995). Predominant shifts during the longitudinal study as a result of growing impairment or disability were from locally integrated to family dependent, wider community focused to private restricted, and local self-contained to private restricted. These last two result from growing impairment restricting individuals' ability to participate in a wider network, so the person comes increasingly to rely on their own resources.

To some extent the distribution of network types is as we would expect, with a higher proportion of people in the types that develop when older people are coping with increasing impairment. However, there was no significant relationship in this study between levels of dependency, either physical or cognitive, and network type, either for the whole sample for whom the information was available (148 people) or just single people. Network type describes potential resources on which older people could draw to support them. We turn next to the level of support that is actually delivered.

### ***3.7.2 Levels of informal support***

While network type gives us an indication of the overall level of support available, it is also important to identify how this translates into action: that is what help people were actually receiving. Overall over 90 per cent of people for whom we had a relative or friend interview were receiving at least some sort of informal help. Table 3.7 shows the proportions of people who were receiving different types of help. Almost everybody got at least occasional help with practical tasks. Over 80 per cent were getting people visiting them to provide companionship, taken out for trips or help with finances and/or completing forms. About a third were getting help with personal care or physical help such as getting in and out of bed or chairs. Two-fifths got regular help with meals.

**Table 3.7: Types of informal help received by self-funded admissions prior to admission**

| <i>Types of informal help</i>                  | <i>No.<br/>(n = 270)</i> | <i>%</i> |
|------------------------------------------------|--------------------------|----------|
| Help with meals                                | 160                      | 60       |
| Help with personal care e.g. washing, dressing | 91                       | 35       |
| Companionship                                  | 230                      | 87       |
| Practical help e.g. shopping, housework        | 248                      | 93       |
| Help with paperwork/financial matters          | 221                      | 83       |
| Physical help e.g. help in/out of chair        | 87                       | 33       |
| Taken out                                      | 214                      | 80       |
| Help with taking medicine                      | 104                      | 40       |
| Supervision                                    | 125                      | 48       |
| Other help                                     | 112                      | 44       |

Network type was associated with the type of help provided. People who had the most supportive family dependent type of network were significantly more likely to have received help of all types shown in table 3.7 ( $p < 0.05$ ), with the one exception of being taken out on trips. People with locally integrated networks were more likely to be receiving help with medicines ( $p < 0.05$ ). Those belonging to the wider community focussed network were significantly less likely to have received help with meals, physical help, visits to provide companionship or help taking medicines ( $p < 0.05$ ). The lower level of more intimate types of care is to be expected, as this type of network reflects the absence of local kin. People from the most vulnerable type of network: private restricted, were less likely to be taken out for trips, to get help with paperwork or to get practical help ( $p < 0.05$ ).

Overall the picture of more help being received by those with family dependent networks and those with more disparate networks receiving less help is what we would expect. Some differences which might have been expected (such as lower levels of personal care from community focussed and private restricted networks) did not reach statistical significance. This may be partly because of the sample size for which information was available (268 cases), which was relatively small when distributed over six different groups. Further work could explore the relationship in more depth.

In order to classify people into these support network types we collected information about frequency of visits. At least somebody was visiting all the older people before they were admitted: just two people had less than weekly face to face contact with a relative, friend or neighbour. About two-thirds (64 per cent) saw somebody daily. The majority of the

remainder (25 per cent of the sample for whom information was available) had contact at least two or three times per week.

We would expect the vast majority of the sample for whom information was available to be having some sort of assistance as they had a relative or friend prepared to be interviewed. However, from the perspective of an older person on the point of considering admission to a care home, the level of support they are likely to require will be substantial. Only nine people were just receiving help with housework, paperwork or just getting taken out. Tasks such as supervision, physical help, personal care and taking medicine suggest a high level of input, given the frequency and reliability required for such tasks. Sixty-five per cent of the sample was receiving care of this type. This type of input was significantly associated with higher levels of dependency on admission. The average Barthel score for those receiving this type of help was 11.9, compared with 14.6 amongst those receiving lower levels or no informal support ( $p < 0.05$ , 127 cases). It was interesting to note that while type of help was associated with different levels of dependency absolute frequency of visits was not significantly associated with Barthel score on admission. This suggests that what is done during a visit is more important than how often the visits occur.

### **3.8 Service Receipt**

One critical issue in the prevention of unnecessary admissions to care homes is the receipt of formal as well as informal support. Table 3.8 shows proportions of people receiving services by whether it was a residential or nursing place they were admitted to and table 3.9 shows the frequency with which services were received. For the most part a minority of residents were receiving any one of the services identified, although just over half (55 per cent) were receiving some form of home care, whether arranged privately or through the local authority. In all 21 per cent of older people for whom the information was available (318 people) did not receive any of the named services. Of those receiving services the vast majority received them weekly or more often.

In addition to these services respondents were asked whether the resident had visited a home for short-stay in the year prior to admission. A substantial minority, 28 per cent, had done so.

The service that fewest people were using immediately prior to admission was day care, with less than 10 per cent attending day hospital and 16 per cent attending some form of day centre.

**Table 3.8: Proportion of self-funded people receiving services, by type of place occupied**

| <i>Services</i>               | <i>Residential place<br/>(n = 217)<br/>(%)</i> | <i>Nursing place<br/>(n = 99)<br/>(%)</i> | <i>All places<br/>(n = 316)<br/>(%)</i> |
|-------------------------------|------------------------------------------------|-------------------------------------------|-----------------------------------------|
| LA organised home care        | 45                                             | 47                                        | 46                                      |
| Privately-organised home care | 20                                             | 24                                        | 21                                      |
| Any type of home care         | 55                                             | 56                                        | 55                                      |
| Domestic help                 | 37                                             | 41                                        | 38                                      |
| NHS nursing care              | 15                                             | 33                                        | 21                                      |
| Day hospital                  | 8                                              | 8                                         | 8                                       |
| Day centre                    | 18                                             | 11                                        | 16                                      |
| Meals on wheels               | 24                                             | 24                                        | 24                                      |

**Table 3.9: Frequencies of service receipt among self-funded people receiving services**

| <i>Services</i>               | <i>Every day/<br/>nearly<br/>every day</i> | <i>2-3 times<br/>a week</i> | <i>Once a<br/>week</i> | <i>&lt;Once a<br/>week</i> | <i>Number of<br/>people</i> |
|-------------------------------|--------------------------------------------|-----------------------------|------------------------|----------------------------|-----------------------------|
| LA organised home care        | 65                                         | 17                          | 11                     | 7                          | 141                         |
| Privately-organised home care | 62                                         | 14                          | 14                     | 11                         | 65                          |
| Any type of home care         | 68                                         | 14                          | 11                     | 6                          | 175                         |
| Domestic help                 | 13                                         | 35                          | 45                     | 8                          | 118                         |
| NHS nursing care              | 19                                         | 17                          | 31                     | 33                         | 64                          |
| Day hospital                  | -                                          | 1                           | 3                      | 4                          | 25                          |
| Day care centre               | 13                                         | 27                          | 54                     | 6                          | 48                          |
| Meals on Wheels               | 44                                         | 43                          | 4                      | 9                          | 70                          |

As would be expected, a higher proportion of people were receiving community nursing services prior to admission to a nursing place than those admitted to a residential place (33 per cent compared with 15 per cent). In the publicly-funded admissions survey restricted information about use of community nursing and home care services was only asked about people who had not been in hospital prior to admission. A higher proportion of those admitted to nursing homes were receiving a visit from a community nurse weekly or more often: 33 per cent compared with 22 per cent among self-funded residents. Amongst publicly and self-funded people admitted to residential places the proportion receiving frequent community nursing visits was virtually identical at 11 per cent. This is particularly notable given the much higher level of needs for nursing care reported above. As would be expected, receipt of nursing services was associated with higher levels of impairment as measured by the Barthel Index of ADL ( $p < 0.01$ ).

Home care services, which provide personal care, are of particular importance in maintaining people at home. We were interested in the differences between what individuals and their relatives organise themselves, compared with that organised through local authorities. Less than half (46 per cent) of the sample were receiving local authority organised home care. On average these people were receiving eight hours per week ( $sd = 6.4$ ), compared with 24 hours per week ( $sd = 38.2$ ) among the 51 cases receiving privately organised care. The difference was largely due to a few cases that had a very high level of private care: two cases were full-time (168 hours per week) and a further four received 70 or more hours per week. The maximum local authority organised provision was 30 hours per week. However, it was clear that the difference was not just due to a few extreme cases: the median of privately-funded care was eight hours per week compared with just over five local authority organised hours per week.

Nineteen people, 15 per cent of those receiving local authority organised services, topped this up with privately organised care. Amongst this group the average total level of home care was 32 hours per week ( $sd = 23$ ). The total level of home care amongst all cases that received either local authority or privately organised or both was 14 hours ( $sd = 24$ ). Receipt of home care was not associated with physical impairment as measured by the Barthel Index. However, people with mild cognitive impairment were significantly more likely to be receiving local authority organised home care ( $p < 0.05$ ).

In the survey of publicly-funded admissions, information was collected about the proportion of people who had been living in a private household immediately prior to admission and who had five hours or less of home care or more than five hours of home care per week. No particular distinction was made about who organised the care. In that study 64 per cent were receiving home care compared with 55 per cent among self-funders. Not only did a higher proportion of publicly-funded residents receive home care prior to admission, but they received more hours. Just 57 per cent of self-funders who were users of home care received more than five hours in total, compared with 70 per cent of publicly-funded admissions who were receiving home care. Only 51 per cent of self-funded admissions received more than five hours of local authority arranged care. Moreover, the difference between current publicly-funded admissions and our sample is likely to be more marked, given that intensity of home care provision has increased since 1995 when the first survey took place (Department of Health, 2001c).

The majority, 60 per cent of 314 residents for whom information was available, had seen a social worker or care manager prior to admission. A full assessment had been conducted in 54 per cent of cases. Out of the 171 people assessed, care managers had recommended

admission to 158, or 50 per cent of the sample. Only in two instances did respondents report that social services had directly refused to assess the older person.

The levels of home care received may indicate that some people had encountered problems in accessing adequate services. This is also suggested by the minority of relatives who used the open-ended question about funding to describe their experiences of community care. Their responses covered diverse issues, including a perceived lack of support for elderly people in the community, inadequacies in care packages provided, the lack of flexibility in the care provided and the fact that self-funded community care was unaffordable. However, given that the question was not designed to explore this particular issue in any depth, it is difficult to measure how widespread these concerns were.

### **3.9 Unmet Needs Prior to Admission**

By the very fact that the decision was made for the older person to enter a care home we know that there were unmet needs of some sort prior to admission. Above we have described the level of inputs by the informal and formal sector. We can get an indicator of the total level of support being received prior to admission by combining information about informal support and service receipt. We defined people as receiving a substantial level of support if they are receiving home care services at least twice a week and/or informal care with supervision, physical help, personal care or taking medicine. Of the 313 people for whom this information was available 46 per cent received substantial service inputs (with or without additional informal care), 43 per cent received just informal care and 11.5 per cent received neither. Those receiving frequent home care services were significantly more likely to be receiving these types of informal care (56 per cent of those receiving services, compared with 44 per cent of those who were not,  $p < 0.01$ ).

This indicator of substantial help being received was not associated with levels of dependency, suggesting (together with the comments above) that there may be some unmet need that potentially could have been addressed through community services. Respondents were asked directly about unmet need in the five domains that have been identified as the core objectives of social care services (see section 3.2 above). Table 3.10 shows the proportions of respondents that identified unmet needs in each domain by the type of place that they were admitted to. As the interview was being conducted with a relative or friend we asked about their concerns about safety, rather than about how worried the older person was.

There was unmet need on at least one domain for 91 per cent of cases. Safety was the area where the highest level of concern was expressed by relatives, with 85 per cent expressing concern. A majority of residents (59 per cent) had not been seeing people as often as they would like before admission, with real isolation identified by their relatives in 12 per cent of cases. A lack of control over daily life was an issue for 42 per cent of residents prior to admission. Over a third of residents had inadequate meals prior to admission, with a real health risk identified in 15 per cent of cases. Personal care was the area where there was least unmet need, with just a quarter having any unmet need identified.

There was no statistically significant difference in levels of unmet need between people admitted to residential or nursing places for personal care, safety or social participation. Problems with meals and nutrition were associated with admission to residential care ( $p < 0.05$ ). If we accept borderline statistical significance ( $p = 0.07$ ), residential admissions were also associated with lack of control over daily life prior to admission.

Higher levels of impairment both physical and cognitive, were associated with more concerns about safety ( $p < 0.05$ ). Again, if we accept borderline statistical significance ( $p = 0.09$ ), there was also more unmet needs for social participation identified among more able people, suggesting that the admission may have been due in part to a desire for company. Of the 82 people identified as being in the most able group (Barthel score greater than 12) for whom information was available about unmet needs prior to admission, 62 (76 per cent) were not seeing people as often as they would like.

**Table 3.10: Levels of unmet need among self-funded residents prior to admission, by type of place occupied**

| <i>Domains of unmet need</i>      | <i>Residential place<br/>(%)</i> | <i>Nursing place<br/>%</i> | <i>All places<br/>%</i> |
|-----------------------------------|----------------------------------|----------------------------|-------------------------|
| Food and nutrition (n = 316)      |                                  |                            |                         |
| All needs met <sup>1</sup>        | 58                               | 74                         | 63                      |
| Low unmet need <sup>2</sup>       | 27                               | 13                         | 22                      |
| High unmet need <sup>3</sup>      | 16                               | 13                         | 15                      |
| Personal care (n = 320)           |                                  |                            |                         |
| All needs met <sup>4</sup>        | 73                               | 78                         | 75                      |
| Low unmet need <sup>5</sup>       | 21                               | 20                         | 21                      |
| High unmet need <sup>6</sup>      | 5                                | 2                          | 4                       |
| Safety (n = 319)                  |                                  |                            |                         |
| All needs met <sup>7</sup>        | 14                               | 19                         | 15                      |
| Low unmet need <sup>8</sup>       | 45                               | 42                         | 44                      |
| High unmet need <sup>9</sup>      | 41                               | 38                         | 40                      |
| Social participation (n = 319)    |                                  |                            |                         |
| All needs met <sup>10</sup>       | 38                               | 50                         | 41                      |
| Low unmet need <sup>11</sup>      | 50                               | 40                         | 47                      |
| High unmet need <sup>12</sup>     | 13                               | 10                         | 12                      |
| Control over daily life (n = 321) |                                  |                            |                         |
| All needs met <sup>13</sup>       | 56                               | 62                         | 58                      |
| Low unmet need <sup>14</sup>      | 35                               | 24                         | 32                      |
| High unmet need <sup>15</sup>     | 9                                | 14                         | 10                      |

Definitions:

Food and nutrition

1. Meals were sufficient, timely and varied.
2. Meals were not always appropriate but no real health risk.
3. Meals were inadequate possibly resulting in a health risk.

Personal care

4. Resident was always clean/appropriately dressed.
5. Resident was occasionally unwashed or not properly dressed.
6. Resident was dirty, with poor personal hygiene.

Safety

7. No real worries about safety.
8. Some worries about safety.
9. Extremely worried about safety.

Social participation

10. Resident saw people as often as she/he liked.
11. Resident was isolated and lonely at times.
12. Resident was isolated with little or no social contact.

Control over daily living

13. Had as much control over daily life as possible.
14. Had some control over daily life but could have had more.
15. Had no control over daily life.

The only significant association between unmet needs and levels of support was safety. Where there was a high level of concern about safety older people were more likely to be getting substantial support from formal services. This suggests that, with respect to safety, the level of services that could be arranged was not regarded as sufficient, rather than lack of access to support entirely.

### 3.10 Reasons for Admission

The discussion above has focussed on characteristics and circumstances that we expected to be related to the decision to enter a home. Relatives were also asked directly to identify the reasons that the older person had been admitted to the home. Table 3.11 shows the proportions of relatives of self-funded admissions that identified different reasons for admission by type of place they were admitted to (331 cases). The only difference that was statistically significant was physical health reasons, where a higher proportion of relatives of people admitted to nursing homes identified this as an important issue (64 per cent compared with 50 per cent in residential homes).

**Table 3.11: Reasons for admission, by type of place occupied**

| <i>Reason for admission</i>                        | <i>Residential place<br/>(n = 228)<br/>(%)</i> | <i>Nursing place<br/>(n = 103)<br/>(%)</i> | <i>All places<br/>(n = 331)<br/>(%)</i> |
|----------------------------------------------------|------------------------------------------------|--------------------------------------------|-----------------------------------------|
| Physical health problems e.g. arthritis            | 50                                             | 64                                         | 54                                      |
| Mental health problems (e.g. depression, dementia) | 47                                             | 39                                         | 44                                      |
| Need for rehabilitation                            | 9                                              | 8                                          | 9                                       |
| Had a fall                                         | 41                                             | 40                                         | 40                                      |
| General health deteriorated                        | 61                                             | 42                                         | 64                                      |
| Domestic home physically unsuitable                | 17                                             | 21                                         | 18                                      |
| Carer stress                                       | 21                                             | 21                                         | 21                                      |
| Family breakdown                                   | 2                                              | 0                                          | 1                                       |
| Bereavement                                        | 10                                             | 5                                          | 4                                       |
| Lack of motivation to remain at home               | 12                                             | 10                                         | 11                                      |
| Fear of crime                                      | 5                                              | 3                                          | 4                                       |
| Other reasons                                      | 2                                              | 2                                          | 2                                       |

The categories provided were slightly different to those used for the previous survey (where the informant was the social worker) so comparisons need to be made with care. Although

the broad category of physical health problems was the most frequently cited reason (54 per cent), it was identified less often than for publicly-funded admissions (70 per cent). This contrasted with mental health, where exactly the same proportion identified this as a major cause of admission (44 per cent). However, the lower reporting of physical health may be due in part to the inclusion of having a fall as a precipitating factor, an option not included in the previous survey. This was a very important reason amongst self-funders: a substantial proportion (about two-fifths) identified a fall as an important reason for the older person being admitted to a home. Moreover, nearly a fifth identified unsuitable housing as a reason for admission, a factor that might be related to falls and that was slightly less important among publicly-funded admissions (14 per cent). A higher proportion of self-funders (9 per cent compared with 6 per cent of publicly-funded admissions) were admitted for rehabilitation.

Compared with social workers of publicly-funded residents, lower proportions of relatives identified carer stress (21 per cent compared with 37 per cent) or family breakdown (one per cent compared with 7 per cent) as important reasons for admission. Motivation of the older person was also cited in a smaller proportion of cases (11 per cent compared with 21 per cent) although fear of crime was more prevalent (5 per cent compared with 3 per cent).

### **3.11 Decision Making**

The decision to go into a home is not an easy one. Once that decision is made there is the issue of deciding the type of home and which individual home to go into. Relatives were asked about who was involved and what influenced them in the decision-making process.

#### ***3.11.1 Who makes the decisions?***

Information about decision making was available for 330 cases. Just 15 per cent of the residents had made the decision to move into a home alone. The resident made the decision jointly with someone else in just over a quarter of cases, and in 58 per cent of cases someone other than the elderly person made the decision. This was primarily sons and daughters: in 44 per cent of all cases children of the older person were involved in the decision.

As identified above, local authority social services assessed and recommended that half of the residents for whom information was available be admitted to a home. However, this role was not seen as necessarily part of the final decision. Only 30 per cent of respondents identified social services as being part of the decision to admit the older person to a home. In 14 cases

(4 per cent of the sample) residents and relatives had gone against the social services' recommendation that the person should stay in their own home with services. Out of these 14 cases the older person was involved in the decision in four instances.

No association was found between type of place admitted to and who made the decision. However, as would be expected, reasons for admission and levels of cognitive impairment were significantly associated with who made the decision ( $p < 0.001$ ). Both physical and mental health reasons were identified for a higher proportion of cases where other people made the decision on behalf of the older person ( $p < 0.01$ ).

In some instances people will not be able to make, or even participate in the decision, because of their mental or physical health. Information was known independently about cognitive impairment for 156 cases and the Barthel score for 152 people for which information was also known about the decision to enter a care home. Of the 39 people with severe cognitive impairment the decision was made entirely by others in 33 instances and jointly in the remaining cases. However, even amongst the 42 people categorised as entirely cognitively intact, residents themselves made the decision in just a third of cases, and had no involvement in just under a third (13 cases). It is probable that cognitive impairment was the primary reason for the association between decision making and the measure of physical functioning. The overall average Barthel score was not significantly associated with who made the decision, but when the information was grouped those who were most dependent were less likely to get involved in the decision ( $p < 0.05$ ). For example, nobody who had a Barthel score of less than four took the decision alone.

### ***3.11.2 Deciding on the home***

Once the decision to move into a care home had been made, the next issue is to decide on the type of home and to identify the specific home to move into. As with the decision to move into a care home, primarily people other than the prospective resident took this decision. Only in 16 per cent of cases had the older person chosen the home without anybody else's involvement, and only in 28 per cent of cases had they been involved in the decision. In 72 per cent of cases a relative had been involved in the decision, usually a son or daughter. Social services were involved in the decision in just 9 per cent of cases.

In some of the responses to the open-ended question about funding, respondents mentioned a perceived lack of support and advice at this stage:

‘They just give you a list of homes. They can’t recommend one to you....Although I can’t say the SSD haven’t been any help they seem restricted in what they’re allowed or prepared to do.’

‘I asked all of the SS people I saw and they all said they had no idea, except one District Nurse who came in to dress his leg and she had heard of this one.’

Some had needed to make a decision about entering care over a very short space of time:

‘You don’t really get any help from medical people. They pressure you into getting something done about getting them moved from the hospital. Just rang at one point and said they were sending [name] home because they needed the bed – even though she was unfit. We told them we wouldn’t give our permission to send her home- that it would be the hospital’s responsibility – managed to delay it for a day – so had to find a home very quickly. It was very distressing. Aunt thought she was being sent into a home to die – in a confused state through bladder infection!’

In this instance they did not place their aunt in their first choice home because it was a nursing home and they were afraid she might be asked to leave once her money ran out as she had been assessed as needing residential care.

Overall just over half (53 per cent) of respondents and their relatives had no advice or guidance about the process of finding a suitable home and arranging a place. The majority of the remainder (36 per cent) had received advice from a social worker or care manager. A small proportion had received some advice from health care professionals (17 per cent) or home care workers (3 per cent). Less than 2 per cent had sought any guidance or help from independent groups such as Age Concern. Home managers were also asked who was involved in the organisation of the placement. This allows a broader picture, including those people who had no relatives or friends to assist. In 19 per cent of 913 cases, social services were identified as organising the resident’s admission.

The vast majority (83 per cent) of respondents said that just one type of home had been considered, residential, nursing or dual registered. Residents who had been admitted to nursing places were more likely to have considered dual registered homes (37 per cent) than those admitted to residential places (21 per cent). However, within the type of home most respondents had considered a number of homes. Less than a third (30 per cent) had considered just the one home. The largest single group (38 per cent) had considered two or

three homes. Eighteen per cent had considered four or five homes and 15 per cent had considered six or more homes.

Respondents were asked how they had heard of this particular home. Table 3.12 shows that the largest single group, nearly 40 per cent, found the home through a social services list. However, a substantial proportion had known of homes local to the resident (27 per cent) or a relative (16 per cent). Nursing homes were more likely to have been identified by a GP or other health professional ( $p < 0.05$ ). However, nursing homes were only identified by health care professionals in 17 per cent of instances.

In order to find out about the home, the vast majority had visited the home prior to admission (88 per cent), a third had talked to other people who knew the home and a third got a leaflet about the home. In 17 cases (5 per cent of the sample) the elderly person had been placed without anybody having previously visited the home or found any kind of information out about that particular home.

**Table 3.12: How people learnt of the existence of the home that self-funded residents were admitted to**

| <i>Sources of information</i>                  | <i>No.<br/>(n = 329)</i> | <i>%</i> |
|------------------------------------------------|--------------------------|----------|
| Close to where resident lived                  | 90                       | 27       |
| Close to members of resident's family          | 51                       | 16       |
| Recommended by GP or other health professional | 35                       | 11       |
| Recommended by friend/relative                 | 103                      | 31       |
| On list provided by SSD                        | 124                      | 38       |
| On list provided by an agency                  | 17                       | 5        |
| Other                                          | 81                       | 25       |

### ***3.11.3 Factors affecting the decision***

Respondents who had considered more than one home were asked for the basis on which homes had been accepted and rejected. Tables 3.13 and 3.14 show all the reasons identified and the principal reason lying behind accepting or rejecting a home. The main reasons for either accepting or rejecting a home were the general atmosphere and the availability of a place when it was needed. General atmosphere was significantly more important among people who had been admitted to a residential place (identified as an issue by 80 per cent of respondents) than a nursing place (identified by 69 per cent of respondents) ( $p < 0.05$ ).

However, as we might expect, when it came to the most important factor, the availability of the place was more important for those being admitted to a nursing home (20 per cent) than a residential home (11 per cent).

While not being the final deciding factor, location was clearly very important to people in deciding in favour of homes, with 31 per cent taking into account distance from the older person's former home and 57 per cent distance from family and friends. This last factor was also relevant in the rejection of homes for almost a third of cases. Of course, where location was an important factor we would not expect to see this reflected so often amongst homes rejected or as the final deciding issue as homes in unsuitable parts of the country simply would not be visited in the first place. It was interesting to note, however, that it was the most important factor more often in nursing homes (13 per cent) than residential homes (6 per cent).

**Table 3.13: Principal reasons for the selection of the home that self-funded people were admitted to**

| <i>Reasons for selecting home</i>     | <i>All reasons given<br/>(n = 331)<br/>(%)</i> | <i>Most important<br/>reason<br/>(%)</i> |
|---------------------------------------|------------------------------------------------|------------------------------------------|
| Distance from facilities (e.g. shops) | 11                                             | 2                                        |
| Distance from resident's own home     | 30                                             | 5                                        |
| Distance from family/friends          | 57                                             | 8                                        |
| Recommended by GP/other professional  | 19                                             | 2                                        |
| Recommended by friend/relative        | 30                                             | 4                                        |
| Home's general reputation             | 36                                             | 6                                        |
| Liked home's ownership                | 19                                             | 1                                        |
| Liked home's physical appearance      | 53                                             | 4                                        |
| Liked home's staff                    | 66                                             | 9                                        |
| Liked home's smell                    | 28                                             | 0                                        |
| Liked home's general atmosphere       | 77                                             | 31                                       |
| Resident's experience of being there  | 11                                             | 6                                        |
| Level of fees                         | 16                                             | <1                                       |
| Home had a bed when needed one        | 65                                             | 14                                       |
| No alternative home available         | 4                                              | <1                                       |
| Other                                 | <1                                             | 1                                        |

**Table 3.14: Reasons for rejecting other homes considered**

| <i>Reasons for rejecting homes</i>                      | <i>All reasons given<br/>(n = 228)<br/>(%)</i> | <i>Most important<br/>reason<br/>(n = 195)<br/>(%)</i> |
|---------------------------------------------------------|------------------------------------------------|--------------------------------------------------------|
| Distance from facilities                                | 6                                              | 1                                                      |
| Distance from resident's own home                       | 14                                             | 5                                                      |
| Distance from family/friends                            | 28                                             | 9                                                      |
| Did not cater for resident's specific needs             | 4                                              | <1                                                     |
| Did not cater for resident's specialism (e.g. dementia) | 8                                              | 3                                                      |
| Did not cater for ethnic/religious needs                | <1                                             | 0                                                      |
| Home's general reputation                               | 9                                              | 3                                                      |
| Did not like home ownership                             | 8                                              | 1                                                      |
| Did not like home's physical appearance                 | 34                                             | 7                                                      |
| Did not like home's staff                               | 22                                             | 1                                                      |
| Did not like home's smell                               | 34                                             | 5                                                      |
| Did not like general atmosphere                         | 59                                             | 39                                                     |
| Resident's experience of being in a home                | 6                                              | 2                                                      |
| Level of fees                                           | 15                                             | 1                                                      |
| Did not have bed when needed                            | 32                                             | 18                                                     |

Staff also played a key role, identified as a reason for opting for a particular home in two thirds of cases and the reason for rejecting homes in 22 per cent of instances. The physical appearance and smell of the home were also important (smell was identified as important in rejecting homes in a third of cases and accepting in 28 per cent). Less so were issues such as specific facilities or specialities needed or wanted by the resident. However, nursing homes were more frequently accepted or rejected on the basis of facilities than residential homes (25 per cent of nursing homes were identified because they could cater for the residents' specific needs, compared with 9 per cent of residential homes,  $p < 0.001$ ). No-one had selected a nursing home on the basis of previous direct experience by the resident, although this was a factor in 8 per cent of admissions to residential care.

Fees were only identified as relevant to the decision in about 15 per cent of cases. It was interesting to note that these were more likely to be an issue in rejecting a residential home (18 per cent of cases) than a nursing home (7 per cent of cases) ( $p < 0.05$ ). However, this was rarely a final deciding issue. As identified above, this was primarily the general atmosphere or the availability of places.

One issue that has been identified elsewhere (Netten et al., 2001a) is that self-funded residents pay more for their care than publicly-funded residents. This is due in part to the relative power in the negotiating position: clearly local authorities are the major purchaser of care home places. Although local authorities had assessed half of the residents as in need of care homes, in only 9 per cent of cases had they arranged the contract with the home. Moreover, the fees tend to be set by the home and seen as non-negotiable. The fee had been negotiated with the home in only 10 per cent of cases.

### **3.12 Conclusion**

At the start of this chapter we identified a theoretical framework which suggested that when people (or relatives on their behalf) are deciding to use their resources to purchase a place in a care home there are a number of key factors that they will take into consideration. These included the capacity of the individual and their informal network with the support of formal services to meet their needs in the community and their expectations of what care homes would provide. While network type was not directly associated with level of dependency on admission, it was associated with the type, and implicit in these types, level of help received. More intensive types of help were associated with differences in levels of dependency on admission.

Previous work had suggested that self-funded people were entering care homes at lower levels of dependency than those assessed as needing a publicly-funded care home place (Netten et al., 1998). The evidence here supports that hypothesis, although there were higher reported levels of need for nursing care and diagnosed conditions. Differences in definition and greater awareness of health conditions may be responsible for these differences. If people are being admitted earlier than necessary to care homes this in turn begs the question whether people were being admitted because they preferred to live in a care home or whether it was due to lack of access to, or inadequate support from, community services.

There is some evidence for both these propositions. Others have also identified a lack of association between levels of impairment and formal service receipt (for example, Burholt et al., 1997). Moreover, self-funders were receiving lower levels of services than publicly-funded residents prior to admission. There was evidence of topping up what was seen as inadequate care and the open-ended question at the end of the questionnaire provided further evidence of people's frustration in accessing adequate care. This must be seen in the context that the local authority had assessed half of the sample as needing to enter a care home, and 19 per cent had had the process organised for them by social services.

However, other observers have identified the need for company as an important issue in deciding to enter a care home and there was evidence that there was a high level of unmet need for social participation and involvement prior among the most able residents prior to admission.

The final decision to enter a home was usually taken by people other than the older person, who was also unlikely to decide on which home he or she was to move into. This lack of involvement in many cases was associated with cognitive impairment. Whoever was making the decision there was evidence of a lack of support for older people and their relatives. The decision about which home was made largely on the basis of location and a liking for general atmosphere, although the simple availability of a place when it was needed suggested that people may not find it easy to identify homes which meet their requirements.

Not many people identified fees as a key factor, but this is important in considering how long assets will last. In the next chapter we turn to the financial resources people have to support themselves once they have entered a care home.



## **Chapter 4**

### **Income and Assets**

#### **4.1 Introduction**

The level of public debate in this area illustrates the concern about the degree to which individuals should have to draw on their own assets in order to meet the costs of long-term care. The issues were fully debated and ways forward proposed by the Royal Commission on Long Term Care (Cm 4192-I, 1999). In the Government's response to the Royal Commission (Cm 4818-I, 2000) a number of recommendations were taken on board. At the time of the study anybody who could not afford to meet their fees from their income and who had assets of no more than £16,000 was entitled to statutory support. The new allowances to be introduced from April 2001 are that the value of an individual's home will be disregarded for the first three months after admission and those with assets of no more than £18,500 are entitled to publicly-funded support. From October 2001 nursing care provided in nursing homes is to be free, whilst personal care will continue to be the financial responsibility of self-funders.

This chapter describes the management and levels of income and assets of residents admitted during the study, factors associated with receipt of non-means tested benefits and people's views of the current financing arrangements. The most important asset for most people was the value of their home so the issue of home ownership and value of property is treated in some detail. For the most part information has been drawn from the interviews with relatives, with some supplementary information provided by home managers where no relative was available and they had the information (see Chapter 1).

#### **4.2 Management of Finances**

Information was collected about the management and sources of income and types of asset on which residents could draw. Table 4.1 shows that it was only a minority of residents that retained control over their financial affairs. They were most likely to retain control over day to day expenses but even this occurred in only 22 per cent of cases. As would be expected, for the most part the responsibility reflected the profile of the respondents (see table 1.2 in Chapter 1). The role of homes in managing financial affairs is under-reported in table 4.1 as the data were collected just from those residents for whom relatives or friends could be contacted. However, we do know that home managers could answer at least whether

residents had an occupational pension in 90 cases, 10 per cent of the total sample. While responses were much lower on more detailed questions about finances (just 26 provided information on level of assets), this may be due to reluctance on the part of respondents to supply the information as much as lack of involvement in management of financial affairs.

**Table 4.1: Responsibility for resident finances**

| <i>Responsible person/<br/>Organisation</i> | <i>Day-to-day<br/>expenses</i><br>(%) | <i>Pension<br/>book</i><br>(%) | <i>DSS<br/>benefits</i><br>(%) | <i>Cheque book/<br/>cash cards</i><br>(%) | <i>Bank/building<br/>society<br/>accounts</i><br>(%) | <i>Home<br/>fees</i><br>(%) |
|---------------------------------------------|---------------------------------------|--------------------------------|--------------------------------|-------------------------------------------|------------------------------------------------------|-----------------------------|
| Resident                                    | 22                                    | 15                             | 7                              | 16                                        | 14                                                   | 14                          |
| Spouse                                      | 6                                     | 4                              | 6                              | 6                                         | 7                                                    | 7                           |
| Son/daughter                                | 44                                    | 40                             | 35                             | 45                                        | 52                                                   | 52                          |
| Sister/brother                              | 3                                     | 4                              | 3                              | 3                                         | 4                                                    | 4                           |
| Other relative                              | 9                                     | 9                              | 11                             | 10                                        | 12                                                   | 13                          |
| Friend                                      | 5                                     | 5                              | 5                              | 6                                         | 6                                                    | 5                           |
| The home                                    | 7                                     | 1                              | 1                              | 0                                         | 0                                                    | 0                           |
| SSD/social worker                           | <1                                    | 1                              | 1                              | <1                                        | <1                                                   | 1                           |
| Solicitor                                   | 2                                     | 1                              | 1                              | 2                                         | 3                                                    | 3                           |
| Other                                       | 1                                     | 7                              | 4                              | 1                                         | 1                                                    | 3                           |
| Doesn't have                                | 1                                     | 14                             | 26                             | 11                                        | 1                                                    | 0                           |
| Total number of<br>residents                | 322                                   | 316                            | 308                            | 314                                       | 318                                                  | 320                         |

### 4.3 Home Ownership

Information about home ownership was available for 848 of the residents, 81 per cent of whom were homeowners prior to admission. This is rather lower than might be anticipated for this group. In the general population, 66 per cent of all people aged 65 and over in private households, and just over half of those living on their own, were living in owner-occupied accommodation in 1994/95 (Wittenberg et al., 1998). Over two-thirds of people admitted to care homes are publicly-funded and only those living in owner-occupied accommodation with low financial assets who were living with others on admission would be eligible for public funding. Information on whether the property had been sold and whether it had been sold to pay for the resident's care was collected in the questionnaire to relatives and friends. For 51 per cent of such owner-occupiers the property had been sold, and in 75 per cent of these cases the property had been sold to pay for the resident's care.

Overall, 58 per cent of the individuals for whom information was available had been owner-occupiers, living alone. However, the proportion was higher for those admitted to a residential place (62 per cent) than for those admitted to a nursing place (49 per cent). Conversely, individuals admitted to a nursing place were more likely to have been owner-occupiers and living with other people (34 per cent) than those admitted to a residential place (18 per cent). Among the owner-occupiers living with other people, approximately two-thirds were living with a spouse only.

Table 4.2 shows information on household tenure and composition separately by the type of place occupied by the resident. Information on household tenure and composition was supplied by home managers and by respondents to the questionnaire to relatives and friends. Information supplied by home managers was used if no questionnaire had been completed by a relative or friend, and it may be noted that responses by home managers and responses by relatives or friends were not always consistent. A small number of individuals owned property which had not been their accommodation prior to entering residential or nursing home care, and these were classified as owner-occupiers.

**Table 4.2: Household tenure and composition, by type of place occupied**

| <i>Household tenure and composition</i> | <i>Residential place</i> |          | <i>Nursing place</i> |          | <i>All places</i> |          |
|-----------------------------------------|--------------------------|----------|----------------------|----------|-------------------|----------|
|                                         | <i>No.</i>               | <i>%</i> | <i>No.</i>           | <i>%</i> | <i>No.</i>        | <i>%</i> |
| Owner-occupier, living alone            | 350                      | 58       | 125                  | 39       | 475               | 52       |
| Owner-occupier, living with others      | 100                      | 17       | 87                   | 27       | 187               | 20       |
| Not owner-occupier                      | 107                      | 18       | 43                   | 13       | 150               | 16       |
| Information incomplete                  | 32                       | 5        | 52                   | 16       | 84                | 9        |
| Not applicable                          | 10                       | 2        | 15                   | 5        | 25                | 3        |
| Total number of residents               | 599                      | 100      | 322                  | 100      | 921               | 100      |

It is of interest to identify whether there is any evidence that this survey was under-reporting the true level of home ownership amongst self-funders prior to moving into a care home. For example, our estimate would exclude those who sold their home prior to moving in with relatives or to rented sheltered accommodation. Information had been collected about moves prior to admission so those people who had moved within the recent past and that had a high level of financial assets might be assumed to fall into this category. Information was available about assets, moves and home ownership for 63 residents who were not homeowners at the time of admission. Of these, just seven had lived at their last address for

less than five years and had assets of more than £30,000. Only 15 had assets of more than £50,000, 12 of whom had been resident in their last address for more than five years. This suggests that very few people had sold houses prior to moving into the accommodation from which they were admitted.

Information about the value of the home was collected in a variety of ways in order to get as much information as possible and to enable comparison with other data sets. Tables 4.3 and 4.4 show information on the Council Tax band of the elderly person's previous accommodation by household tenure and composition (table 4.3) and by the type of place they occupied (table 4.4). Information on the Council Tax band was requested from respondents to the questionnaires to relatives and friends, augmented by enquiries to local authorities where sufficient information on the previous address of the elderly person was available to enable the Council Tax band to be obtained. However, information on the Council Tax band was only obtained for just over one-quarter of the individuals covered by this report due to inadequate information on the previous addresses of many individuals who were recorded as having owned property.

Among individuals who had been owner-occupiers living alone in England, 76 per cent had owned property in Council Tax bands A to D. A higher proportion of individuals admitted to residential places had been living in higher valued properties than those admitted to nursing places, with 73 per cent having lived in property in Council Tax bands A to D compared with 82 per cent of those admitted to nursing places. However, as noted below, the distributions of the value of accommodation owned by residents admitted to residential and nursing places were not significantly different.

**Table 4.3: Council Tax band, by household tenure and composition**

| <i>Council Tax band</i>   | <i>Owner-<br/>occupier,<br/>living<br/>alone<br/>(no.)</i> | <i>Owner-<br/>occupier,<br/>living with<br/>others<br/>(no.)</i> | <i>Not owner<br/>occupier<br/>(no.)</i> | <i>Information<br/>incomplete<br/>(no.)</i> | <i>Not<br/>applicable<br/>(no.)</i> | <i>Total<br/>(no.)</i> |
|---------------------------|------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------|---------------------------------------------|-------------------------------------|------------------------|
| England                   |                                                            |                                                                  |                                         |                                             |                                     |                        |
| A (Not exceeding £40,000) | 19                                                         | 5                                                                | 1                                       | 0                                           | 1                                   | 26                     |
| B (£40,000–52,000)        | 30                                                         | 11                                                               | 5                                       | 0                                           | 2                                   | 48                     |
| C (£52,000–68,000)        | 27                                                         | 17                                                               | 0                                       | 4                                           | 0                                   | 48                     |
| D (£68,000–88,000)        | 37                                                         | 17                                                               | 0                                       | 2                                           | 1                                   | 57                     |
| E (£88,000–120,000)       | 17                                                         | 8                                                                | 0                                       | 0                                           | 2                                   | 27                     |
| F (£120,000–160,000)      | 11                                                         | 1                                                                | 2                                       | 2                                           | 1                                   | 17                     |
| G (£160,000–320,000)      | 7                                                          | 5                                                                | 0                                       | 0                                           | 0                                   | 12                     |
| H (Exceeding £320,000)    | 1                                                          | 1                                                                | 0                                       | 0                                           | 0                                   | 2                      |
| Scotland and Wales        | 8                                                          | 4                                                                | 0                                       | 0                                           | 0                                   | 12                     |
| Information missing       | 318                                                        | 118                                                              | 142                                     | 76                                          | 18                                  | 672                    |
| Total number of residents | 475                                                        | 187                                                              | 150                                     | 84                                          | 25                                  | 921                    |

**Table 4.4: Council Tax band, by type of place occupied**

| <i>Council Tax band</i>   | <i>Residential place</i> |          | <i>Nursing place</i> |          | <i>All places</i> |          |
|---------------------------|--------------------------|----------|----------------------|----------|-------------------|----------|
|                           | <i>No.</i>               | <i>%</i> | <i>No.</i>           | <i>%</i> | <i>No.</i>        | <i>%</i> |
| England                   |                          |          |                      |          |                   |          |
| A (Not exceeding £40,000) | 20                       | 12       | 6                    | 8        | 26                | 11       |
| B (£40,000–52,000)        | 34                       | 21       | 14                   | 19       | 48                | 20       |
| C (£52,000–68,000)        | 32                       | 19       | 16                   | 22       | 48                | 20       |
| D (£68,000–88,000)        | 34                       | 21       | 23                   | 32       | 57                | 24       |
| E (£88,000–120,000)       | 20                       | 12       | 7                    | 10       | 27                | 11       |
| F (£120,000–160,000)      | 13                       | 8        | 4                    | 6        | 17                | 7        |
| G (£160,000–320,000)      | 10                       | 6        | 2                    | 3        | 12                | 5        |
| H (Exceeding £320,000)    | 2                        | 1        | 0                    | 0        | 2                 | <1       |
| Scotland and Wales        | 8                        | -        | 4                    | -        | 12                | -        |
| Information missing       | 426                      | -        | 246                  | -        | 672               | -        |
| Total number of residents | 599                      | -        | 322                  | -        | 921               | -        |

Information was also collected on the actual value of property owned by residents. This information was mainly obtained for those individuals for whom information on the Council Tax band was obtained. Table 4.5 shows the value of accommodation given by each Council

Tax band for residents in England. A small number of cases were excluded because the value of the accommodation was substantially different from the Council Tax valuation. For Council Tax bands B and C, the mean accommodation value was just below the upper end of the Council Tax valuation, and for Council Tax bands D to F, the mean accommodation value was just above the Council Tax valuation. The range of accommodation values was much wider than the Council Tax valuation range in each case. For Council Tax bands A and G, the mean accommodation value fell within the valuation range, and the range of accommodation values was wider than the Council Tax valuation range, although the differences were less marked than for Council Tax bands B to F.

**Table 4.5. Accommodation value by Council Tax band (England<sup>1</sup>)**

| <i>Council Tax band</i>   | <i>Accommodation value<sup>2</sup></i> |                    |                    |                         |
|---------------------------|----------------------------------------|--------------------|--------------------|-------------------------|
|                           | <i>Mean (£)</i>                        | <i>Minimum (£)</i> | <i>Maximum (£)</i> | <i>No. of residents</i> |
| A (Not exceeding £40,000) | 32,000                                 | 15,000             | 52,000             | 21                      |
| B (£40,000–52,000)        | 50,100                                 | 35,000             | 80,000             | 32                      |
| C (£52,000–68,000)        | 65,400                                 | 40,000             | 109,000            | 28                      |
| D (£68,000–88,000)        | 90,700                                 | 50,000             | 165,000            | 33                      |
| E (£88,000–120,000)       | 121,300                                | 80,000             | 200,000            | 19                      |
| F (£120,000–160,000)      | 166,500                                | 90,000             | 247,000            | 8                       |
| G (£160,000–320,000)      | 228,900                                | 139,000            | 360,000            | 10                      |
| H (Exceeding £320,000)    | 160,000                                | 160,000            | 160,000            | 1                       |

Notes:

1. Council Tax band was only recorded for 7 residents in Scotland and Wales.
2. Excludes 7 residents for whom the value of their previous accommodation was more than one band below or more than two bands above the Council Tax valuation.

Table 4.6 brings together information from all sources to show the value or the selling price of the accommodation owned by the resident prior to entering the home, by the type of place occupied by the resident. In 83 per cent of cases, the resident was the sole owner, and in the remaining 17 per cent of cases the resident shared ownership, usually with their spouse. In a number of cases, residents did not own the accommodation that they were living in before admission, but did own other property. In such cases, accounting for 8 per cent of residents who owned some accommodation, the property was treated as their former accommodation.

There were no significant differences between the residents admitted to residential and nursing places in terms of the distribution of the value of the accommodation that they owned. In the majority of cases in which the value of the accommodation was recorded, the

value fell in the range £40,000–£200,000 (82 per cent). However, 11 per cent of residents' former homes were valued at under £40,000.

**Table 4.6: Price/value of accommodation owned by resident, by type of place occupied**

| <i>Price/value of accommodation</i> | <i>Residential place</i> |          | <i>Nursing place</i> |          | <i>All places</i> |          |
|-------------------------------------|--------------------------|----------|----------------------|----------|-------------------|----------|
|                                     | <i>No.</i>               | <i>%</i> | <i>No.</i>           | <i>%</i> | <i>No.</i>        | <i>%</i> |
| None owned                          | 110                      | -        | 52                   | -        | 162               | -        |
| Price/value of accommodation        |                          |          |                      |          |                   |          |
| Up to £30,000                       | 10                       | 5        | 4                    | 5        | 14                | 5        |
| £30,000–40,000                      | 12                       | 6        | 4                    | 5        | 16                | 6        |
| £40,000–50,000                      | 23                       | 12       | 7                    | 9        | 30                | 11       |
| £50,000–60,000                      | 27                       | 15       | 11                   | 14       | 38                | 14       |
| £60,000–80,000                      | 34                       | 18       | 17                   | 21       | 51                | 19       |
| £80,000–120,000                     | 36                       | 19       | 22                   | 28       | 58                | 22       |
| £120,000–200,000                    | 26                       | 14       | 13                   | 16       | 39                | 15       |
| £200,000–300,000                    | 12                       | 6        | 2                    | 3        | 14                | 5        |
| £300,000 or more                    | 5                        | 3        | 0                    | 0        | 5                 | 2        |
| Price/value not known               | 274                      | -        | 147                  | -        | 421               | -        |
| Information missing                 | 30                       | -        | 43                   | -        | 73                | -        |
| Total number of residents           | 599                      | -        | 322                  | -        | 921               | -        |

Note:

1. Kruskal-Wallis test between price/value of accommodation for residential and nursing places:  $X^2 = 0.086$ , 1 d.f.,  $p = 0.769$ .

#### 4.4 Savings and Investments

Table 4.7 shows the value of savings and investments held by the resident, again by the type of place they occupied. Where a resident owned additional property, the respondent was asked to include its value with their savings and investments. However, in the majority of cases where a resident owned property that they did not occupy before admission, comparison of the value of savings and investments with the value of the property suggested that the value of the property had not been included with savings and investments. In each case, information provided by the respondent to the Family/Friend Questionnaire was used where available, and information supplied by home managers was used if no questionnaire had been completed by a relative or friend. However, very few home managers were able to provide information on the value of the accommodation owned by the resident, their income or their savings and investments and, in each case, over 90 per cent of the information was

obtained from the Family/Friend Questionnaire. Home managers were not asked to provide information on the level of income received from occupational or personal pensions.

**Table 4.7: Value of savings and investments held by resident, by type of place occupied**

| <i>Value of savings and investments</i> | <i>Residential place</i> |          | <i>Nursing place</i> |          | <i>All places</i> |          |
|-----------------------------------------|--------------------------|----------|----------------------|----------|-------------------|----------|
|                                         | <i>No.</i>               | <i>%</i> | <i>No.</i>           | <i>%</i> | <i>No.</i>        | <i>%</i> |
| Less than £10,000                       | 56                       | 26       | 10                   | 10       | 66                | 21       |
| £10,000–16,000                          | 16                       | 7        | 8                    | 8        | 24                | 8        |
| £16,000–20,000                          | 25                       | 12       | 10                   | 10       | 35                | 11       |
| £20,000–30,000                          | 36                       | 17       | 16                   | 16       | 52                | 16       |
| £30,000–40,000                          | 14                       | 6        | 10                   | 10       | 24                | 8        |
| £40,000–50,000                          | 12                       | 6        | 10                   | 10       | 22                | 7        |
| £50,000–100,000                         | 31                       | 14       | 22                   | 22       | 53                | 17       |
| £100,000 or more                        | 26                       | 12       | 14                   | 14       | 40                | 13       |
| Information missing                     | 383                      | -        | 222                  | -        | 605               | -        |
| Total number of residents               | 599                      | -        | 322                  | -        | 921               | -        |

Note:

1. Kruskal-Wallis test between residential and nursing places:  $X^2 = 9.389$ , 1 d.f.,  $p = 0.002$ .

In contrast to the value of their accommodation and their average weekly income, residents admitted to nursing places had significantly more savings and investments. Thirty-six per cent of residents admitted to nursing places had estimated savings and investments of £50,000 or more, compared with 26 per cent of residents admitted to residential places. In contrast, 33 per cent of residents admitted to residential places had savings and investments of less than £16,000, compared with 18 per cent of residents admitted to nursing places.

## 4.5 Income

The questions on income did not specify whether the gross or net income was required. However, since the information was collected from third parties and was set in the context of amounts received, it is likely that respondent reported net income.

Table 4.8 shows the average weekly income of the resident, by the type of place they occupied. Information on the actual value of the residents' average weekly income was available for two-thirds of these admissions. For these residents, the mean and median income were £184 and £150 per week respectively. There were no significant differences

between the residents admitted to residential and nursing places in terms of the distribution of average weekly income.

**Table 4.8: Average weekly income of resident from all sources, by type of place occupied**

| <i>Average weekly income</i> | <i>Residential place</i> |          | <i>Nursing place</i> |          | <i>All places</i> |          |
|------------------------------|--------------------------|----------|----------------------|----------|-------------------|----------|
|                              | <i>No.</i>               | <i>%</i> | <i>No.</i>           | <i>%</i> | <i>No.</i>        | <i>%</i> |
| Less than £25                | 1                        | <1       | 0                    | 0        | 1                 | <1       |
| £25–49                       | 3                        | 1        | 0                    | 0        | 3                 | <1       |
| £50–74                       | 15                       | 7        | 5                    | 5        | 20                | 6        |
| £75–99                       | 23                       | 11       | 11                   | 11       | 34                | 11       |
| £100–124                     | 28                       | 13       | 14                   | 14       | 42                | 14       |
| £125–149                     | 24                       | 11       | 9                    | 9        | 33                | 11       |
| £150–174                     | 20                       | 10       | 15                   | 15       | 35                | 11       |
| £175–199                     | 16                       | 8        | 5                    | 5        | 21                | 7        |
| £200–224                     | 17                       | 8        | 8                    | 8        | 25                | 8        |
| £225–249                     | 12                       | 6        | 5                    | 5        | 17                | 6        |
| £250–299                     | 21                       | 10       | 10                   | 10       | 31                | 10       |
| £300–349                     | 10                       | 5        | 5                    | 5        | 15                | 5        |
| £350–399                     | 7                        | 3        | 1                    | 1        | 8                 | 3        |
| £400–499                     | 5                        | 2        | 6                    | 6        | 11                | 4        |
| £500 or more                 | 8                        | 4        | 5                    | 5        | 13                | 4        |
| Information missing          | 389                      | -        | 223                  | -        | 612               | -        |
| Total number of residents    | 599                      | -        | 322                  | -        | 921               | -        |

Note:

1. Kruskal-Wallis test between residential and nursing places:  $X^2 = 0.684$ , 1 d.f.,  $p = 0.408$ .

Table 4.9 shows the income received from occupational or personal pensions. Just under 60 per cent of residents for whom a completed Family/Friend Questionnaire was obtained were recorded as having a personal or occupational pension. By comparison, 97 per cent were recorded as having a National Insurance pension. For residents with no family member or friends, home managers reported that 38 per cent had a personal or occupational pension and 74 per cent had a National Insurance pension. However, they were unable to provide information for 49 per cent in relation to personal or occupational pensions and for 26 per cent in relation to National Insurance pensions. For residents for whom both the value of their personal or occupational pension and their total income were recorded, the mean and median values of their pension were £82 and £51 per week. For these residents, the mean and median total income were £208 and £181 per week respectively.

**Table 4.9: Average weekly income of resident from personal or occupational pension and from all sources**

| <i>Average weekly income</i> | <i>Personal or occupational pension</i> |          | <i>All sources</i> |          |
|------------------------------|-----------------------------------------|----------|--------------------|----------|
|                              | <i>No.</i>                              | <i>%</i> | <i>No.</i>         | <i>%</i> |
| Income bands                 |                                         |          |                    |          |
| Less than £25                | 32                                      | 20       | 0                  | 0        |
| £25–49                       | 30                                      | 19       | 0                  | 0        |
| £50–74                       | 22                                      | 14       | 5                  | 3        |
| £75–99                       | 11                                      | 7        | 11                 | 7        |
| £100–124                     | 12                                      | 8        | 15                 | 9        |
| £125–149                     | 15                                      | 9        | 15                 | 9        |
| £150–174                     | 8                                       | 5        | 17                 | 11       |
| £175–199                     | 4                                       | 3        | 13                 | 8        |
| £200–224                     | 11                                      | 7        | 18                 | 11       |
| £225–249                     | 0                                       | 0        | 9                  | 6        |
| £250–299                     | 8                                       | 5        | 21                 | 13       |
| £300–349                     | 2                                       | 1        | 11                 | 7        |
| £350–399                     | 2                                       | 1        | 6                  | 4        |
| £400–499                     | 1                                       | <1       | 9                  | 6        |
| £500 or more                 | 0                                       | 0        | 8                  | 5        |
| Number of residents          | 158                                     | 100      | 158                | 100      |
| Actual income                |                                         |          |                    |          |
| Mean                         | 82                                      | -        | 208                | -        |
| Median                       | 51                                      | -        | 181                | -        |
| Minimum                      | 2                                       | -        | 65                 | -        |
| Maximum                      | 375                                     | -        | 1000               | -        |
| Number of residents          | 108                                     | -        | 108                | -        |

## 4.6 Total Assets and Income

Table 4.10 shows the estimated value of assets owned by residents, obtained by combining the value of their accommodation with their savings and investments. Where the value of the accommodation or the value of their savings and investments was only recorded in terms of a range, the value was estimated from the mean value for the range obtained for residents for whom the actual value had been recorded. For residents who owned property jointly, the estimated value of their assets included the proportion of the property value that was available for them the use to fund their residential or nursing home care. Thus, the property value was discounted for residents who owned property jointly, unless their spouse was also in residential or nursing home care. In which case the resident was assumed to have 50 per cent of the value of the property available to them.

Although residents admitted to nursing places had significantly more savings and investments, combining the value of accommodation with that of savings and investments

resulted in no significant difference between residents admitted to residential or nursing home places. Six per cent of residents had estimated assets of less than £16,000, while 37 per cent had estimated assets of at least £100,000. All of the residents with estimated assets of less than £16,000 were not homeowners.

**Table 4.10: Estimated total value of assets owned by resident, by type of place occupied**

| <i>Estimated value of assets</i> | <i>Residential place</i> |          | <i>Nursing place</i> |          | <i>All places</i> |          |
|----------------------------------|--------------------------|----------|----------------------|----------|-------------------|----------|
|                                  | <i>No.</i>               | <i>%</i> | <i>No.</i>           | <i>%</i> | <i>No.</i>        | <i>%</i> |
| Under £16,000                    | 13                       | 6        | 5                    | 5        | 18                | 6        |
| £16,000–20,000                   | 8                        | 4        | 2                    | 2        | 10                | 3        |
| £20,000–30,000                   | 23                       | 11       | 7                    | 7        | 30                | 10       |
| £30,000–40,000                   | 8                        | 4        | 10                   | 10       | 18                | 6        |
| £40,000–50,000                   | 14                       | 7        | 7                    | 7        | 21                | 7        |
| £50,000–60,000                   | 10                       | 5        | 2                    | 2        | 12                | 4        |
| £60,000–70,000                   | 17                       | 8        | 10                   | 10       | 27                | 9        |
| £70,000–80,000                   | 22                       | 11       | 11                   | 11       | 33                | 11       |
| £80,000–90,000                   | 11                       | 5        | 2                    | 2        | 13                | 4        |
| £90,000–100,000                  | 10                       | 5        | 0                    | 0        | 10                | 3        |
| £100,000 or more                 | 73                       | 35       | 40                   | 42       | 113               | 37       |
| Information missing              | 390                      | -        | 226                  | -        | 616               | -        |
| Total number of residents        | 599                      | -        | 322                  | -        | 921               | -        |

Note:

1. Kruskal-Wallis test between residential and nursing places:  $X^2 = 0.377$ , 1 d.f.,  $p = 0.539$ .

The assumption is often made that older people that self-fund their care are primarily asset rich and income poor. It is of interest, therefore, to combine the information about assets and income to identify the distribution of people across different income and asset groups. Table 4.11 shows the distribution of people with less than and £200 plus per week and less than and £50,000 plus in assets. The low income/high asset group on this basis constituted just over a third (35 per cent). Over a quarter of self-funders (26 per cent) were in the group with relatively low assets and income. Only 7 per cent had relatively high incomes but low assets. Although a smaller proportion in residential homes were in this group there was no statistically significant relationship between income and asset groupings and type of place people were admitted to.

**Table 4.11: Relationship between income and assets, by type of place occupied**

| <i>Income/assets</i>      | <i>Residential place</i> |          | <i>Nursing place</i> |          | <i>All places</i> |          |
|---------------------------|--------------------------|----------|----------------------|----------|-------------------|----------|
|                           | <i>No.</i>               | <i>%</i> | <i>No.</i>           | <i>%</i> | <i>No.</i>        | <i>%</i> |
| Low income/low assets     | 49                       | 26       | 24                   | 26       | 73                | 26       |
| Low income/high assets    | 68                       | 36       | 31                   | 34       | 99                | 35       |
| High income/high assets   | 62                       | 33       | 27                   | 30       | 89                | 32       |
| High income/low assets    | 10                       | 5        | 9                    | 10       | 19                | 7        |
| Total number of residents | 189                      | 100      | 91                   | 100      | 280               | 100      |

Notes:

1. Low income defined as less than £200 and high income as £200 or more.
2. Low assets defined as less than £50,000 and high assets as £50,000 or more.

Table 4.12 compares assets and incomes of residents admitted to homes in the survey with the figures for single people aged 75 or over living in private households drawn from the 1995/96 Family Resources Survey, and tabulated in the Report of the Royal Commission on Long Term Care (Cm 4192-I, 1999). The information on assets shown for the 1999 survey corresponds to that shown in table 4.10, but the slight difference in the distribution is due to the exclusion of individuals for whom information on income was not available. Unlike the figures for people living in private households, there is no clear relationship between levels of income and levels of assets for the residents in the survey. The figures shown in the table have not been adjusted to a common price base. However, the change in the Retail Price Index between 1995 and 1999 was 11 per cent (Netten and Curtis, 2000), and thus the income level for each asset band in the 1999 survey was higher than the figure for the corresponding asset band for the 1995/96 FRS.

**Table 4.12: Assets and incomes of older people, 1995/96 Family Resources Survey and 1999 survey**

| <i>Asset band</i> | <i>Family Resources Survey (1995/96)</i> |                                               |                                                 | <i>Self-funded admissions (1999)</i> |                                               |                                                 |
|-------------------|------------------------------------------|-----------------------------------------------|-------------------------------------------------|--------------------------------------|-----------------------------------------------|-------------------------------------------------|
|                   | <i>Distribution</i><br><i>(%)</i>        | <i>Mean</i><br><i>income</i><br><i>(£ pw)</i> | <i>Median</i><br><i>income</i><br><i>(£ pw)</i> | <i>Distribution</i><br><i>(%)</i>    | <i>Mean</i><br><i>income</i><br><i>(£ pw)</i> | <i>Median</i><br><i>income</i><br><i>(£ pw)</i> |
| Under £16,000     | 44                                       | 85                                            | 70                                              | 6                                    | 173                                           | 148                                             |
| £16,000–20,000    | 1                                        | 90                                            | 80                                              | 2                                    | 156                                           | 140                                             |
| £20,000–30,000    | 3                                        | 95                                            | 80                                              | 9                                    | 134                                           | 128                                             |
| £30,000–40,000    | 3                                        | 95                                            | 80                                              | 6                                    | 196                                           | 170                                             |
| £40,000–50,000    | 3                                        | 95                                            | 80                                              | 7                                    | 148                                           | 120                                             |
| £50,000–60,000    | 6                                        | 105                                           | 80                                              | 4                                    | 232                                           | 206                                             |
| £60,000–70,000    | 6                                        | 105                                           | 80                                              | 9                                    | 143                                           | 128                                             |
| £70,000–80,000    | 5                                        | 120                                           | 90                                              | 10                                   | 161                                           | 159                                             |
| £80,000–90,000    | 5                                        | 120                                           | 90                                              | 4                                    | 174                                           | 198                                             |
| £90,000–100,000   | 4                                        | 125                                           | 95                                              | 4                                    | 152                                           | 148                                             |
| £100,000 upwards  | 21                                       | 165                                           | 110                                             | 38                                   | 260                                           | 222                                             |

Source for 1995/96 FRS: Cm 4192-I (1999), table 2.3.

#### 4.7 Social Security Benefits

Clearly an important potential component of income is social security benefits. One of the key objectives of the study was to identify the level of receipt of non-means tested benefits by all residents. Data were available at the level of individual resident (supplied by relatives and home managers) and the home. For individual residents information was collected about receipt of a wide variety of benefits. At the home level information was collected about proportions of residents receiving Attendance Allowance (AA), Disability Living Allowance (DLA) and Income Support (IS).

Attendance Allowance is for people over 65 who are severely disabled and who need help with personal care or need supervision. It is paid at a lower rate (£34.30 per week at the time of the study) for those needing help or supervision just during the day or at night. If help or supervision is required both day and night it is payable at the higher rate (£51.30 at the time of the study). Disability Living Allowance is also paid for people who need help but the first payment must be paid before the individual is 65. Disability Living Allowance includes a care component linked to the level of care needs and a mobility component for help with walking difficulties. Attendance Allowance and the care component of Disability Living Allowance are not payable if the individual receives funding from the local authority.

#### 4.7.1 Levels of benefit receipt

Clearly from the description of people admitted during the study period in Chapter 3 and the very fact that people were residents of care homes, the vast majority of self-funded residents are eligible for either AA or DLA. Table 4.13 shows the proportions of new self-funders receiving these benefits on or shortly after admission compared with the proportion of people over 65 nationally. The table also shows the proportions of admissions receiving other income and disability-related benefits. There was no statistically significant difference in the receipt of any benefits between people in residential or nursing places.

**Table 4.13: Receipt of social security benefits**

| <i>Social security benefit</i> | <i>Study sample</i>                           |                                  |          | <i>National</i>   |
|--------------------------------|-----------------------------------------------|----------------------------------|----------|-------------------|
|                                | <i>No. for whom<br/>information available</i> | <i>No. receiving<br/>benefit</i> | <i>%</i> | <i>%</i>          |
| Attendance Allowance           | 362                                           |                                  |          |                   |
| All in receipt                 |                                               | 243                              | 67.1     | 13.8 <sup>1</sup> |
| Higher rate                    |                                               | 119                              | 32.9     | 6.4 <sup>1</sup>  |
| Lower rate                     |                                               | 80                               | 22.1     | 7.4 <sup>1</sup>  |
| Rate not known                 |                                               | 44                               | 12.2     | -                 |
| Disability Living Allowance    | 338                                           |                                  |          |                   |
| All in receipt                 |                                               | 20                               | 5.9      | 5.4 <sup>1</sup>  |
| Care component only            |                                               | 5                                | 1.5      | 0.3 <sup>1</sup>  |
| Mobility component only        |                                               | 2                                | 0.6      | 2.3 <sup>1</sup>  |
| Both care and mobility         |                                               | 5                                | 1.5      | 2.8 <sup>1</sup>  |
| Components not known           |                                               | 8                                | 2.4      | -                 |
| Income Support                 | 338                                           | 31                               | 9.2      | 15.0 <sup>2</sup> |
| Other benefits                 |                                               |                                  |          |                   |
| War disablement pension        | 333                                           | 6                                | 1.8      | 1.9 <sup>1</sup>  |
| War widow/widowers' pension    | 336                                           | 1                                | 0.3      | 0.5 <sup>1</sup>  |
| Incapacity benefit             | 334                                           | 2                                | 0.6      | na                |
| Housing benefit                | 341                                           | 3                                | 0.9      | 16.0 <sup>2</sup> |
| Council tax benefit            | 337                                           | 19                               | 5.6      | 24.0 <sup>2</sup> |
| Industrial injuries benefit    | 335                                           | 3                                | 0.9      | na                |
| Other                          | 326                                           | 1                                | 0.3      | na                |

Notes:

1. The proportions taking up the benefits are based on the mid 1999 ONS estimates for the population 65+ and DSS benefit records in mid/late 2000.
2. National figures are based on a one per cent sample of benefits recorded in 1999 and ONS population figures for 1999.

As would be expected, the proportion of self-funded admissions receiving AA was higher than the national average. Table 4.14 shows the distribution of people receiving AA at the higher and lower rate in residential and nursing homes. As identified above, the difference was not statistically significant but 70 per cent of people in nursing places received AA compared with 66 per cent in residential places. Of the 199 people in the sample receiving AA for which the rate was known, 119 (60 per cent) were receiving the higher rate. Nationally 46 per cent of those who received AA received the higher rate.

Of the 20 people receiving DLA information was available about the components received for just 12. Five were receiving just the care component, two just the mobility component and the remaining five both components. If the national proportions were applied we would expect one to be receiving just the care component, five to be receiving just the mobility component and six both components.

The proportion receiving income support was lower, but not much lower, given the nature of the sample, than the national average (10 per cent compared with 15 per cent). Information was available about the level of income support for just 23 people. Their average income from this source was £78 per week, ranging between £8 and £148 per week. Nationally, the average level of income support among people 65 or over is £43.

The proportions of new admissions receiving DLA and a combination of AA and IS were very close to the national average (5.3 and 5.4 per cent respectively for AA and IS and 2.5 per cent and 1.4 per cent for AA and DLA).

In addition to identifying the receipt of benefits among new self-funded admissions, home managers were asked for the proportion of all current permanent residents aged 65 or over who were receiving AA, DLA or IS. The proportion in the 159 homes that were able to supply this information was slightly lower than among new admissions: 50 per cent of all current residents were receiving AA, and 5 per cent were receiving DLA. As this group includes publicly-funded residents we would expect that a higher proportion to be receiving income support, 48 per cent, compared with just 10 per cent of new self-funded admissions.

While the proportion receiving disability related benefits was higher than for the general population over 65, virtually all the people in our sample were entitled to AA if they had not already claimed DLA. Moreover, from the information about levels of income and assets presented above, there were people who are entitled to income support who are not receiving it. It is of interest, therefore to investigate what factors are associated with receipt of benefits at this critical stage in people's lives.

**Table 4.14: Receipt of Attendance Allowance, by type of place occupied**

| <i>Receipt of Attendance Allowance</i> | <i>Residential place</i> |          | <i>Nursing place</i> |          | <i>All places</i> |          |
|----------------------------------------|--------------------------|----------|----------------------|----------|-------------------|----------|
|                                        | <i>No.</i>               | <i>%</i> | <i>No.</i>           | <i>%</i> | <i>No.</i>        | <i>%</i> |
| Attendance Allowance                   |                          |          |                      |          |                   |          |
| All in receipt                         | 163                      | 66       | 80                   | 70       | 243               | 67       |
| Higher rate                            | 76                       | 31       | 43                   | 38       | 119               | 33       |
| Lower rate                             | 58                       | 23       | 22                   | 19       | 80                | 22       |
| Rate not known                         | 29                       | 12       | 15                   | 13       | 44                | 12       |
| Number of residents                    | 248                      | 100      | 114                  | 100      | 362               | 100      |

#### ***4.7.2 Factors associated with receipt of benefits***

The principal benefits of interest were AA, DLA and IS. New admissions were identified as in receipt of benefit if they received any one of these three. We investigated whether benefits were associated with levels of income and assets, socio-economic group, home ownership, levels of dependency, support network type, contact with the local authority and type and policy of home admitted to.

Table 4.15 shows the proportions of people receiving AA, DLA and IS by income band. Although AA is non-means tested it is more likely that those on lower levels of income would be conscious of the financial implications of disability, and thus more likely to claim. Thus it would be anticipated that income levels would be associated with levels of AA receipt and this proved to be the case ( $p < 0.001$ ). Those on the lowest and highest incomes were least likely to be claiming AA, those on an average weekly income of between £100 and £200 per week most likely to be claiming. DLA was not associated with income level, but those on the lowest and higher incomes were less likely to be in receipt of income support ( $p = 0.11$ ). Those on a weekly income of between £100 and £300 were most likely to be claiming.

Overall, 75 per cent of those with incomes of less than £300 per week received any of these benefits, compared with 55 per cent of those with higher levels of income. However, those on the lowest incomes were least likely to be receiving any type of benefit (41 per cent of those on incomes of less than £100 per week). Clearly part of the reason that these people had such low incomes was that they were not claiming benefits.

The 34 residents (11 per cent of the total sample) on incomes of less than £100 per week that were not receiving benefits were examined to identify whether there was an obvious reason for this. One potential reason was a very high levels of financial assets and thus a potential other source of finance. However, no evidence of this was found, indeed the majority (25 of the 32 for whom information was available) had assets of less than £30,000 with 11 having assets of less than £16,000.

**Table 4.15: Relationship between average weekly income and receipt of benefits**

| <i>Average weekly income</i> | <i>Benefits received</i>        |                           |                                        |                               |
|------------------------------|---------------------------------|---------------------------|----------------------------------------|-------------------------------|
|                              | <i>Attendance Allowance (%)</i> | <i>Income Support (%)</i> | <i>Disability Living Allowance (%)</i> | <i>Any of AA, IS, DLA (%)</i> |
| Income per week              |                                 |                           |                                        |                               |
| Less than £100               | 35                              | 8                         | 9                                      | 41                            |
| £100–199                     | 79                              | 14                        | 3                                      | 85                            |
| £200–299                     | 83                              | 13                        | 9                                      | 87                            |
| £300–399                     | 61                              | 0                         | 10                                     | 65                            |
| £400 or more                 | 46                              | 0                         | 0                                      | 46                            |
| All levels of income         | 67                              | 10                        | 6                                      | 72                            |
| Total number of residents    | 298                             | 279                       | 282                                    | 298                           |

Although level of income was significantly associated with benefit receipt, other wealth and education-related factors, socio-economic group, levels of financial and total assets and home ownership, were not.

Given that AA and DLA are disability-related benefits, it might be expected that higher levels of dependency would be associated with benefit receipt. We had information about both benefit and dependency on admission for about 170 cases. As table 4.16 shows, among these cases there was little association between higher levels of dependency, as measured by the Barthel Index or the MDS CPS, and benefit receipt. Those classified as moderately dependent using the Barthel Index appeared most likely to receive benefits. Entitlement to Attendance Allowance is based on concepts such as need for 'frequent attention' and 'continued supervision', which might be expected to be associated with cognitive impairment. Again there was no association with benefit receipt. Indeed, it is perhaps of some concern that of the 38 people classified as least dependent using the Barthel Index who were not receiving AA or DLA, 30 were severely cognitively impaired. This compared with 34 of the

52 who were receiving AA or DLA. This evidence suggests that most people admitted would be entitled to AA or DLA.

**Table 4.16: Relationship between dependency and receipt of Attendance Allowance or Disability Living Allowance**

| <i>Functional and cognitive impairment</i> | <i>Neither AA nor DLA received</i> |          | <i>Either AA or DLA received</i> |          |
|--------------------------------------------|------------------------------------|----------|----------------------------------|----------|
|                                            | <i>No.</i>                         | <i>%</i> | <i>No.</i>                       | <i>%</i> |
| Barthel Index of ADL (grouped)             |                                    |          |                                  |          |
| Low dependence (Score 13–20)               | 38                                 | 59       | 52                               | 52       |
| Moderate dependence (Score 9–12)           | 7                                  | 11       | 25                               | 25       |
| Severe dependence (Score 5–8)              | 14                                 | 22       | 13                               | 13       |
| Total dependence (Score 0–4)               | 6                                  | 9        | 11                               | 11       |
| MDS CPS categories (grouped)               |                                    |          |                                  |          |
| Intact (0)                                 | 18                                 | 27       | 29                               | 28       |
| Mild impairment (1–3)                      | 34                                 | 52       | 49                               | 47       |
| Severe impairment (4–6)                    | 14                                 | 21       | 26                               | 25       |

Another potential influence on benefit receipt is sources of advice from others: this might be from informal support networks, contacts with services, in particular local authorities or through the homes to which people were admitted. The type of support network was not associated with benefit receipt, but contacts with services and the local authority were.

Contact with the local authority prior to admission was defined as occurring when the social services department assessed and/or organised admission into the care home or if they had seen a social worker or care manager prior to admission. Individually, none of these factors was significantly associated with benefit receipt, but overall there was a statistically significant association. Of those having contact with the local authority 77 per cent were receiving benefits compared with 57 per cent of those who had not had contact ( $p < 0.001$ ). However, 24 of the 34 people identified above that had very low incomes and were not claiming benefits had been in contact with the local authority. Those people who had been receiving local authority arranged services prior to admission were much more likely to be receiving benefits than those who were using non-local authority services or no services at all (82 per cent compared with 61 per cent,  $p < 0.001$ ).

While the type of place people were admitted to (residential or nursing) was not associated with receipt of benefits there were clearly some homes that had a policy of encouraging people to claim benefits. Sixteen per cent of homes reported that all of their residents

claimed AA. Nursing and dual homes were more likely to have all residents claiming AA (23 per cent) compared with residential homes (13 per cent) although this difference was not statistically significant. Sixty-four people in our sample were admitted to homes where all residents were claiming AA, 54 of whom (84 per cent) were identified by their relatives or the home manager as in receipt of benefits. Of the 297 admitted to other homes, 69 per cent were reported as in receipt of benefits. Those people reported not to be receiving benefits while living in homes that claimed that all residents were receiving AA may be due to relatives reporting the situation immediately prior to admission and the homes reporting their policy rather than reflecting those in the process of organising claims. However, it is possible that the discrepancy was due to lack of information on the part of the relative or misunderstanding on the part of the home.

Two of the respondents to the open-ended question at the end of the relative's interview identified the difficulties of claiming AA on behalf of their relatives. One person who had recently completed the forms for her mother-in-law felt particularly strongly:

‘I will be very surprised if she actually receives a supplement, although I am quite sure she qualifies for one.....I don't know of any self-respecting senior citizen who would want to wade through the mire of an Attendance Allowance application.’

As people were not asked directly about this issue, it is not possible to identify how widespread problems with the procedures are, but clearly at least some people find the process very difficult.

#### **4.8 Views of the Current Arrangements**

The open-ended question at the end of the interview with relatives asked their views about current funding arrangements. Two issues emerged from this question: a dissatisfaction with current arrangements, and the complexity of, and lack of information about, the funding system. Among those dissatisfied with the way that care was funded, there was a perception that the contract between state and individuals had been broken and prudence during people's lifetimes was not being rewarded. A typical comment among this group was:

‘Says he'd paid NI for 58 years now – and objects to having to fork out for home care if needed. Shouldn't have to sell own home to pay for it. Worked all life to achieve this – should be some other way of paying for it – or more help from government.’

To a lesser extent there was also a concern about loss of inheritance, often expressed in terms of the older person's concerns that they had hoped to leave their money to their children, rather than relatives directly expressing resentment.

Some of the concerns expressed by relatives had already been addressed by policy changes by the time of the survey. These included the need for nursing care to be funded by the state, the raising of the level of assets disregarded and the problems encountered during the early days after admission when most assets are tied up in the house, which has yet to be sold.

Some people expressed difficulties in finding their way around 'the system', for example:

'We didn't know what benefits or help was available in the community – people who are used to the benefits system know the system. Even when we were given all the leaflets and information we got it wrong!'

Others appeared confused between the reductions in the number of local authority managed homes and the availability of public funding for long-term care, or the level of assets disregarded and eligibility for publicly-funded care. For example:

'A worry for children – when parent's money runs out, they fear they will have to dip into savings earmarked for their own care in old age.'

## **4.9 Conclusion**

Identifying detailed information about income and assets is far from straightforward, particularly when approaching people at a very sensitive time in their lives. However, an understanding of the resources available to individuals and the degree to which they take up benefits to which they is key to developing and understanding the impact of approaches to funding long-term care.

Although virtually all self-funded people admitted to care homes are entitled to some form of disability-related benefit a high proportion do not appear to be in receipt of any benefits. This must be due in part to the process of claiming Attendance Allowance, which some relatives claiming on behalf of older people clearly found problematic. While some homes clearly had a policy to encourage and assist people in claiming benefits the picture was very variable.

The assumption is often made that virtually all self-funders are homeowners with the majority of their assets tied up in their homes. Those people who do not own homes at the time of admission will not benefit from policies such as those disregarding this component of assets during the first three months. The evidence here suggests that a fifth of new admissions fall into this category. Moreover, these are not people who have accumulated a high level of financial assets, either through prior home ownership or any other way.

In terms of overall levels of assets there was some evidence that a small proportion (6 per cent) of people were being admitted to homes as self-funders when they were entitled to public support. The open-ended questions revealed concerns among residents and their relatives about running out of all savings and misconceptions about what would happen as a result. Overall, a third had assets of £60,000 or less, but nearly two-fifths had assets in excess of £100,000. These are clearly much higher than the level of assets available to older people in private households generally, but in judging the adequacy of assets we need to put these against the demands put on them. Again, income levels were higher than in the general population, but still mostly inadequate to meet care home charges on an ongoing basis. The next chapter discusses the degree to which the income and assets available to people are sufficient to meet the expected demands put on them.



## **Chapter 5**

### **Charges, Spenddown and Life Expectancy**

#### **5.1 Introduction**

Information on the levels of income and assets of residents is presented in Chapter 4. This chapter investigates the relationship between the resident's income and assets and the charges paid for their care, and then presents the results of applying an analysis of survival among publicly-funded residents to the self-funded residents in the survey. The chapter examines the extent to which charges can be met from residents' income and, for those whose income is insufficient to meet the charges, the expected length of time for which they would be able to fund the shortfall from their assets before these were reduced to £16,000. The chapter also examines the likely effect of the increase in the capital limit to £18,500 from April 2001 on self-funded residents with low levels of assets.

#### **5.2 Charges**

Information about charges was collected in two forms: individual charges made to residents admitted during the study and the maximum and minimum charges made by the home to all residents.

##### ***5.2.1 Charges to self-funded admissions***

Table 5.1 shows information on the gross charge to residents included in the study, by the type of place and the type of room occupied. The gross charge was reported for over 96 per cent of the residents in the survey. Mean charges to residents were £275 per week for residential places and £371 per week for nursing places. Approximately 85 per cent of residents occupied single rooms, the figure being virtually the same for residents in residential places as in nursing places. These residents paid a premium of approximately £30 per week, on average, compared with residents sharing a double room. As reported in Chapter 2, 78 per cent of places in private residential homes and 71 per cent of places in nursing homes in the survey were in single rooms, indicating that self-funded residents were more likely to occupy single rooms than other residents. Mean charges to residents in single rooms were £278 per week for residential places and £376 per week for nursing places. Laing and Buisson (1999, 2000) report that, for the United Kingdom, mean charges for single

rooms in March 1999 and March 2000 were £262 and £271 per week in private, for-profit residential care, and £368 and £377 per week in private, for-profit nursing care.

**Table 5.1: Gross charge to resident per week, by type of place and type of room occupied**

| <i>Gross charge per week</i> | <i>Residential place</i> |                        |                        |                  | <i>Nursing place</i> |                        |                        |                  |
|------------------------------|--------------------------|------------------------|------------------------|------------------|----------------------|------------------------|------------------------|------------------|
|                              | <i>Single room</i>       | <i>Double (single)</i> | <i>Double (shared)</i> | <i>All rooms</i> | <i>Single room</i>   | <i>Double (single)</i> | <i>Double (shared)</i> | <i>All rooms</i> |
| Gross charge pw (£)          |                          |                        |                        |                  |                      |                        |                        |                  |
| Mean                         | 278                      | 267                    | 250                    | 275              | 376                  | 351                    | 345                    | 371              |
| Minimum                      | 189                      | 218                    | 208                    | 189              | 226                  | 325                    | 260                    | 226              |
| Maximum                      | 499                      | 335                    | 303                    | 499              | 500                  | 430                    | 398                    | 500              |
| Number of residents          |                          |                        |                        |                  |                      |                        |                        |                  |
| With complete data           | 504                      | 36                     | 45                     | 585              | 257                  | 11                     | 37                     | 305              |
| With room size data          | 512                      | 38                     | 46                     | 596              | 271                  | 11                     | 37                     | 319              |
| Total number                 | -                        | -                      | -                      | 599              | -                    | -                      | -                      | 322              |

Some residents were recorded as being the single occupant of a double room. Although single occupancy of a double room would be expected to provide more space for the resident than a single room, the mean charge per week for these residents was between the figure for single room and shared double room occupancy. However, the minimum charged for single occupancy of a double room was greater than the minimum charged for single room or shared double room occupancy of both residential and nursing places. It should be also be noted that, in the case of nursing places, only 11 residents were single occupants of double rooms. No residents occupied shared rooms containing three or more beds.

Residents in dual registered homes were more likely to occupy a single room. Ninety-one per cent of residents in dual registered homes occupied a single room. The mean charge per week for residents occupying nursing places in single rooms in dual registered homes (£374) was slightly lower than the figure for single rooms in nursing homes (£378). However, the difference was greater for residents occupying residential places. The mean charge for residents occupying residential places in single rooms in dual registered homes was £268 per week, compared with £280 per week for single rooms in residential homes.

### ***5.2.2 Comparison with publicly-funded residents***

Previous research has found that self-funded residents have tended to be charged more than publicly-funded residents for the same service (Laing, 1998; Netten et al., 1998). In this study home managers were asked for the maximum and minimum fees being paid by publicly-supported and self-funded residents for residential and nursing places. As this information was collected at the home level, it was not possible to identify the degree to which any difference reflects additional services or standards of accommodation. However, it does provide us with the opportunity to consider overall whether this differential had increased. This question was of particular interest, as homes were coming under increasing pressure as a result of limited increases in fees but escalating costs (Netten et al., 2001b). One option for homes in response to this pressure would be to increase the subsidy being paid by self-funders.

The cross-sectional survey of homes conducted in 1996 collected information about fees and sources of funding at the resident level (Netten et al., 1998). However, this did not distinguish whether people were in residential or nursing home beds. In making the comparison between these two studies, therefore, dual registered homes were omitted from the 1996 study data in order to ensure that within home comparisons of fee levels were comparing like with like. Dual registered homes were included in the data drawn from the current study as a substantial proportion of the homes were dual registered. Excluding them would have meant that we only had information about the differential in nursing home fees for 34 homes.

Given the different approaches to collecting the data we would expect some differences. The mid-point and the mean difference in fees in the 1996 survey were examined because it was only possible to compare the mid-point and the range with the findings from the current study. It is possible that, although self-funders may be charged the same range overall, in practice they may tend to be charged higher rates while publicly-funded residents pay the lower rates. Comparing the mean and mid-point differences available from the 1996 survey suggested that this was not the case at that time: using the mid-point, 40 per cent of homes were identified as charging self-funders £10 or more, while using the mean, 39 per cent of homes fell into this category.

Table 5.2 compares the maximum and minimum fees. There appears to have been an increase in the proportion of homes where the same, or very similar, fees were paid, regardless of source of funding. Using the mid-point of the range as the indicator, the proportion of homes charging the same fee rose from 24 to 46 per cent. It is possible that this

reflects, in part, the way in which the data were collected. However, it does appear that prices are tending to converge. There was a slight increase in the proportion of homes where the maximum payment for self-funders is higher in residential homes, and a rise in the proportion of nursing homes charging £50 or more. However, the overall pattern suggests that rather than acting as an overall subsidy, self-funders may be paying more for specific services.

**Table 5.2: Maximum and minimum fees paid by self-funders and publicly-funded residents, 1996–1999**

| <i>Weekly differences<br/>in fees</i> | <i>1996</i>                                     |                                             | <i>1999</i>                                     |                                            |
|---------------------------------------|-------------------------------------------------|---------------------------------------------|-------------------------------------------------|--------------------------------------------|
|                                       | <i>Residential places<br/>(n = 189)<br/>(%)</i> | <i>Nursing places<br/>(n = 107)<br/>(%)</i> | <i>Residential places<br/>(n = 178)<br/>(%)</i> | <i>Nursing places<br/>(n = 74)<br/>(%)</i> |
| Maximum                               |                                                 |                                             |                                                 |                                            |
| £50+ less                             | 3                                               | 7                                           | 1                                               | 1                                          |
| £25-49 less                           | 9                                               | 6                                           | 2                                               | 4                                          |
| £10-24 less                           | 10                                              | 8                                           | 1                                               | 0                                          |
| £1-9 less                             | 11                                              | 6                                           | 1                                               | 0                                          |
| Same                                  | 37                                              | 37                                          | 53                                              | 55                                         |
| £1-9 more                             | 5                                               | 5                                           | 6                                               | 1                                          |
| £10-24 more                           | 10                                              | 12                                          | 12                                              | 8                                          |
| £25-49 more                           | 8                                               | 9                                           | 11                                              | 8                                          |
| £50+ more                             | 9                                               | 12                                          | 12                                              | 22                                         |
| Minimum                               |                                                 |                                             |                                                 |                                            |
| £50+ less                             | 0                                               | 2                                           | 1                                               | 0                                          |
| £25-49 less                           | 2                                               | 3                                           | 1                                               | 0                                          |
| £10-24 less                           | 2                                               | 1                                           | 2                                               | 0                                          |
| £1-9 less                             | 4                                               | 2                                           | 2                                               | 0                                          |
| Same                                  | 38                                              | 28                                          | 51                                              | 58                                         |
| £1-9 more                             | 15                                              | 10                                          | 12                                              | 4                                          |
| £10-24 more                           | 15                                              | 13                                          | 10                                              | 16                                         |
| £25-49 more                           | 15                                              | 19                                          | 16                                              | 7                                          |
| £50+ more                             | 9                                               | 21                                          | 8                                               | 17                                         |

The minimum charge to publicly-funded residents is clearly becoming the minimum that nursing homes are prepared to accept from any source. However, homes appear to be increasingly prepared to accept self-funders at this rate, possibly as a result of the pressures that they are under. Ongoing research into current home closures suggests that in some instances this may be due to pressures from local authorities who are using their purchasing power to insist that homes do not differentiate fees between public and self-funded residents.

Moreover, as residents and relatives become aware of such practices they are likely to demand differential services or the same fees.

### **5.3 Paying for Charges and Spenddown**

At the time of the survey, individuals who were unable to meet the charges for residential or nursing home care and whose assets were no greater than £16,000 were able to receive financial support for their care by the appropriate local authority, subject to an assessment of their care needs and financial circumstances (National Health Service and Community Care Act 1990; Department of Health, 1999). Individuals with assets ranging from £10,000 to £16,000 were assumed to receive an income of £1 per week from every complete £250 or part of £250 of assets above £10,000, termed ‘tariff income’, which could be used towards financing their care. Assets of £10,000 or less were disregarded in the financial assessment. From April 2001, the capital limits were raised to £11,500 and £18,500, with tariff income again calculated as £1 per week for every part or complete £250 of assets (Department of Health, 2001a). As part of the arrangements for financial support by a local authority, publicly-funded residents receive a personal expenses allowance, which was set at £14.75 per week from April 1999 (Department of Health, 1999).

Table 5.3 shows the relationship between the income and assets of residents and the charge paid for their care for the capital limits which applied at the time of the survey and for the capital limits which were introduced in April 2001. Information on the income and assets of residents is presented in Chapter 4 of this report. The estimated value of assets owned by residents was obtained by combining the value of their accommodation with their savings and investments, as explained in the previous chapter.

Information on charges and on assets and income was obtained for 33 per cent of the residents in the survey. Relatives (or the home manager where there was no relative and they had access to the information) were asked for residents’ total weekly income from all sources (see Chapter 4). In 16 per cent of cases this exceeded the charge for their care. As shown in table 5.1, the mean charge for a residential place was approximately £100 per week less than the mean charge for a nursing place. Residents occupying residential places were more likely to be able to pay the charge from their income (19 per cent) than were residents occupying nursing places (11 per cent). Seventy-one per cent of residents had a weekly income which was insufficient to meet the charge for their care but had assets of more than £16,000. A further 7 per cent of residents had a weekly income which was insufficient to meet the charge but for whom information on their assets was not reported. The remaining 5 per cent of

residents had a weekly income which was insufficient to meet the charge and assets of no more than £16,000. In all but one case, these residents had assets of less than £10,000, and none were previously homeowners. The income of the resident with assets of between £10,000 and £16,000 was adjusted to include the tariff income. However, in the comparison between income and charges, no provision was made for an equivalent to the personal expenses allowance for publicly-funded residents.

Table 5.3 also shows the effect of raising the capital limits from £10,000 and £16,000 to £11,500 and £18,500. Residents in the survey who had a weekly income which was insufficient to meet the charge for their care but who had assets of between £16,000 and £18,500 would have been eligible for local authority financial support for their care under the limits introduced in April 2001. However, such residents only accounted for 3 per cent of those who had a weekly income which was insufficient to meet the charge for their care and assets of more than £16,000.

**Table 5.3: Relationship between income and assets and charge to resident under charging regulations from April 1996 and from April 2001, by type of place occupied**

| <i>Relationship between income and assets and charge</i> | <i>Residential place</i> |          | <i>Nursing place</i> |          | <i>All places</i> |          |
|----------------------------------------------------------|--------------------------|----------|----------------------|----------|-------------------|----------|
|                                                          | <i>No.</i>               | <i>%</i> | <i>No.</i>           | <i>%</i> | <i>No.</i>        | <i>%</i> |
| Charging regulations from April 1996                     |                          |          |                      |          |                   |          |
| Income ≥ charge                                          | 39                       | 19       | 11                   | 11       | 50                | 16       |
| Income < charge, assets > £16,000                        | 145                      | 69       | 73                   | 76       | 218               | 71       |
| Income < charge, assets ≤ £16,000                        | 0                        | 0        | 1                    | 1        | 1                 | <1       |
| Income < charge, assets ≤ £10,000                        | 10                       | 5        | 4                    | 4        | 14                | 5        |
| Income < charge, assets not known                        | 15                       | 7        | 7                    | 7        | 22                | 7        |
| Number of residents                                      | 209                      | 100      | 96                   | 100      | 305               | 100      |
| Charging regulations from April 2001                     |                          |          |                      |          |                   |          |
| Income ≥ charge                                          | 39                       | 19       | 11                   | 11       | 50                | 16       |
| Income < charge, assets > £18,500                        | 140                      | 67       | 71                   | 74       | 211               | 69       |
| Income < charge, assets ≤ £18,500                        | 5                        | 2        | 3                    | 3        | 8                 | 3        |
| Income < charge, assets ≤ £11,500                        | 10                       | 5        | 4                    | 4        | 14                | 5        |
| Income < charge, assets not known                        | 15                       | 7        | 7                    | 7        | 22                | 7        |
| Number of residents                                      | 209                      | 100      | 96                   | 100      | 305               | 100      |
| Number of residents                                      |                          |          |                      |          |                   |          |
| With financial data                                      | 209                      | 35       | 96                   | 30       | 305               | 33       |
| Financial data missing                                   | 390                      | 65       | 226                  | 70       | 616               | 67       |
| Total number                                             | 599                      | 100      | 322                  | 100      | 921               | 100      |

Table 5.4 shows the estimated length of time that residents who had a weekly income which was insufficient to meet the charge for their care but who had assets of more than £16,000 would be able to fund the shortfall from their assets before their assets were reduced to £16,000. It should be noted that the estimated length of time that residents' assets would be expected to last does not include any adjustment for price changes. In practice, year-on-year increases of care home prices are around 2 per cent (Laing and Buisson, 2000). Table 5.5 shows the same information for the new capital limit of £18,500, introduced in April 2001. For the majority of these residents, their estimated assets would be expected to last for several years before they had spent down to the capital limit. Sixty-four per cent of residents were estimated to have sufficient assets to fund the shortfall for more than five years. However, 10 per cent of residents were only estimated to have sufficient assets to fund the shortfall for up to one year before their assets were reduced to £16,000.

**Table 5.4: Relationship between income and assets and charge to resident under charging regulations from April 1996, and estimated time to spend down to £16,000 capital limit, by type of place occupied**

| <i>Relationship between income and assets and charge</i> | <i>Residential place</i> |          | <i>Nursing place</i> |          | <i>All places</i> |          |
|----------------------------------------------------------|--------------------------|----------|----------------------|----------|-------------------|----------|
|                                                          | <i>No.</i>               | <i>%</i> | <i>No.</i>           | <i>%</i> | <i>No.</i>        | <i>%</i> |
| Income $\geq$ charge                                     | 39                       | -        | 11                   | -        | 50                | -        |
| Income < charge, assets > £16,000                        |                          |          |                      |          |                   |          |
| Spendedown in 1–3 months                                 | 3                        | 2        | 1                    | 1        | 4                 | 2        |
| Spendedown in 4–6 months                                 | 2                        | 1        | 1                    | 1        | 3                 | 1        |
| Spendedown in 7–9 months                                 | 4                        | 3        | 6                    | 8        | 10                | 5        |
| Spendedown in 10 months – 1 year                         | 3                        | 2        | 1                    | 1        | 4                 | 2        |
| Spendedown in 1–2 years                                  | 5                        | 3        | 5                    | 7        | 10                | 5        |
| Spendedown in 2–3 years                                  | 6                        | 4        | 6                    | 8        | 12                | 6        |
| Spendedown in 3–4 years                                  | 10                       | 7        | 7                    | 10       | 17                | 8        |
| Spendedown in 4–5 years                                  | 14                       | 10       | 4                    | 5        | 18                | 8        |
| Spendedown in more than 5 years                          | 98                       | 68       | 42                   | 58       | 140               | 64       |
| Number of residents                                      | 145                      | 100      | 73                   | 100      | 218               | 100      |
| Income < charge, assets $\leq$ £16,000                   | 0                        | -        | 1                    | -        | 1                 | -        |
| Income < charge, assets $\leq$ £10,000                   | 10                       | -        | 4                    | -        | 14                | -        |
| Income < charge, assets not known                        | 15                       | -        | 7                    | -        | 22                | -        |
| Number of residents                                      |                          |          |                      |          |                   |          |
| With financial data                                      | 209                      | 35       | 96                   | 30       | 305               | 33       |
| Financial data missing                                   | 390                      | 65       | 226                  | 70       | 616               | 67       |
| Total number                                             | 599                      | 100      | 322                  | 100      | 921               | 100      |

In addition to the raising of the capital limit to £18,500 from April 2001, the Government announced that, from April 2001, the value of the person's home would also be disregarded from the means testing rules for the first three months from admission to residential or nursing home care (Cm 4818-I, 2000). Table 5.5 incorporates the period of three months in the estimated length of time that would elapse before resident's assets were reduced to £18,500, although the period has been applied to the total amount of assets, not just the value of the person's home. However, since the estimated assets of the majority of residents were expected to last for several years, the resulting overestimate of the length of time to spend down to the capital limit would be small. For the residents in the survey, the increase of the capital limits and the initial three months during which the value of the person's home would be disregarded would have had the effect of reducing the proportion of residents who spent down to the upper limit soon after admission, while increasing the proportion eligible for local authority financial support. However, the overall distribution of the estimated length of time that the resident's assets would last, shown in table 5.5, was similar to that shown in table 5.4 for the previous charging regulations.

The analysis of the relationship between charges and assets and income was based on the recorded income of the resident. Information about who contributed to paying the charges for the resident was obtained from respondents to the Family/Friend Questionnaire for 35 per cent of the residents in the survey. In 91 per cent of these cases the resident was either solely responsible for paying the charges or was paying with assistance from the (then) Department of Social Security. This figure includes a small number of cases where the resident was receiving assistance from a local authority or a health authority while their home was being sold. In the remaining 9 per cent of cases, accounting for 29 individuals, the resident was receiving financial assistance from their spouse or a relative. The amount contributed was recorded for 24 of the 29 individuals. In 18 cases the amount contributed appeared to cover the difference between the resident's income and the charge for their care, including five of the 14 cases shown in tables 5.3 and 5.4 as having assets of no more than £10,000. The respondents were also asked to estimate how long the contribution to the charges for the resident could be maintained. Half of the 22 responses to the question were that the contribution could be maintained for at least five years, three were that it could be maintained for under one year, three were that it could be maintained for one to two years and five were that it could be maintained for two to five years.

**Table 5.5: Relationship between income and assets and charge to resident under charging regulations from April 2001, and estimated time to spend down to £18,500 capital limit, by type of place occupied**

| <i>Relationship between income and assets and charge</i> | <i>Residential place</i> |          | <i>Nursing place</i> |          | <i>All places</i> |          |
|----------------------------------------------------------|--------------------------|----------|----------------------|----------|-------------------|----------|
|                                                          | <i>No.</i>               | <i>%</i> | <i>No.</i>           | <i>%</i> | <i>No.</i>        | <i>%</i> |
| Income $\geq$ charge                                     | 39                       | -        | 11                   | -        | 50                | -        |
| Income < charge, assets > £18,500                        |                          |          |                      |          |                   |          |
| Spenddown in 1–3 months                                  | -                        | -        | -                    | -        | -                 | -        |
| Spenddown in 4–6 months                                  | 0                        | 0        | 0                    | 0        | 0                 | 0        |
| Spenddown in 7–9 months                                  | 2                        | 1        | 6                    | 8        | 8                 | 4        |
| Spenddown in 10 months – 1 year                          | 5                        | 4        | 1                    | 1        | 6                 | 3        |
| Spenddown in 1–2 years                                   | 7                        | 5        | 5                    | 7        | 12                | 6        |
| Spenddown in 2–3 years                                   | 5                        | 4        | 6                    | 8        | 11                | 5        |
| Spenddown in 3–4 years                                   | 10                       | 7        | 7                    | 10       | 17                | 8        |
| Spenddown in 4–5 years                                   | 13                       | 9        | 4                    | 6        | 17                | 8        |
| Spenddown in more than 5 years                           | 98                       | 70       | 42                   | 59       | 140               | 66       |
| Number of residents                                      | 140                      | 100      | 71                   | 100      | 211               | 100      |
| Income < charge, assets $\leq$ £18,500                   | 5                        | -        | 3                    | -        | 8                 | -        |
| Income < charge, assets $\leq$ £11,500                   | 10                       | -        | 4                    | -        | 14                | -        |
| Income < charge, assets not known                        | 15                       | -        | 7                    | -        | 22                | -        |
| Number of residents                                      |                          |          |                      |          |                   |          |
| With financial data                                      | 209                      | 35       | 96                   | 30       | 305               | 33       |
| Financial data missing                                   | 390                      | 65       | 226                  | 70       | 616               | 67       |
| Total number                                             | 599                      | 100      | 322                  | 100      | 921               | 100      |

The respondents to the Family/Friend Questionnaire were asked whether they knew the value of assets at which the resident would become eligible for local authority financial support. Eighty-eight per cent of the respondents reported that they knew that there was a limit below which local authorities would contribute. Eighty-five per cent of these respondents (75 per cent of all respondents) reported the correct figure of £16,000. In contrast, a Family/Friend Questionnaire was completed for 12 of the 15 cases shown in tables 5.3 and 5.4 as having assets of no more than £16,000, but only five respondents reported the correct figure.

The respondents to the Family/Friend Questionnaire were also asked to estimate how long the resident's assets would last before they were reduced to £16,000. Ninety per cent of respondents provided this information, and almost 50 per cent of these respondents estimated that the resident's assets would last for at least five years. In the analysis for tables 5.3 to 5.5, the majority of these residents either had a weekly income which exceeded the charge for their care or assets which were estimated to last for at least five years. However, where the

respondent estimated that the resident's assets would last for less than five years there was less agreement with the results of the preceding analyses, which showed a much greater spread in the estimated length of time that the resident's assets would last. In 14 cases, the respondent to the Family/Friend Questionnaire reported that the resident's assets had fallen below £16,000. These cases included eight of the cases shown in tables 5.3 and 5.4 as having assets of no more than £16,000.

## 5.4 Life Expectancy

This section uses the results of an analysis of survival of the publicly-funded residents included in the longitudinal survey begun in 1995 (Bebbington et al., 2000) to estimate the survival of the self-funded residents in the 1999 survey. Information was obtained in the earlier survey on survival up to 42 months following admission, and a proportional hazards model was estimated for survival up to 42 months. For people surviving beyond 42 months, a separate forecasting model of life expectancy based on an exponential distribution<sup>1</sup> was estimated. An overall estimate of life expectancy was then obtained by combining the estimated life expectancy for the first 42 months with the estimated life expectancy beyond 42 months, given the estimated probability that the person had survived for 42 months. The models presented in Bebbington et al. (2000) have been re-estimated to exclude factors whose coefficients were not statistically significant at the  $p = 0.10$  level, and table 5.6 presents the coefficients for the two re-estimated models. Table 5.7 shows comparative information on the factors included in the survival model for residents in the two surveys, by the type of place occupied. Table 5.8 shows the distribution of estimated probabilities of survival and the estimated life expectancy for residents in the two surveys, again by the type of place occupied. Since the forecasting model for life expectancy beyond 42 months was not based on observed data, the estimates of means may be unreliable, particularly for residents in residential places, and estimates of median life expectancy are likely to be more robust.

Overall, the distributions of the estimated probability of survival for residents in the two surveys were very similar, with a median estimated life expectancy of 19 months for both surveys. For individuals occupying a residential place, the distributions were also very similar, with a median estimated life expectancy of 26 months for both surveys. For individuals occupying a nursing place, however, the estimated life expectancy for self-funded

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<sup>1</sup> An exponential function is one where the factor (x) which affects life expectancy (y) is the exponent in a function of the form  $y = a^{-x}$ , where a is the fixed *base* of the exponent.

residents tended to be lower than for publicly-funded residents in the earlier survey, the median estimated life expectancy being nine and 12 months respectively.

**Table 5.6: Coefficients for proportional hazards model for death rates up to 42 months from admission and for exponential model of life expectancy beyond 42 months from admission, given survival to 42 months**

| <i>Information</i>               | <i>Model coefficients</i>             |                                               |
|----------------------------------|---------------------------------------|-----------------------------------------------|
|                                  | <i>Death rates<br/>(to 42 months)</i> | <i>Life expectancy<br/>(beyond 42 months)</i> |
| Age group                        |                                       |                                               |
| 65–74                            | 0.0000                                | -                                             |
| 75–84                            | 0.3559                                | -                                             |
| 85 and over                      | 0.6969                                | -                                             |
| Age                              | -                                     | -0.0369                                       |
| Sex                              |                                       |                                               |
| Male                             | 0.0000                                | 0.0000                                        |
| Female                           | -0.2915                               | 0.2359                                        |
| Disorders and diseases           |                                       |                                               |
| Cardiovascular disease           | 0.0975                                | -                                             |
| Respiratory disease              | 0.3347                                | -0.3469                                       |
| Malignancy                       | 0.8542                                | -0.5661                                       |
| Barthel Index of ADL (grouped)   |                                       |                                               |
| Low dependence (Score 13–20)     | 0.0000                                | 0.0000                                        |
| Moderate dependence (Score 9–12) | 0.2348                                | -0.0668                                       |
| Severe dependence (Score 5–8)    | 0.2491                                | -0.1852                                       |
| Total dependence (Score 0–4)     | 0.6015                                | -0.3170                                       |
| MDS CPS categories (grouped)     |                                       |                                               |
| Intact (0)                       | 0.0000                                | -                                             |
| Mild impairment (1–3)            | 0.1309                                | -                                             |
| Severe impairment (4–6)          | 0.1876                                | -                                             |
| Source of admission              |                                       |                                               |
| Private household                | 0.0000                                | -                                             |
| Care home                        | 0.0181                                | -                                             |
| Hospital                         | 0.1184                                | -                                             |
| Other                            | 0.2413                                | -                                             |
| Sector                           |                                       |                                               |
| Local authority home             | 0.0000                                | 0.0000                                        |
| Independent residential place    | 0.1596                                | -0.3022                                       |
| Nursing place                    | 0.4067                                | -0.4129                                       |

As shown in table 5.7, the self-funded residents had higher levels of physical and mental functioning than the publicly-funded residents but, on average, they were older. In addition, among those admitted to nursing places, self-funded residents were more likely to have been suffering from disorders and diseases and to have been admitted from hospital than publicly-funded residents. The net effect of these differences between the residents in the two surveys is to produce the differences in estimated life expectancy shown in table 5.8.

**Table 5.7: Factors included in survival model for self-funded and publicly-funded residents, by type of place occupied**

| <i>Information</i>                 | <i>Self-funded</i>       |                      |                   | <i>Publicly-funded</i>   |                      |                   |
|------------------------------------|--------------------------|----------------------|-------------------|--------------------------|----------------------|-------------------|
|                                    | <i>Residential place</i> | <i>Nursing place</i> | <i>All places</i> | <i>Residential place</i> | <i>Nursing place</i> | <i>All places</i> |
| Number of residents                | 118                      | 246                  | 364               | 1267                     | 925                  | 2192              |
| Age group (%)                      |                          |                      |                   |                          |                      |                   |
| 65–74                              | 7                        | 8                    | 8                 | 11                       | 14                   | 12                |
| 75–84                              | 33                       | 36                   | 34                | 41                       | 44                   | 42                |
| 85 and over                        | 59                       | 56                   | 58                | 48                       | 41                   | 45                |
| Mean age                           | 85.3                     | 84.6                 | 85.0              | 83.5                     | 82.4                 | 83.0              |
| Sex (%)                            |                          |                      |                   |                          |                      |                   |
| Male                               | 29                       | 40                   | 32                | 27                       | 33                   | 29                |
| Female                             | 71                       | 60                   | 68                | 73                       | 67                   | 71                |
| Disorders and diseases (%)         |                          |                      |                   |                          |                      |                   |
| Cardiovascular disease             | 16                       | 25                   | 19                | 19                       | 21                   | 20                |
| Respiratory disease                | 10                       | 25                   | 15                | 14                       | 16                   | 15                |
| Malignancy                         | 7                        | 23                   | 12                | 4                        | 14                   | 8                 |
| Barthel Index of ADL (grouped) (%) |                          |                      |                   |                          |                      |                   |
| Low dependence (Score 13–20)       | 66                       | 19                   | 51                | 52                       | 12                   | 35                |
| Moderate dependence (Score 9–12)   | 18                       | 18                   | 18                | 29                       | 19                   | 24                |
| Severe dependence (Score 5–8)      | 11                       | 27                   | 16                | 16                       | 32                   | 23                |
| Total dependence (Score 0–4)       | 4                        | 36                   | 15                | 4                        | 37                   | 18                |
| MDS CPS categories (grouped) (%)   |                          |                      |                   |                          |                      |                   |
| Intact (0)                         | 27                       | 29                   | 27                | 22                       | 18                   | 20                |
| Mild impairment (1–3)              | 52                       | 37                   | 47                | 53                       | 37                   | 46                |
| Severe impairment (4–6)            | 21                       | 34                   | 25                | 26                       | 45                   | 34                |
| Source of admission (%)            |                          |                      |                   |                          |                      |                   |
| Private household                  | 48                       | 42                   | 46                | 47                       | 23                   | 37                |
| Care home                          | 10                       | 5                    | 9                 | 7                        | 3                    | 5                 |
| Hospital                           | 41                       | 52                   | 44                | 44                       | 72                   | 56                |
| Other                              | 2                        | 2                    | 2                 | 2                        | 2                    | 2                 |
| Sector (%)                         |                          |                      |                   |                          |                      |                   |
| Local authority home               | -                        | -                    | -                 | 16                       | -                    | 9                 |
| Independent residential place      | 100                      | -                    | 32                | 84                       | -                    | 48                |
| Nursing place                      | -                        | 100                  | 68                | -                        | 100                  | 42                |

Information on the relationship between income and assets of residents and the charge paid for their care was available for 305 of the 921 residents in the survey, as shown in tables 5.3 to 5.5. The information presented in table 5.8 on the distribution of estimated probabilities of survival and the estimated life expectancy was based on information for 364 residents. Although 218 residents had a weekly income which was insufficient to meet the charge for their care but had assets of more than £16,000, estimates of survival were only available for 102 of these residents, 65 in residential places and 37 in nursing places. The estimated assets of 84 per cent of these residents were sufficient to last for at least 42 months, and for these residents the estimated probability of surviving for at least 42 months was 0.30 overall, 0.39 for residents in residential places and 0.14 for residents in nursing places.

**Table 5.8: Mean estimated probability of survival and estimated life expectancy for self-funded and publicly-funded residents, by type of place occupied**

| <i>Survival duration<br/>and estimated life expectancy</i> | <i>Self-funded</i>           |                          |                       | <i>Publicly-funded</i>       |                          |                       |
|------------------------------------------------------------|------------------------------|--------------------------|-----------------------|------------------------------|--------------------------|-----------------------|
|                                                            | <i>Residential<br/>place</i> | <i>Nursing<br/>place</i> | <i>All<br/>places</i> | <i>Residential<br/>place</i> | <i>Nursing<br/>place</i> | <i>All<br/>places</i> |
| Number of residents                                        | 246                          | 118                      | 364                   | 1267                         | 925                      | 2192                  |
| Survival duration                                          |                              |                          |                       |                              |                          |                       |
| 1 month                                                    | 0.92                         | 0.84                     | 0.90                  | 0.93                         | 0.87                     | 0.90                  |
| 2 months                                                   | 0.87                         | 0.74                     | 0.83                  | 0.87                         | 0.77                     | 0.83                  |
| 3 months                                                   | 0.83                         | 0.68                     | 0.78                  | 0.83                         | 0.71                     | 0.78                  |
| 6 months                                                   | 0.76                         | 0.57                     | 0.70                  | 0.76                         | 0.61                     | 0.70                  |
| 9 months                                                   | 0.71                         | 0.51                     | 0.65                  | 0.72                         | 0.55                     | 0.65                  |
| 12 months                                                  | 0.67                         | 0.46                     | 0.60                  | 0.68                         | 0.50                     | 0.61                  |
| 15 months                                                  | 0.62                         | 0.39                     | 0.55                  | 0.63                         | 0.44                     | 0.55                  |
| 18 months                                                  | 0.59                         | 0.36                     | 0.51                  | 0.60                         | 0.40                     | 0.51                  |
| 21 months                                                  | 0.55                         | 0.32                     | 0.48                  | 0.56                         | 0.36                     | 0.48                  |
| 24 months                                                  | 0.52                         | 0.29                     | 0.45                  | 0.53                         | 0.33                     | 0.45                  |
| 30 months                                                  | 0.46                         | 0.23                     | 0.38                  | 0.47                         | 0.27                     | 0.38                  |
| 36 months                                                  | 0.41                         | 0.19                     | 0.34                  | 0.41                         | 0.22                     | 0.33                  |
| 42 months                                                  | 0.35                         | 0.15                     | 0.28                  | 0.36                         | 0.17                     | 0.28                  |
| Estimated life expectancy (months)                         |                              |                          |                       |                              |                          |                       |
| Mean                                                       | 38                           | 20                       | 32                    | 40                           | 23                       | 33                    |
| Median                                                     | 26                           | 9                        | 19                    | 26                           | 12                       | 19                    |

## 5.5 Conclusion

Overall levels of fees being paid by admissions in the study were very similar to national levels. The tendency, found in previous studies, for self-funders to be charged more than publicly-funded residents for a similar or the same level of service appears to be diminishing. Approximately 70 per cent of residents for whom information on charges and on assets and

income was obtained had a weekly income that was insufficient to meet the charge for their care. Most of these residents had assets that would be expected to last for several years before they had spent down to the capital limit. Given the estimated life expectancy, the change in the capital limits would be relatively unimportant. However, a smaller group of residents had levels of assets that would be likely to last for a much shorter period, and for these residents the change in the capital limit would be more important. Mean charges to residents were £275 for residential places and £371 for nursing places, while the mean income, reported in the previous chapter, was £184 per week. Thus for residents with average levels of income the rate of reduction in the level of their assets could be substantial, particularly in nursing homes. The introduction of free nursing care in nursing homes should have a significant effect on the finances of residents in nursing homes.

Information obtained from relatives and friends suggested that the financial position of residents who had assets that were estimated to last for several years was reasonably secure. However, for residents with lower levels of assets there was more uncertainty about the likely spenddown duration. Residents with low levels of assets formed a small group, but there was some evidence that their relatives were unsure of the financial arrangements that could be made, as was found in a previous study by Wright (1998). Thus, for these groups of residents in particular there would appear to be a need for more information and advice.

## **Appendix A**

### **The PSSRU Longitudinal Study of Publicly-Funded Admissions to Care Homes for Older People**

The study was commissioned by the Department of Health, specifically to help to improve the Standard Spending Assessment (SSA) formulae for allocating funds to local authorities (Bebbington et al., 1996). However, it was commissioned as part of a broader study with a range of objectives. Together with a cross-sectional survey (Netten et al., 1998), the survey was designed:

- to provide a baseline description of the use of residential and nursing home care by both publicly-funded and privately-funded residents;
- to examine changes over time, including mortality, changes in location and changes in dependency; and
- to examine the relationship between dependency and the costs of care following the changes in community care arrangements in 1993.

The study was designed to obtain information about people aged over 65 who were admitted as long-stay, local authority supported residents of residential and nursing homes. It was conducted in a stratified sample of 18 local authorities in England. Initially, 20 local authorities were selected according to type of authority, size, population density, migration rate and socio-economic status. Fourteen of the selected authorities and four replacement authorities agreed to participate, including five London boroughs, eight metropolitan districts and five counties (Netten et al., 1998). The initial phase of the survey was conducted during a period of three months during the autumn of 1995. Information was collected on a cohort of 2,544 local authority supported residents admitted to residential and nursing home care. The surviving members of the cohort have been followed up at six, 18, 30 and 42 months after admission. For each person admitted, information was collected from social workers or care managers about their previous living arrangements, the circumstances of their admission, their health and dependency characteristics, the type of home to which they were admitted and the contractual arrangements made with the home. The follow-ups concern the survival, location, health (dependency) and funding of the original sample.

Among the 2,544 individuals admitted, 106 were recorded as having assets exceeding the capital limit for public funding (£8,000 at the time of the survey), and the information presented in this report is based on the remaining 2,438 individuals. Although the sample contained a disproportionate number of metropolitan authorities, weighting the sample to

reflect the relative numbers of local authority supported residents has very little effect on the distributions of the so the unweighted information is used in this report. For example, a goodness of fit test between the unweighted and weighted distributions of the grouped Barthel Index gave  $X^2 = 0.344$ , 3 d.f.,  $p > 0.95$ . This indicates that the two distributions were very similar.

## **Appendix B**

### **Sample Selection**

#### **1. Background**

The objective of the sample selection procedure was to obtain a nationally representative sample of admissions to care homes for older people in Great Britain. To be nationally representative we need to reflect both the type of home to which people are admitted and the context in terms of location and local authority characteristics. As far as possible, the study was to be comparable with the 1995 survey of publicly-funded admissions (Bebbington et al., 1996) and the 1996 cross-sectional survey of homes (Netten et al., 1998).

The survey of publicly-funded admissions conducted in 1995 and the cross-sectional survey conducted in 1996 were undertaken in a stratified sample of local authorities in England. The admissions study was undertaken in 18 local authorities and the cross-sectional survey was undertaken in 21 local authorities, 17 of which were included in the admissions study. Local authorities were stratified by type of authority (at that time just London borough, metropolitan district and county) and by additional factors according to the type of authority. For the cross-sectional survey, separate samples of local authority homes, private residential and dual registered homes, voluntary residential and dual registered homes and registered nursing homes were selected with probability proportional to size. In London, private residential and dual registered homes and nursing homes were oversampled to compensate for the small number of homes, particularly in inner London. Full details of the sampling procedure used in the cross-sectional survey are given in Netten et al. (1998).

The adoption of a similar procedure for selecting local authorities for the survey of self-funded admissions was complicated by the need to include Scotland and Wales, local government reorganisation and the distribution of homes across authorities. Outside London, local government reorganisation has created more local authorities, with fewer homes per authority as a consequence.

The design of the sampling process was dependent on available sources of data. First, we describe the sources of data and the estimates required. We then identify the basis for the sample size estimates and the approach to selecting the local authorities and homes within those authorities.

## **2. Sources of Data**

For England, the most recent information available on the number of residential and nursing homes at the time of selecting the sample related to 1998 (Department of Health, 1998b). Information on residential and dual registered homes was tabulated by local authority and information on nursing homes was tabulated by health authority. For Scotland, the most recent information available on residential and nursing homes related to 1997 (Scottish Office, 1998b), and was tabulated by local authority. For Wales, the most recent information available on residential and nursing homes also related to 1997. However, although information for nursing homes was available by local authority, the most recent information available related to 1996 (Welsh Office, 1998a), and information for 1997 was only available by health authority (Welsh Office, 1998b).

Although the most recent information available for England related to 1998, the information available on residential homes for individual local authorities only showed the number of homes for all client groups combined, and included small homes, that is, those with fewer than four places. These homes were excluded from the study. However, the database used as the sampling frame for selecting homes only included homes with five places or more, and thus homes with four places were not included in the survey. The number of small homes was shown separately for England as a whole, and indicated that 8,631 of the 20,505 registered residential homes recorded for 1998 (42 per cent) were homes with four or more places that catered for elderly people or elderly mentally infirm people. The most recent information on the number of residential homes by local authority, which excluded small homes, was published for 1996 (Department of Health, 1997), but in this case dual registered homes were included with residential homes. Furthermore, the introduction of unitary authorities meant that information for different years was published for different local authorities. The statistics for 1996 did not include the new unitary authorities, apart from the Isle of Wight. The number of dual registered homes was shown separately in the information published for residential homes in England by local authority for 1998. For England as a whole, 94 per cent of dual registered homes catered for elderly people or elderly mentally infirm people (1,982 of 2,109 homes). Excluding small residential homes, dual registered homes accounted for 20 per cent of the residential or dual registered homes in England that catered for elderly people or elderly mentally infirm people.

Information on nursing homes in England is published by health authority and includes the number of premises and the number of registered beds, classified by elderly and other, and by client group (general, mental, learning disability, specialist, other). Overall, beds for elderly people accounted for 82 per cent of the total number of beds in nursing homes in England in

1998. However, in a number of health authorities the proportion of beds recorded as for elderly people was much smaller than this, and in four cases no beds were recorded as being for elderly people.

For Scotland and Wales, information on residential homes was shown separately for each client group. For Scotland, dual registered homes have been included with residential homes in the tabulations by local authority, but only accounted for 6 per cent of homes in 1997. However, small homes did not appear to have been included in the statistics. For Wales, the published statistics did not indicate whether dual registered homes were included with either residential or nursing homes, but small homes were not included in the statistics for residential homes.

As noted above, information on nursing homes for Scotland and Wales is tabulated by local authority, although the most recent information for Wales related to 1996. For both Scotland and Wales, the number of residents in nursing homes, but not the number of places, is subdivided by client group. For Scotland, residents were divided into eight categories (Information and Statistics Division, National Health Service in Scotland, 1998), but these categories did not show the number of elderly people. In Wales, residents of nursing homes were divided into two age groups, but those aged under 65 accounted for less than 7 per cent of residents in 1996.

These data were combined and adjusted in order to estimate the numbers of residential, nursing and dual registered homes with four or more places in each local authority or group of authorities comprising the primary sampling unit (see below). Information on the correspondence between health authorities and local authorities was obtained from *The IHSM Health and Social Services Year Book 1998/99* (Institute of Health Services Management, 1998). For health authorities which spanned more than one local authority, the number of nursing homes was divided according to the relative population of each component local authority, using the mid-1997 population estimates (Office for National Statistics, 1998).

### **3. Sample Size**

The objective was to achieve a sample of 1,000 individuals, with around 500 residential care and around 500 nursing home admissions (Netten et al., 1999). Using information collected in the cross-sectional survey (Netten et al., 1998) relating to the annual rate of admissions and the percentage of private residents for homes of different sizes produced an overall estimate of 2.66 admissions per home, residential and nursing homes being combined. With this admission rate, a sample of 1,000 admissions would have been achieved from a sample of

375 homes. Assuming that 80 per cent of the homes approached would agree to participate, and allowing for homes that were ineligible because they did not admit self-funded residents, indicated that an initial sample of 500 homes would need to be selected. Thus the sample of 375 eligible homes would form 75 per cent of the initial sample.

National statistics indicated that there were approximately 10,000 private and voluntary residential homes, 4,000 nursing homes and 1,500 dual registered homes for elderly people (Department of Health, 1998a; Scottish Office, 1998a; Welsh Office, 1998a, b). Approximately two-thirds of beds in dual registered homes were nursing beds. The sampling fraction required to produce 500 residential care and 500 nursing home admissions would need to be approximately twice as large for nursing and dual registered homes as for residential homes, if a similar recruitment rate applied for each type of home. On this basis, a sample of 500 homes would include approximately 240 residential homes, 200 nursing homes and 60 dual registered homes.

Subsequent calculations using information collected in the cross-sectional survey suggested that admission rates were likely to be nearly twice as high in nursing homes as in residential homes. Table B.1 shows information collected in the cross-sectional survey relating to the mean number of places, the mean number of residents and the proportion of self-funded residents (Netten et al., 1998, tables 2.1 and 3.7), together with estimates of the mean number of self-funded residents. The overall estimate for residential homes was computed using the relative numbers of private and voluntary residential homes in England at the time of the survey (Netten et al., 1998, table A2.15). Since the figures for dual registered and nursing homes were very similar, an overall estimate was computed for these homes in the same way.

**Table B.1: Number of places and residents by type of home, 1996**

| <i>Information</i>        | <i>Private residential</i> | <i>Voluntary residential</i> | <i>Independent residential</i> | <i>Dual registered</i> | <i>Nursing</i> | <i>Dual reg. &amp; nursing</i> |
|---------------------------|----------------------------|------------------------------|--------------------------------|------------------------|----------------|--------------------------------|
| Mean no. of places        | 20.0                       | 30.3                         | 21.3                           | 39.2                   | 37.7           | 38.2                           |
| Mean no. of residents     | 17.0                       | 28.1                         | 18.4                           | 32.5                   | 32.6           | 32.6                           |
| Self-funded residents (%) | 34.0                       | 33.0                         | 33.9                           | 27.0                   | 25.0           | 25.6                           |
| Mean no. of self-funded   | 5.8                        | 9.3                          | 6.2                            | 8.8                    | 8.2            | 8.3                            |

Assuming that the mean completed length of stay was three years in residential homes and two years in dual registered and nursing homes gave estimates of approximately two admissions of self-funded residents to residential homes and four admissions of self-funded residents to dual registered and nursing homes per year. Thus, with twice as many residential

homes as dual registered and nursing homes, there was likely to be a similar number of admissions to each sector, and hence the sample of residential homes should have been relatively higher than initially calculated.

With admission rates of two and four self-funded admissions per year, respectively, samples of 250 residential care homes and 125 dual registered and nursing homes would have been required to obtain achieved samples of 500 residential care and 500 dual registered and nursing home admissions. Adjusting for the fact that about two-thirds of beds in dual registered homes were nursing beds, and assuming that separate admission rates applied to residential and nursing beds in dual registered homes, an achieved sample of 44 dual registered homes was expected to yield 29 residential care admissions and 117 nursing admissions. This suggested that the achieved sample of residential care homes should be reduced from 250 to 235, to allow for residential care admissions to dual registered homes, and that the achieved sample of dual registered and nursing homes should be increased from 125 to 140. Of the 140 dual registered and nursing homes, approximately 49 would be dual registered homes and 91 would be nursing homes. The estimated initial sample sizes required to produce these achieved samples and the estimated number of admissions are shown in table B.2.

**Table B.2: Estimated number of homes in initial and achieved sample**

| <i>Type of home</i>   | <i>Initial sample</i> | <i>Achieved sample</i> | <i>No. of residential admissions</i> | <i>No. of nursing admissions</i> |
|-----------------------|-----------------------|------------------------|--------------------------------------|----------------------------------|
| Residential homes     | 314                   | 235                    | 470                                  | -                                |
| Dual registered homes | 66                    | 49                     | 32                                   | 130                              |
| Nursing homes         | 122                   | 91                     | -                                    | 364                              |
| Total                 | 502                   | 375                    | 502                                  | 494                              |

As will be clear from the above, the rate of admission of self-funders to care homes was a best estimate, rather than based on known data. As a result it was decided to draw a supplementary sample of 200 homes for use if the achieved sample fell below the 375 homes estimated to be required to yield 1,000 admissions, or to compensate for lower than expected admission rates. In the event this supplementary sample did not need to be used.

#### **4. Procedure for Selecting the Sample of Local Authorities**

Some inner London authorities and some of the new authorities, particularly those in Scotland and Wales, have few residential and nursing homes. For the purpose of selecting local authorities, therefore, it was agreed that inner London should be treated as a single authority selected with probability 1, while authorities in Scotland and Wales were combined into groups which corresponded approximately to their former local authority areas. Information on the correspondence between new and former local authorities in Scotland and Wales was obtained from Jackson and Lewis (1996). For Scotland, it was agreed that the study would exclude the four local authorities to the north west of the Caledonian Canal. The 28 local authorities in Scotland to the south east of the Caledonian Canal were combined into 11 groups, and the 22 local authorities in Wales were combined into ten groups.

One in local five authorities or local authority groups classified on this basis (excluding inner London) were selected using systematic sampling applied to a list of local authorities ordered geographically (approximately north to south) and, in England, by type of authority. Outside inner London, the list contained 140 local authorities or local authority groups (the PSUs – primary sampling units), and thus the systematic sample of 1 in 5 PSUs yielded 28 PSUs. Thus, with the exception of inner London, the PSUs were selected with equal probability.

#### **5. Procedure for Selecting the Sample of Homes**

The A-Z Care Homes Guide Data-on-Disk database was used as the sampling frame for selecting homes. As noted above, the A-Z Care Homes Guide database only included homes with five places or more, and thus homes with four places were not included. Residential homes were included in the sampling frame if they catered for the residential client categories of old age or mental disorder, over 65 years of age. Residential homes were not included in the sampling frame if they catered for mental disorder, over 65 years of age and mental disorder, past and present, but not old age. Nursing homes were included if they provided care for elderly people. Dual registered homes were included either if they catered for the same residential client categories as residential homes or if they provided nursing care for elderly people. Dual registered homes were included with nursing homes in the sampling procedure. Table B.3 shows the number of homes in the selected local authorities that were included in the sampling frame.

**Table B.3: Number of homes in the selected local authorities**

| <i>Type of home</i>               | <i>Inner London</i> | <i>Elsewhere</i> | <i>Total</i> |
|-----------------------------------|---------------------|------------------|--------------|
| Residential homes                 | 100                 | 1934             | 2034         |
| Nursing and dual registered homes | 67                  | 856              | 923          |
| Total                             | 167                 | 2790             | 2957         |

The objective was to select homes with equal probability, in order to produce an equal probability sample overall. As shown above, the number of homes required to yield approximately 500 residential care and 500 nursing home admissions was estimated to be 235 residential homes, 49 dual registered homes and 91 nursing homes. This corresponds very closely to a sample selected with a constant sampling fraction.

Since all inner London authorities were to be selected at the first stage, compared with one in five of those elsewhere, the probability of selection at the second stage in inner London was 0.2 times that for homes elsewhere. The second-stage sampling fractions required to yield a sample of 700 homes, including the supplementary sample of 200 homes, were 0.05 for inner London and 0.25 for homes elsewhere. Applying these sampling fractions to the figures in table B.3 gave sample sizes of nine and 698. Thus, the total sample size was 707, comprising a main sample of 505 homes and a supplementary sample of 202 homes.

The samples of homes in inner London and elsewhere were drawn separately, using a systematic sampling procedure in each case. The separate lists of residential homes and nursing and dual registered homes were combined for the purpose of selecting the samples for inner London and elsewhere, and the two combined lists were treated as circular. Nine homes were selected from the 167 homes in inner London, using a sampling interval of 1 in 20, and 698 homes were selected from the 2790 homes elsewhere, using a sampling interval of 1 in 4. A systematic sample of 505 of the 707 selected homes was selected to provide the main sample for the survey, using the method of fractional intervals (Kish, 1965, p.116):  $\text{interval} = 707/505 = 1.4$ ,  $\text{random start} = 4/10 = 0.4$ . The numbers of homes in the main and supplementary samples are shown in table B.4. Five homes were selected out at random to reduce the end sample to 500.

**Table B.4: Number of homes selected**

| <i>Type of home</i>               | <i>Main sample</i> | <i>Supplementary sample</i> | <i>Total</i> |
|-----------------------------------|--------------------|-----------------------------|--------------|
| Residential homes                 | 350                | 140                         | 490          |
| Nursing and dual registered homes | 155                | 62                          | 217          |
| Total                             | 505                | 202                         | 707          |

## **Appendix C**

### **Fieldwork Design**

#### **1. Main Fieldwork**

The main fieldwork was undertaken by the National Centre for Social Research. The main field instruments were:

- Telephone Pre-Screening Questionnaire
- Telephone screening questionnaires (one for each wave)
- Home Manager Questionnaire
- Resident Interview/Questionnaire
- Family/Friend Questionnaire ('Carer' questionnaire)

The research involved a combination of telephone pencil and paper interviews (PAPI) (recruitment of homes), face-to-face interviewer administered PAPI ('Home Manager' and 'Carer') and self-completion questionnaires ('Resident' and 'Carer'). This appendix summarises how the instruments listed above were used in the field. With a view to assisting understanding of the nature of the fieldwork, table C.1 sets out in diagrammatic form how the fieldwork panned out for different types of homes with different patterns of admissions. Below the table are some examples of some types of contacts that were made in the main survey. As section 2.1 indicates, postponing the final wave increased the total number of achieved interviews. However, the numbers of cases in scope were still below those originally estimated.

#### **1.1 Fieldwork stages**

The main fieldwork for the survey had four principal stages:

##### *Stage 1: Pre-Contact/Pre-Screening*

1. PSSRU sent a letter to the 43 local authorities in which sampled homes were located. Although their consent was not needed (the survey was not covering public sector homes), it was decided that it might be advantageous to ensure that this consent was gained in order to help to satisfy home managers of the legitimacy and importance of the survey. This letter aimed to seek their support for the survey. Written consent was

obtained in all but one case. In the remaining case no reply was obtained, despite further follow-ups.

2. PSSRU then sent a letter (accompanied by a DSS support letter and a National Centre leaflet) to home managers/proprietors to advise that National Centre telephone interviewers would shortly be contacting them about the survey.
3. National Centre interviewers then conducted a telephone 'pre-screen'. The purpose of this was to check whether the named contact person (owner, home manager, administrator, nurse in charge, matron, etc.) in the A-Z Care Homes Data-on-Disk database was the correct person to approach for the main survey. If they were not (and this was often the case), an alternative contact was sought – this was usually the owner, manager, matron or administrator. No further questions were asked at this stage. The typical length of this contact was about three minutes.

#### *Stage 2: Telephone Screening*

1. The original intention was that there would be a total of seven screening waves – one covering a six-month period retrospectively, and six prospective waves taking place on a monthly basis, with questions thus covering a 12 month period (January–December 1999). However, following the pilot it was decided this would be both burdensome on respondents and logistically impractical for interviewers. After considering various options, it was decided to conduct four telephone screens on a bi-monthly basis. The aims of the screens were essentially the same, although the first screen had some additional features.
2. The first wave screen had two main aims. First, it aimed to verify information on sampled homes that was held in the A-Z Care Homes Data-on-Disk database. Second, it aimed to determine whether there had been a self-funded admission in the previous six months (i.e. between 1st January and the date of the interview).

National Centre telephone interviewers first checked whether the home was 'eligible' for the survey. That is, (i) whether the home was in the public, private or voluntary sector, as only the latter two were in scope, and (ii) whether the home would admit self-funded elderly residents if approached to do so. It was made clear to homes that they were eligible as long as they would admit a self-funded elderly resident, even if they had not done so in the previous six months. If a home would not admit self-

funded residents (e.g. it only accepted state-funded admissions, or it did not primarily care for elderly people), it was excluded from the remainder of the survey.

Homes that were eligible were then asked whether they had had any self-funded admissions in the previous six months and, if so, how many. These were referred to as ‘retrospective admissions’. If any admissions were found, this triggered what was termed a ‘Manager’ interview – this was a face-to-face interviewer-administered interview. If the home reported having had no such admissions in last six months, the home was held for the second wave screen.

3. Telephone screens at waves 2–4 were conducted in the same way as in wave 1. However, they aimed to collect more recent self-funded admissions – for the previous two month period (these were termed ‘prospective admissions’). The period between each wave was about two months – information about the number of admissions was collected in respect of the period since the last interviewer contact with the home.

In some cases, due to difficulty in arranging appointments, the time between a field interviewer visiting a home and the next wave were very close together. When this period was less than a week, it was decided on an hoc basis for that home to be held until the next screen, in order to reduce the burden on respondents and also to retain them in the survey. The period between interviews was carefully monitored by means of interviewers recording the date of last contact at each stage of the survey, this item of information being provided to subsequent interviewers.

Where self-funded admissions were found in waves 2–4, this triggered one of two responses. If the home had not been visited for a face-to-face interview in previous waves, a full Manager interview was triggered. If the home had been visited in a previous wave, a ‘Mini-Manager’ interview was triggered. The difference between these is explained below, but the mechanism that triggered one or the other was simply achieved by means of a field which was coded ‘1’ the first time a field interviewer went to the home – this ensured that a Mini-Manager interview was triggered on the second occasion. In each wave of screening, homes were held for the next wave if it was found that there had been no self-funded admissions.

### *Stage 3: Home Manager Interview Stage*

1. As described above, Home Manager interviews were conducted face-to-face with a representative of the home to which self-funded residents had been admitted.

2. As noted above, the full Manager interview was triggered on the first occasion a self-funded admission was detected. This involved a National Centre letter being sent to home managers by interviewers, prior to telephoning to arrange an appointment for a face-to-face interview. The interviewer then aimed to collect detailed information about the characteristics of the home.
3. The Manager interview then aimed to check the information collected about the number of admissions in the telephone screen to ensure the correct number of 'Resident' questionnaires were completed (see below). The interview allowed for respondents to correct their earlier answers and to report that there actually been no eligible admissions had come into the home (despite them having said there had been when telephoned). The definition of 'self-funded' is far from a straightforward one. The full definition is set out in Chapter 1 of this report, but interviewers encountered a number of respondents who incorrectly classified people as self-funded or vice versa – for example, one home initially incorrectly considered people on temporary respite care as self-funded admissions. These cases were removed from the final dataset. The interview also allowed respondents to change the contact name for the next wave.
4. The Mini-Manager interview was used on subsequent face-to-face visits to homes. This additional questionnaire was used to ensure information about the home was not collected again. The sole purpose of this questionnaire was to check the number of eligible admissions to the home.
5. Following either a full Manager or a Mini-Manager interview, interviewers then attempted to complete a Resident Questionnaire for each eligible admission. In the case of wave 1, this included all retrospective admissions in the previous six months. In respect of waves 2–4, this included any eligible admissions in the previous two months. This questionnaire was designed to enable it to be either interviewer administered or to be completed by respondents themselves. This questionnaire collected details about people moving into care, including their circumstances prior to doing so, the type and cost of care they were receiving, and their level of dependency at the time of admission.

In some cases, home managers sought consent from residents and/or their relatives to complete the Resident Questionnaire. Others asked residents to be present, some of whom assisted in the interview. However, the norm was that they simply completed the questionnaire without anyone present. There were very few issues raised

regarding confidentiality, even about financial or dependency issues. The main problem that emerged was with providing details of residents' previous home addresses.

6. After completing a Resident Questionnaire, interviewers then attempted to determine whether each resident had a family member or friend who could be contacted to answer some further questions about their circumstances prior to moving into care, the process of moving into care and their financial circumstances. If interviewers were advised that there was no carer, then the final section of the Resident Questionnaire aimed to collect some basic information about residents' financial circumstances.
7. Where a 'carer' was identified, interviewers then attempted to gain access to them to attempt to arrange an interview (the Family/Friend Questionnaire). The process for doing this was structured in such a way as to enable home managers to provide contact details for carers unless they specifically refused to be contacted. However, some homes insisted on positive consent, whilst others refused to assist in helping interviewers gain access to carers.

#### *Stage 4: The Carer Interview*

1. The main aim of this interview was to collect detailed information on the financial and personal circumstances of self-funded residents. It also aimed to collect information on the circumstances around and the process of them moving into care, and on the financial arrangements involved in paying for their care. Once the interview was arranged there were relatively few problems. Indeed, respondents appeared to consider that the questionnaire covered most of the issues they had expected. The main problem with the Family/Friend Questionnaire stage was gaining access to relevant respondents.

The approach adopted was to provide home managers with a postage paid National Centre advance letter which they were asked to forward (with their own letter if they wished) to relatives or friends of residents. This letter provided an outline of the aims of the survey and explained that, unless they contacted the home to object, National Centre interviewers would seek to gain contact details from the home manager. It was decided to attempt this 'opt-out' rather than 'opt-in' approach to attempt to gain contact with as many carers as possible. However, some home managers remained reluctant to provide any details unless they had specific permission to do so. Others

refused to provide any details at all. This problem resulted in our gaining fewer carer interviewers than we had envisaged.

2. In most cases, this interview was conducted face-to-face in respondents' homes. In a few cases, the interview was conducted in the care home in which their relative/friend lived. In some cases, elderly residents completed the interview themselves. In others, residents were present during the interview and interview conducted with them and their carer. In the pilot, interviews were found to take over an hour and, in some cases, considerably longer than this. This was much longer than was anticipated or considered to be acceptable. Revisions to the questionnaire reduced the length of the interview, but interviewers still found typical interviews to be in the region of 50 minutes in length.
3. If carers lived too far away from the home to be interviewed by the same interviewer (most lived within easy travelling distance), then they were either allocated to another interviewer if possible or, if not, a postal self-completion version of the questionnaire was sent to them. The addition of this postal version of the questionnaire to the instrumentation was only considered post-pilot. Where it was used, the data appeared to be essentially of the same quality as the data from the interviewer-administered questionnaires.

Progress of the number of Resident and Family/Friend questionnaires was monitored very closely throughout the duration of fieldwork. Towards the end of wave 3 in November 1999, the number of these interviews that had been achieved was below that estimated during the feasibility work. The numbers projected to have been obtained by the end of the study were thus less than were considered necessary for detailed analysis. It was apparent that the main reasons for this shortfall were: (i) the rate of admissions had been a little lower than anticipated; (ii) obtaining consent from home managers to access carers had proved more difficult than expected. This presented three main options:

- issue some of the supplementary, reserve sample of homes (see Appendix B);
- add an additional wave 5 two months after the existing wave 4; or
- delay wave 4 screening by two months.

After consideration of these options, it was decided to postpone the conduct of the wave 4 screening from January to March 2000. This had the effect of making this wave cover a four-month period. This explains the dating of March (rather than January) 2000 in table C.1. This action proved relatively successful.

Table C.1 sets out in diagrammatic form how the fieldwork panned out for different types of homes with different patterns of admissions. Below the table are some examples of some types of contacts that were made in the main survey. As section 2.1 indicates, postponing this final wave in this way increased the total number of achieved interviews. However, the numbers were still below those originally estimated.

**Table C.1: Examples of how fieldwork panned out for different types of home**

| Example                | Jan 1999                                                              | Feb | Mar | Apr | May | June | July 1999 | Aug | Sep | Oct | Nov | Dec | March 2000 |
|------------------------|-----------------------------------------------------------------------|-----|-----|-----|-----|------|-----------|-----|-----|-----|-----|-----|------------|
| 1                      |                                                                       |     |     |     |     |      | X         |     |     |     |     |     |            |
| 2                      |                                                                       |     |     |     |     |      | Y         |     |     |     |     |     |            |
| 3                      |                                                                       |     |     |     |     |      | Y         |     |     |     |     |     |            |
| 4                      |                                                                       |     |     |     |     |      | Y         |     |     |     |     |     |            |
| 5                      |                                                                       |     |     |     |     |      | Y         |     |     |     |     |     |            |
| 6                      |                                                                       |     |     |     |     |      | Y         |     |     |     |     |     |            |
|                        |                                                                       |     |     |     |     |      |           |     |     |     |     |     |            |
| Original Screen Number |                                                                       |     |     |     |     |      | 1         | 2   | 3   | 4   | 5   | 6   | 7          |
| Revised Screen Number  |                                                                       |     |     |     |     |      | 1         |     | 2   |     | 3   |     | 4          |
|                        | Home does <u>not</u> take self-funded admissions (i.e. is ineligible) |     |     |     |     |      |           |     |     |     |     |     |            |
|                        | Home takes self-funded admissions (i.e. is eligible)                  |     |     |     |     |      |           |     |     |     |     |     |            |
|                        | Actual self-funded admissions                                         |     |     |     |     |      |           |     |     |     |     |     |            |

### Examples

1. Telephone screen 1 (July) finds that the home does not take self-funded admissions. The home is thus out of scope for the survey. No further contact is made.
2. Telephone screen 1 detects that the home accepts self-funded admissions. It is found that the home had admissions in January, March and May. This triggers a face-to-face Home Manager interview and three Resident questionnaires. In turn, given the home manager's consent/approval, this triggers an attempted contact with a member of the resident's family (or a friend). Subsequent telephone screens detect no further admissions, thus no further face-to-face contact is made with this home.
3. Telephone screen 1 detects no retrospective admissions in the previous six months. Screen 2 detects an admission in August, which triggers a Home Manager interview, a Resident Questionnaire and, if possible, contact with a family member or friend. Subsequent telephone screens detect no further admissions, thus no further face-to-face contact is made with this home.

4. Telephone screen 1 detects an admission in April, which triggers a face-to-face Home Manager interview, a Resident Questionnaire and, if possible, contact with a family member or friend. Screen 2 detects no admission, thus no action. Screen 3 detects an admission in November which triggers a Mini-Manager Questionnaire and a Resident Questionnaire and, if possible, a carer interview. No further admissions in the remaining telephone screens, thus no further face to face contact is made.
5. Telephone screens 1-3 detect no admissions, thus no face-to-face contact is made. Screen 4 detects an admission in December, which triggers a face-to-face Home Manager interview, a Resident Questionnaire and, if possible contact with a family member or a friend.
6. Telephone screen 1 finds the home will accept admissions (thus the home is in scope), but neither it nor screens 2–4 detect any admissions, thus no face-to-face contact is ever made. This home is never interviewed.

## **2. Survey Progress**

### **2.1 *Field outcomes***

This section reports on the number of interviews achieved and how the survey progressed during the 14 months it was in the field. It aims to provide an overview of the headline response information for the purposes of documenting the conduct of the survey in the field, and for the purposes of calculating weights for the survey data.

The initial sample of homes issued for the pre-screening exercise consisted of 500 homes. At the pre-screen, 19 homes either refused to provide contact details or to participate. This left 481 homes as the eligible sample to be issued for the wave 1 screen. Table C.2 contains outcomes for all 481 homes contacted as part of the main stage survey. The figures in this table detail the rate at which homes took part in (and were removed from) the survey.

At the end of the wave 1 fieldwork, a total of 217 home managers had participated in face-to-face interviews (as they reported having had admissions in the previous six months) and had consented to further contact. A further six were interviewed at wave 1, but refused further contact. A total of 124 homes were found not to have had any relevant admissions in the relevant period, so were held until the next wave. A further 36 home managers reported admissions during the telephone screen but were found to have had no admissions when

contacted by field interviewers (these then held until the next wave). The level of refusals to either telephone or field interviewers was relatively low.

At wave 2, a total of 53 home managers were interviewed (i.e. they had had admissions in the previous two months since the first telephone screen), and consented to further contact. A further 11 were found to have had no admissions at the point of field contact, and were held for wave 3.

At wave 3, a total of 76 home managers were interviewed. A further four homes were found to have had no admissions at the point of field contact, and were held for wave 4.

At wave 4, a total of 117 home managers were interviewed (i.e. they had had admissions since wave 3). At the point of field contact, a further seven homes were found not to have had any admissions since the previous contact.

For five homes, the Home Manager interview data were set to missing during the data edit due to the data being lost or incomplete. However, for each of these cases, resident-level data were collected which have been retained for analysis.

**Table C.2: Outcome codes for all cases issued to the field (n=481)**

| <i>Outcome code and label</i>                                                          | <i>Wave 1</i> |          | <i>Wave 2</i> |          | <i>Wave 3</i> |          | <i>Wave 4</i> |          |
|----------------------------------------------------------------------------------------|---------------|----------|---------------|----------|---------------|----------|---------------|----------|
|                                                                                        | <i>No.</i>    | <i>%</i> | <i>No.</i>    | <i>%</i> | <i>No.</i>    | <i>%</i> | <i>No.</i>    | <i>%</i> |
| 0 Case not to be approached for wave <sup>1</sup>                                      | 0             | 0.0      | 102           | 21.2     | 119           | 24.7     | 134           | 27.9     |
| 3 Completed screening interview and had no private admissions in wave reference period | 124           | 25.8     | 298           | 62.0     | 265           | 55.1     | 205           | 42.6     |
| 51 Full Manager or Mini-Manager interview – will take part further                     | 217           | 45.3     | 53            | 11.0     | 76            | 16.0     | 117           | 24.3     |
| 52 No admissions found in relevant period, but will take part further                  | 36            | 7.5      | 11            | 2.3      | 4             | 0.8      | 7             | 1.5      |
| 53 Full Manager or Mini-Manager interview – will not take part further                 | 6             | 1.2      | 0             | 0.0      | 1             | 0.2      | 0             | 0.0      |
| 60 Home out of scope at screen                                                         | 12            | 2.5      | 0             | 0.0      | 0             | 0.0      | 0             | 0.0      |
| 61 Refused (at screen) to take part further/give alternative contact                   | 26            | 5.4      | 5             | 1.0      | 5             | 1.0      | 3             | 0.6      |
| 62 Could not provide information at screen                                             | 6             | 1.2      | 4             | 0.8      | 0             | 0.0      | 1             | 0.2      |
| 65 Could not provide information at field interview                                    | 3             | 0.6      | 0             | 0.0      | 0             | 0.0      | 0             | 0.0      |
| 70 Refused to advance letter (including office refusal)                                | 2             | 0.4      | 0             | 0.0      | 0             | 0.0      | 0             | 0.0      |
| 71 Refused when telephoned                                                             | 12            | 2.5      | 0             | 0.0      | 3             | 0.6      | 1             | 0.2      |
| 72 Proxy refusal                                                                       | 1             | 0.2      | 0             | 0.0      | 0             | 0.0      | 0             | 0.0      |
| 74 Home closed/moved                                                                   | 2             | 0.4      | 4             | 0.8      | 1             | 0.2      | 7             | 1.5      |
| 75 No contact with anyone                                                              | 0             | 0.0      | 0             | 0.0      | 0             | 0.0      | 1             | 0.2      |
| 76 No contact with named person/no one else available to take part                     | 11            | 2.3      | 0             | 0.0      | 0             | 0.0      | 1             | 0.2      |
| 80 Refused in advance of field interviewer contact (including office refusal)          | 2             | 0.4      | 0             | 0.0      | 1             | 0.2      | 0             | 0.0      |
| 81 Refused at point of field interviewer contact                                       | 15            | 3.1      | 3             | 0.6      | 4             | 0.8      | 3             | 0.6      |
| 82 Proxy refusal in field                                                              | 1             | 0.2      | 0             | 0.0      | 0             | 0.0      | 1             | 0.2      |
| 86 No contact with named respondent/no one else available                              | 4             | 0.8      | 0             | 0.0      | 1             | 0.2      | 0             | 0.0      |
| 87 Not company policy to take part in surveys                                          | 0             | 0.0      | 1             | 0.2      | 0             | 0.0      | 0             | 0.0      |
| 99 Case edited out due to corrupted data                                               | 1             | 0.0      | 0             | 0.0      | 1             | 0.0      | 0             | 0.0      |

**Notes:**

1. This code ('0') was used as an administrative code. The default code for all homes in each wave was '0', this being overwritten further to any contact (either by telephone or in the field). A home refusing to participate further in, say, wave 2 would by default have '0' codes for outcomes in waves 3 and 4.
2. Figures in this table are based on outcomes recorded at the interview stage. Figures in table C2 are those recorded following both interviewing and data coding/editing.

Table C.3 contains only those homes where a field interview took place (i.e. where there had been some self-funded admissions during the survey period). This provides more information on the characteristics of the homes that were in scope for the survey.

This table indicates that 74 per cent of homes that were coded during the telephone screen as having had some self-funded admissions in the previous six months were interviewed in

wave 1. The corresponding proportions for waves 2, 3 and 4 are 18 per cent, 26 per cent and 40 per cent.

The numbers of homes coded '3' (no private admissions – held for next screen) differ from those in table C.2 as table C.3 (and thus the data) only contains cases where an actual home interview took place. For example, of the 124 homes that were held for the next screen at wave 1 (see table C.2) only 49 of them were ever interviewed – the remaining 75 were never interviewed as they never reported having any admissions during the survey period. Most (154) homes were only interviewed once in the field. A further 94 were interviewed twice, 36 were interviewed three times and five were interviewed on four occasions.

Three homes were approached in all four survey waves, but turned out not to have had admissions. They each reported having had admissions during the telephone screens, only for this to turn out not be the case when contacted by a field interviewer. The only information that exists for these homes, therefore, is the Home Manager interview.

The total number of resident interviews that were conducted was 1,076. The total number of carer interviews conducted was 332. However, some of these cases were later removed as out of scope. Respectively, this left 921 and 331 cases available for analysis.

**Table C.3: Outcome codes for cases in the field (n=293<sup>1</sup>)**

| <i>Outcome code and label</i> |                                                         | <i>Wave 1</i> |          | <i>Wave 2</i> |          | <i>Wave 3</i> |          | <i>Wave 4</i> |          |
|-------------------------------|---------------------------------------------------------|---------------|----------|---------------|----------|---------------|----------|---------------|----------|
|                               |                                                         | <i>No.</i>    | <i>%</i> | <i>No.</i>    | <i>%</i> | <i>No.</i>    | <i>%</i> | <i>No.</i>    | <i>%</i> |
| 0                             | Home not approached this wave <sup>2</sup>              | 0             | 0.0      | 7             | 2.4      | 56            | 19.2     | 127           | 43.5     |
| 2                             | Manager interview generated but not conducted this wave | 0             | 0.0      | 0             | 0.0      | 1             | 0.3      | 3             | 1.0      |
| 3                             | No private admissions (held for next screen)            | 48            | 16.4     | 213           | 72.9     | 149           | 51.0     | 43            | 14.7     |
| 51                            | Full interview                                          | 217           | 74.3     | 53            | 18.2     | 76            | 26.0     | 117           | 40.0     |
| 52                            | No admissions found in field – will take part further   | 20            | 6.8      | 9             | 3.1      | 3             | 1.0      | 0             | 0.0      |
| 53                            | Full interview, but will not take part further          | 6             | 2.1      | 0             | 0.0      | 1             | 0.3      | 0             | 0.0      |
| 61                            | Refused at screen                                       | 0             | 0.0      | 4             | 1.4      | 3             | 1        | 0             | 0.0      |
| 62                            | Could not provide information at screen                 | 0             | 0.0      | 1             | 0.3      | 0             | 0.0      | 0             | 0.0      |
| 71                            | Refused when telephoned                                 | 0             | 0.0      | 0             | 0.0      | 1             | 0.3      | 0             | 0.0      |
| 72                            | Proxy refusal                                           | 0             | 0.0      | 0             | 0.0      | 0             | 0.0      | 0             | 0.0      |
| 74                            | Home closed                                             | 0             | 0.0      | 4             | 1.4      | 0             | 0.0      | 2             | 0.7      |
| 81                            | Refused at point of field contact                       | 0             | 0.0      | 1             | 0.3      | 2             | 0.7      | 0             | 0.0      |
| 86                            | No contact with respondent                              | 1             | 0.3      | 0             | 0.0      | 1             | 0.3      | 0             | 0.0      |
| Total base                    |                                                         | 292           |          | 292           |          | 292           |          | 292           |          |

Notes:

1. One case was deleted in its entirety.
2. This code ('0') was used as an administrative code. The default code for all homes in each wave was '0', this being overwritten further to any contact (either by telephone or in the field). A home refusing to participate further in, say, wave 2 would by default have '0' codes for outcomes in waves 3 and 4.

## ***2.2 Issues encountered during fieldwork***

This section reports on issues encountered during the survey fieldwork, how difficulties were tackled or overcome, and on lessons to be learned for future work in this area.

This was a complex and challenging survey, involving the administration of multiple questionnaires (telephone and face-to-face) to multiple respondents in four waves over 14 months. Although the feasibility study (see Chapter 1) suggested an outline methodology, it should be noted that the extent to which the initial assumptions underlying the survey design were accurate and practical was largely unknown. However, reinforcing the value of the developmental work, these proved to be surprisingly accurate.

The information needs of the (then) Department of Social Security and the Department of Health presented a broad range of challenges for the design and conduct of the survey. However, the main difficulties encountered in the field were overcoming managers' concerns

over confidentiality and ensuring that sufficient numbers of ‘family/friend’ interviews were conducted.

### *2.2.1 Confidentiality*

Interviewers found the vast majority of home managers very keen to participate, and had little difficulty obtaining detailed information about the care homes and on the circumstances and health-status of residents admitted on a self-funded basis.

However, some managers refused to help interviewers contact relatives to gather more detailed information on residents’ circumstances before moving into care. Despite assurances of confidentiality and having the option of forwarding a pre-paid ‘seeking consent’ letter, some managers would not help with contacting relatives (directly or indirectly) for ‘ethical reasons’. Others were concerned that relatives may have wanted to withdraw information already provided (sometimes citing concerns about ‘the impact of the cost of care on their inheritance’ as a reason). However, some interviewers felt managers were reluctant to allow contact with relatives due to the standard of care provided by the home (this was corroborated by a few relatives who contacted the research team independently).

Obtaining the information sought in the Family/Friend Questionnaire was essential to the survey’s success, and it was important to conduct as many interviews as possible. Interviewer feedback on how managers (as ‘gatekeepers’) might be persuaded to help suggested more flexibility in their approach would be beneficial. This mainly took the form of asking managers to forward a postal version of the Family/Friend Questionnaire instead of attempting to gain direct contact.<sup>2</sup>

Where managers refused to do this, interviewers attempted to collect some financial details in the Resident Questionnaire, in order to attempt to maximise the information obtained wherever possible. Perhaps surprisingly, interviewers were often successful in these latter circumstances. It is interesting to note that whilst many managers were content to provide such information (usually without seeking consent), very few were prepared to provide any details of residents’ former addresses.<sup>3</sup>

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<sup>2</sup> A postal version of the questionnaire was already used for people who lived too far away from the care home to be interviewed face-to-face.

<sup>3</sup> This information sought to enable the calculation of the distance moved to the home and to collect information on Council Tax bands. No amount of reassurance by interviewers could overcome this.



## **Appendix D**

### **Questionnaires**



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