Social Services

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Dianne Willcocks, The 'Ideal Home' Visual Game: A Method of Consumer Research in Old People's Homes. Research Policy and Planning, 2 (1) (1984), 13-18.

There is a small but growing body of evidence about the effects of their built environment on the quality of life of elderly people in residential homes which has stimulated an interest in what the residents themselves see as important features of the setting in which they live. At the same time it is recognised that research techniques which rely on conventional interviews present very real difficulties with very elderly people who easily become exhausted, have generally low expectations of institutional care, and the tendency to be less critical than they might be for fear of removal of the services they receive. This paper describes the development of a visual game technique for obtaining evidence about consumer preferences about the features thought desirable in residential homes which was used in a recently completed survey of a large number of old people's homes sponsored by the DHSS.

The game involved a set of cards, 27 in all, which depicted and described a wide range of environmental features of homes. Items for inclusion in the card set were generated from group discussions with male and female residents in two of the homes in the survey. The cards were given to the sample residents on a large shuffleboard, respondents being asked to sort them into three groups, those features which it was important to include in their 'ideal' old people's home, those which were unnecessary or it was important not to have, and finally a group about which the respondent could not decide. After the initial sort each person was asked to select and rank the most important 5 features and the least important 5 features. A scoring system was devised to reflect the ordering produced.

The paper presents the age—sex distribution of ranked choices from the first sort. The rankings obtained place safeguards against fire, windows which you can open, easily opened doors, a single bedroom, and ordinary baths as the most important features, and provision of alcohol, a shared bedroom, living in groups, moveable bedroom furniture, and a low intensity night light as the least important items. It is suggested that these challenge conventional wisdom about critical factors in the care environment, and indicate a desire on the part of the elderly resident for the maintenance of a degree of self-control over their immediate physical environment, and an aspiration to avoid an institutional lifestyle. The potential in the method is illustrated by some examples of influences on card choice, in particular frailty, confusion,

size of home, and group living. For example, for physically frail residents views of the environs of the home became more important; an increase in mental impairment was associated with less expressed desire for environmental control and privacy; and experience of group living was found to be crucial in determining the ranking placed by residents on the group situation.

COMMENT

Research on consumer reactions to services is especially difficult when the consumers have disabilities which present difficulties for them in participating in conventional interviews. Methodological innovation is vital, and this paper presents, in a clear and readable form, a promising approach. The method merits further development and application in other settings to determine its reliability and validity. In the meantime, it is clear from this paper that the principal achievement of the method is that it allows residents an opportunity to state their own priorities in a way that can be readily communicated to professional care and management staff and to architects.

Neil A. Rothwell, Peter G. Britton and Robert T. Woods. The effects of group living in a residential home for elderly. *British Journal of Social Work*, 13 (1983), 639-643.

One of the current trends within residential care of the elderly is the development of group living systems of care in which residents are divided into small groups who are encouraged by staff to be as self-sufficient as possible and to share a number of activities of daily living. This mode of care has been fostered in the belief that it will help maintain social interaction and a degree of independence amongst the old people.

The study reported in this paper examines purposeful activity, as indicated by measures of engagement, in one home before and after a changeover to group living. The home originally had 52 residents, but then adopted a programme of group living with 49 residents in 5 groups. In each phase of the study measurements were made on a time sample basis on three consecutive Fridays. Measures used were a measure of social activity, or engagement¹, an 11-item life satisfaction index², and an ad hoc 10-item orientation scale which included personal and current information. Measurements were taken in the public rooms of the home, and not in corridors or bedrooms.

Equivalent measures in each phase were matched and compared

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using a correlated t-test. Engagement in the group living phase was found to be significantly higher than in the previous arrangement. Life satisfaction was also higher, but orientation did not change significantly. It is noted that a large proportion of the increased engagement under group living was due to activity around lunchtime, but the difference was also evident at other times. There was a tendency for the more able members to assist the less able at mealtimes, and there was a tendency for residents to converse more irrespective of ability. The authors conclude that the group living scheme would appear to be a promising way of increasing purposeful activity, social interaction and general morale of elderly people in residential care.

COMMENT

Like many developments in social care, group living has yet to be subject to thorough evaluation, but this short paper is an interesting addition to the rather thin literature on the subject. The authors themselves see the paper as exploratory, and there is a need for replication. The before and after design avoids some of the problems in studies which attempt cross-home comparisons, but takes no account of other factors such as changing staff morale in implementing the change in producing the observed effects. A more wide-ranging study of group living is still needed, but this study deserves attention.

NOTES

- I Jenkins, J., Felce, D., Powell, E., Lunt, B. Measuring Client Engagement in Residential Settings for the Elderly. Wessex Health Care Evaluation Team, Research Report no. 120, 1977.
- 2 Wood, V., Wylie, M. L., Sheafor, B. An Analysis of a short self-report Measure of Life Satisfaction. *Journal of Gerontology* 24 (1969), 465-499.

Lars Anderson. Intervention against loneliness in a group of elderly women: a process evaluation. *Human Relations*, 37 (1984), 295-310.

This paper is concerned with the evaluation of an experimental intervention principally directed at alleviating the experience of lone-liness amongst a group of 'at risk' elderly people. Carried out in Stockholm, the intervention involved setting up a number of small discussion groups of between 3 and 5 elderly people living close to each other, each of which met four times during the experimental programme to discuss topics likely to be of concern to the elderly people. The topics

included the role of the retired, social and medical services, and leisure activities. Care staff were present at the first and last of the meetings of each group. The meetings were held in locations and at times decided by the members of the groups.

The programme was designed to strengthen the subjects' local networks and was based on three sociopsychological concepts, namely the opportunity for self comparison, the exercise of a degree of personal control, and the availability of a confidant, which have been identified as being associated with loneliness in previous research. The sample for the study was generated from the waiting list of applicants for senior citizens apartments in the city. All those who met a set of experimental criteria were visited and asked questions relating to self-reported loneliness. All those reporting at least some experience of loneliness were divided randomly into intervention and control groups, and the members of the intervention group were subsequently invited to participate in the small group discussions. Thus the intervention group was divided into participants and non-participants.

The greater part of the paper is concerned with first, a comparison of the social characteristics of participants and non-participants in order to assess the extent to which the intervention was targetted on the 'lonely' population, and second, with an assessment of the experience of the care workers involved with the setting up and operation of the groups. With regard to the first, the results indicate that the participants were somewhat higher in socio-economic status and engaged in more leisure activities, but were significantly lower on measures of self-esteem, than were the non-participants. The care workers all considered that it would be feasible to include an activity of the kind used in the intervention programme as part of their regular work with the elderly, but suggested that the small groups should be created around particular old people known to be lonely, rather than on the rather impersonal basis used in the research study.

The effects on participants of the intervention programme are reported in detail elsewhere. However, an indication of these findings is given: the intervention group on follow-up rated more favourably on loneliness and several of its correlates, particularly social contacts, and leisure activities.

COMMENT

This paper highlights the tension between the requirements of an evaluation of a social intervention which attempts to use an experimental design, and the methods which are likely to be used by care workers