

HOME CARE AND ELDERLY PEOPLE:
THE EXPERIENCES OF HOME HELPS AND OLD PEOPLE IN SALFORD

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For their special care, I dedicate this thesis to Mims, Pips and to Claire.

Abstract

My study is concerned not simply with the what and the how of home care for the elderly but also with the why. I ask about how the domiciliary services operate: what home helps do for elderly people and how they feel about their caring role, and, what the circumstances of elderly people needing care are and how they feel about using help. But I also want to know why home help operates in this way: why home helps care in the way they do and why elderly people feel as they do about using that care?

Such an approach cannot fail to take into consideration the wider ecological and structural context within which elderly people and home helps live and work. Part one of my thesis, composed of three chapters, therefore provides this backcloth. I use it to introduce the location of the study, to present a brief history and discussion of the development of domiciliary services for the elderly in Britain, and to describe the philosophy and policy shaping domiciliary provision within Salford Social Services Department. As I shall show, current Government economic policy is inextricably woven into the fabric of this backcloth.

In Part Two, I detail the findings of my fieldwork, painting a picture of the lives of the frail and impaired elderly people using domiciliary care, and of the work of the home helps providing that care. As far as possible, I have used the interviewees' own words to explain perceptions

of (in)dependence and need, of stigma and taboo, of material and ideological motivations, and of emotional involvements and commitments.

A number of writers have argued that dependency - a concept at the centre of inquiries into the care of the elderly - is a socially constructed relationship, both with respect to elderly users and female providers of care. In Part Three, I question whether and in what way the evidence supports or denies this claim. I ask what are the implications of my findings for social policy. I also justify the use of anthropological perspectives in policy-related research.

Finally, I present an account of my experience as a researcher which can be approached from a number of different levels.. At a basic level, it represents an immediate account of doing fieldwork. It is also my account, as a post-graduate, of the experience of writing-up a thesis. I consider the effect of the passing of time on context and consciousness and how this feeds into the analysis and presentation of work. And I attempt to address concerns with the writer/reader/subject relationship which pose questions to do with communication .

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KEY

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INTRODUCTION

An Introduction

In one of the series of Talking Heads monologues, written and recorded for BBC television (Alan Bennett, 1988), Alan Bennett introduces us to Doris, a seventy-five year old woman with a heart condition, living alone with just a photo of her late husband to talk to. The action of the play takes place entirely at floor level: in the face of the warnings of her home help against over exertion, Doris has climbed onto the buffet to dust her wedding photograph and, as a consequence, has fallen and cannot get up. Her actions, we soon begin to understand, are part of a last-ditch attempt to exert her independence - a gesture of defiance - in the light of a mounting fear of infirmity and institutionalisation. Playing on these fears, Doris is manipulated by Zulema, her home help or "home hinderance", as Doris prefers to call her. We do not, of course, meet Zulema, but instead we learn about her as Doris slowly reveals details of her life leading up to her present unhappy situation.

When she's going she says, 'Doris. I don't want to hear that you've been touching the Ewbank. The Ewbank is out of bounds.' I said, 'I could just run around with it now and again.' She said, 'You can't run anywhere. You're on trail here.' I said, 'What for?' She said, 'For being on your own. For not behaving sensibly. For not acting like a woman of seventy-five who has a pacemaker and dizzy spells and doesn't have the sense she was born with.' I said, 'Yes Zulema.'

She says, 'What you don't understand, Doris, is that I am the only person that stands between you and Stafford House (p 82).

Zulema (one of the "common women" Bennett (p11) admits to distinguishing?) is presented as little more than a cleaner, and not a very good one at that, judging by the dust on the picture and the cream cracker under the settee which Doris spots while prostrate on the carpet.

Doris frets about her home help. She paints a self-portrait of a strong woman, determined to get her own way, which means keeping things clean and tidy:

Wilfred was always hankering after a dog. I wasn't keen. Hairs all up and down, the having to take it outside every five minutes.

We see the chinks in the armour:

I gave in in the finish, only I said it had to be on the small side. I didn't want one of them great lolloping, lamppost-smelling articles (p86).

Yet when potential help arrives in the form of the local policeman calling to check on Doris' well-being, Doris is too proud and too frightened to admit she has fallen and sends him away with reassurances that everything is all right.

At the close of the play, Doris - hip broken - is still on the floor and, we suspect, likely to remain there until discovered by Zulema on her next visit.

.....

It is via stereotypes such as these - the unsophisticated home help as cleaner and the dependent frail elderly person, desirous of

independence but not vocal in her demands - that the home help service has been given a "Cinderella" label (Hedley and Norman 1983, p25).

A number of studies argue that there are encouraging signs that the home help service is beginning to lose this label. This is largely due to the recognition by local authorities of the need for more effective resource management and better management structures. But these are changes which are occurring at the level of middle and senior management and, as Hedley and Norman note, the service still has a long way to go before it gets the recognition it deserves.

My interest lies in exploring the accuracy of the Cinderella label at the grassroots level of the domiciliary services. How pertinent are Bennett's characterisations? To what extent, if at all, is Doris typical of the three-quarters of a million elderly people currently using home help in the United Kingdom today or Zulema of the hundreds of thousands of women employed full- and part-time to provide that help? (1) Specifically, my concern has been to explore the values and expectations of the active providers of home help as well as the elderly users of that service.

A Qualitative Approach

Why focus at this level of the service? The idea of community care has been ever-present in the arena of public debate since the fifties, when strong support for the notion emerged in a general climate of anti-institutionalism (see chapter 2). Two factors have been of particular importance in maintaining interest in community care policy: first, the dramatic projected increase in the numbers of very elderly people in the foreseeable future (see appendix A); and second,

government commitment to tight control of welfare expenditure as part of their wider aim to reduce public sector spending.

The major public sector providers of services to old people are local authority social services departments and the National Health Service (NHS). The home help service accounts for about two-thirds of social services net expenditure. It is by far the largest community-based service for elderly people in terms of expenditure, staffing and number of clients. The Audit Commission calculate that 30 per cent of total social services expenditure on elderly people is on home help and about 65 per cent of old people in receipt of social services use home help (Audit Commission 1985, p45). Moreover, Tinker points out that "there is evidence from numerous studies that the home help services are the most popular and effective elements of community care" (Tinker 1984, p105). Inevitably, then, research on home care and elderly people has been crucial to the development of community care policies.

Given the economic orientation of government policy, however, recent and current research and demonstration projects which seek to evaluate aspects of social care for elderly people have been framed largely with the question of resources uppermost. They ask about the assessment of need and the delivery of service in terms of "extent", "level", "cover", "intensity", "turnover", and "complexity" (2). In other words, it is the cost-effectiveness of the service which is at issue. This is not to say that the topic of 'caring', per se, has been ignored or neglected. In fact quite the contrary: two reviews have recently been published attesting to the expanding interest in this subject and, moreover, to the relevance of studies of caring to the formation of policy (Parker 1985, Willmott 1986). But here, the focus of the literature has been on informal caring and the position of informal carers in the home. There has been little analysis of the

dimension of the relationships between formal carers and cared-for within this setting. An important aim of this thesis has been to extend the exploration of the values and expectations which lie behind caring for elderly people at home beyond the informal care-giving relationship to the formal care-giving one. I have attempted to construct an analysis of why both parties to such relationships behave in the way they do, and how they interact with each other (3).

A Feminist Perspective

So far, then, I have suggested that this thesis is important in filling in a gap in studies of home care for elderly people which has resulted from the quest to rationalise service provision and the consequent bias towards the larger-scale quantitative survey. The need is for a more qualitative approach to balance or complement the statistical picture we have of domiciliary care for old people.

A second set of reasons for the focus of my thesis tie into and are influenced by my commitment to feminism and to women-centered issues. As an anthropologist, my 'natural' approach to study is through ethnographic enquiry. The general feminist leaning towards qualitative as opposed to quantitative methods accords well with my anthropological identity. Academic feminists are also concerned to promote the "respectable sociological tradition" (Wise 1987, p73) of advocacy research. Millet, for example, has argued for an "underdog" theory of society to mitigate the picture of the world developed in social science and literature by white males (Millet, 1970). Old people and home helps alike may be described as having an underdog status and the importance of addressing both groups has been noted by a number of feminists (cf Finch and Groves, 1982; Evers, 1983).

Few would dispute that modern industrial society has attributed a minority status to its elderly members. Ageism, the stereotyping and oppression of old people ('You can't teach an old dog new tricks'), is beginning to be recognised on a level with sexism and racism. Ageist responses are implicitly encouraged by the use of the term 'elderly' to lump together generations of men and women spanning thirty years or more. (4). Recent research has stressed the heterogeneity of the elderly population. From the point of view of those who offer care, it is particularly important to realise that the movement from independence to dependence is immensely variable. One of the crucial factors in shaping this process is gender. The great majority of very old ^{people} are women, increasing numbers of whom live alone (see below). Older women of all ages are more likely to experience chronic disability than men, which may be explained by the particular prevalence of conditions such as rheumatism and arthritis amongst women (Harris, 1971; Hunt, 1978). Yet despite often facing serious mobility problems, a great number of old women "live with disabilities that might cause men to go into institutions" (Hunt 1978, p69). As a result of greater longevity, because they live longer in poor health, and the resultant greater proportions living alone, women overall receive greater inputs of domiciliary statutory support (Wenger 1985, p156). Nevertheless, it is still the case that men living alone are more likely to receive the services of a home help than are older women even when less disabled and more mobile (Hunt, 1978).

It is in the light of factors such as these, in addition to the comparative invisibility of old people in feminist theory, that academic feminists have turned their attention to the issue of caring for frail elderly people. My research has been guided by issues to do with the use and provision of domiciliary services which focus

principally on the normative, rather than the organisational structure of home care for elderly people (though each, of course, has implications for the other). For example, given that hidden 'rules' concerning role divisions based on gender do exist (even in extreme old age), how far do the (internalised) beliefs that women (and men) have about their roles prevent them from accepting or asking for formal support? And how far do these same assumptions prevent service providers from offering it? (Peace 1986, p71).

In exploring the dimension of the relationship between carers and cared for we cannot examine in isolation the feelings and attitudes of the two parties involved, however. As Clare Ungerson notes, central to any analysis of the caring relationship is the sexual division of labour and its relation to tending tasks (Ungerson 1983a, p77). Indeed, women's caring role has been an important factor in the development of social policies for older people. The vast majority of formal carers - in this case, home helps - are women of the working-class, typically employed in one of the women's realms of jobs which offers low status, poor levels of pay and part-time arrangements:

Although most home helps derive great satisfaction from the work and some continue in employment for many years, it is not regarded as an attractive career for younger women but rather as a convenient form of work for married women and for those who wish to work part-time (Dexter and Harbert 1983, p36).

Yet little attention, practical or intellectual, has been devoted within the personal social services to tending occupations other than social work (Parker 1981, pp21-22).

The women's movement has long been urging the production of studies which focus on working-class women and the ways in which they see their work (and family) roles (cf Kaplan Daniels, 1975; Evans, 1982). Dale

Spender points out that this is not just knowledge about women which fills the gaps left by men. It is knowledge^{to} which men have not often had access (Spender 1981, p6). This study effectively extends the analysis of the sexual division of labour into the geriatric sphere. Amongst other things, it explores the nature and strength of association between women and the caring role.

In short, a feminist perspective recognises the invisibility of the providers and elderly users of the domiciliary services as a reflection of their wider oppression in society as women and/or as old people and seeks to understand their behaviour within this context.

Representation of Research

Arguably the best way to tackle the invisibility of both the disabled elderly and their formal carers is to consider issues from their respective perspectives. Anthropologists, interpretive sociologists and feminists are all aware that the cultural baggage which we carry with us at all times makes problematical (if not impossible) the task of seeing things "from the native's point of view". These problems are not necessarily lessened when we work in our own society. As a young (5), fit and single woman with a middle-class academic background and little experience of caring for a dependent person - young or old - I have had reason to constantly question the understandings I have of the lives and experiences of the peoples involved in this study, despite sharing the same backyard. Speaking as an old person of eighty, Kathleen Gibberd has observed that "Everybody talks and writes about the needs of the elderly except old people themselves". She goes on to note that "More curious still, is the assumption that every body knows what it is like to be old" (Gibberd 1977, p2). From the perspective of women working as home helps, one interviewee made a comparable point when she stated:

People don't know the half of it - what we home helps do and why we do it. I've often thought I ought to write a book about it!

In the light of the considerations raised above, I have aimed to present the words of the men and women involved in my study wherever and to as great a degree as possible in an attempt to let subjects speak for themselves. Nevertheless, the accounts can in no way be described completely as the respondents' own. There still remains a gap between subject and audience or, put another way, there is a degree of interference by the researcher with the material which, according to Wise, is no less enormous than in qualitative research, just infinitely more subtle (Wise 1987, p77). Indeed, not only are the final accounts which I presented edited by my own hand (according to what I think is worth including), they are also likely to reflect attitudes created or influenced by my presence and role as interviewer/researcher.

These observations throw up theoretical issues to do with power and reflexivity in the doing and writing of research which I turn to later in my thesis (see annex). This still leaves me, however, with the unaddressed ethical questions relating to the choosing of the research topic and the framework within which research is conceptualised (see Wise 1987, p75). I was, in fact, appointed to carry out this research, the focus and general framework of which had been predetermined by the academic department with which I am registered in conjunction with Salford Social Services Department.

However, I have been more or less free in the course of study to determine the questions which I have asked - if not during interviews, which I intended to be unstructured, then in the analysis of the interview material gathered therein. These questions need to be made explicit. The remainder of this chapter is devoted, therefore, to an

exploration of my experiences and a review of the literature which has helped to shape the questions and assumptions guiding my work.

My Own Experiences of Old People and Care

Until I embarked on this research project, my own experiences of old people and the subject of care were limited if not atypical. Born when my parents were almost into their forties, only two grand-parents were still living. My widowed paternal grand-father lived alone in a dingy two-up two-down terraced house with an outside toilet. Disabled by arthritis, he was looked after by my three aunts and one female cousin who did practically everything for him: shopping, washing, cleaning, cooking, bed-making and fire-lighting. My father visited once-a-week. He dealt with his financial affairs and, when my grandfather's health went into serious decline just before his death and he was no longer able to shave himself, my father performed this task too. My aunts refused to entertain the idea of an old person's home and I can not remember home help ever being discussed. My maternal grandmother was rapidly becoming blind and senile and died when I was still an infant. She lived, with my uncle, well-over a hundred miles away, too far for my mother, who was tied up looking after a home, a husband and two toddlers, to be able to look after her. Yet my mother still bears a degree of guilt over the fact that her mother passed the last months of her life in a nursing home.

When I was ten, I spent two weeks holidaying with Aunt Lucy, my mother's friend who had a house near the coast. Lucy cared for her mother-in-law, an octogenarian housebound by rheumatism, who lived with her and her husband. Mrs Hill was friendly and kind, but she smelt funny (she was incontinent) and I was shocked the day I accidentally stumbled on her being helped onto her commode by Lucy.

The only other ^{old} person with whom I had regular contact when younger was the next-door-neighbour. But even though he was in his seventies, somehow he did not count: he still mowed the lawn, grew tomatoes in the greenhouse, made model engines and walked to the pub every day for a pint of beer. I never noticed his wife fetching his prescriptions. I was not there to see her administer his medicines or place his meal on the table at exactly the time he specified - not a minute too soon or too late, his military grounding was ingrained. I was unaware that, in later years, she had to help him each time he ascended the stairs to go to his workroom, to the bathroom or to bed.

In my mind, then, an elderly person who needed care was someone who sat in a chair all day, ^{had} as my grandfather and Mrs Hill. I understood that homes were a last resort, that the family - which principally meant female kin - tended and cared. I had never heard of domiciliary care or of home helps and I certainly did not consider my neighbour as a 'carer': she was simply a wife doing what all wives did.

The first time I remember seriously confronting any of these stereotypes was in an undergraduate sociology class, when the idea of 'the elderly' as a deviant group was introduced. I had no trouble conceiving how youth could be labelled as deviant - after all, they did things to earn this label like dying their hair green, putting safety pins through their noses, smoking dope or committing petty crimes. But here it was being suggested that old people could be negatively labelled just by being. Elderly people were stereotyped not by what they did, but rather by what they did not do. They were given a low status because they were no longer seen to be productively engaged in employment. Above all, their deviance was to depend on more than to give to others. I had discovered the 'sickness' model of the elderly and it did not seem right.

A major difference, it occurred to me, was that (courtesy of Matza) youth had a loophole: they could grow out of their deviance. (Indeed, I had been a punk. I painted my nails green and purple and wore black lipstick - but only at weekends. I was not a 'deviant' but a schoolkid having a laugh). Elderly people could not grow out of their deviancy, quite the contrary, infact, they were more likely - albeit unchoosingly - to grow further into it. This realisation was the beginning of an interest in exploring ageist assumptions and stereotypes - and I number my own amongst them - which has since grown with my commitment to feminism and consequent acknowledgement of the "double jeopardy of ageism and sexism" (Itzen, 1984). As Itzen points out, women are far more likely than men to be portrayed as incapable, dependent and sexually unattractive.

As for the question of care, this I found myself unexpectedly addressing as a result of my mother falling ill at the same time my sister was working in France. Despite, or perhaps because of the problems my mother had faced in caring for her mother, when I examined my feelings I realised that I had been nuturing an 'ideal' notion of family care whereby my sister and I would share the tending of our parents if ever they needed help in their old age. But, with both of us away from home (I had just started college) I was forced, as my mother must have been, to confront the reality of the difficulties of family support, and the possibility of having to consider alternatives.

These, then, were some of the feelings and experiences which influenced my decision to apply for a research post examining the subject of home care for elderly people. My mother had suffered a marked decline in her health, and there were signs too, that my father was developing athritis. I had a personal interest in exploring the subject of domiciliary care: I wanted to know what home helps did and

how they felt about caring for others. Yet, although my mother had by this point officially reached old age (for surely, there were the bus pass and pension book to prove it) in my eyes, she did not fit the stereotypical image of an elderly person needing care. In my general desire to confront ageism, it had suddenly become particularly important to consider the values and feelings, the behaviour and attitudes of those people classed as old who looked to others for help with day-to-day activities.

A review of the Literature

i. Cross-Cultural Studies of Ageing and Care

I opened this chapter with a vivid illustration of the kind of stereotypical images we have of not only of elderly users but also of providers of domiciliary care. Of the two groups, the first, I believe to be constrained by classifications of age, the second by classifications of gender. Jean La Fontaine has described both of these identifications as moulding the ideas of what people "are" and how they "ought" to behave, and suggests that, as principles of social differentiation, they operate in all societies (La Fontaine, 1978). With this in mind, I turned to studies of ageing in other societies in a bid to reach beyond the stereotypes operating "at home", and to bring a wider understanding of old age and systems of care to my work.

Ageing is, of course, a universal phenomenon but (and to a far greater degree than in the case of gender) anthropology has neglected old age, save for mentioning it as a fact among other facts about a certain social system (Amoss and Harrell, 1981). Recent years have seen a growing interest in cross-cultural perspectives on old age, however.

Edited by Pamela Amoss and Stevan Harrell, Other Ways of Growing Old is a fascinating collection of studies of what getting old is like in other places. Megan Bieseke and Nancy Howell, for example, show how elderly people are valued by the !Kung. They never really become "useless" since they have a role in "creating" or "giving life" to mature men and women to carry on the work of society. Amongst other things, they act as childcarers, as the providers of spiritual discipline and healing powers, and as ritually immune assistants in transitional rites involving the younger (Bieseke and Howell, 1981). Similarly, the nomadic Kirghiz peoples of Afghanistan hope to grow old since they view the process as one of achieving greater wisdom, respect and decision-making privilege (Shahrani, 1981).

In Gwembe District, Zambia, becoming an elder, mupati ("big person") is honourable, but growing old is distressing. Nobody looks forward to being called munere ("old man") or mucembele ("old woman") - the latter derived from the verb kucembaala ("to become old") which, when used of cattle means no longer able to work and when used of an article means worn out (Colson and Scudder, 1981). The Chipewyans similarly distinguish between seniority and old age. But again, distinctions are not based on chronological age. Instead seniority is based on competence in adult economic and social activities which, for a woman means child-caring, handicraft and food-processing skills, while for a man, it is derived from his hunting and trapping abilities and from inkanze ("dream power"). Where competence is present, the Chipewyans are remarkably tolerant of other types of failure or deviancy. In the face of incompetence, regardless of cause, they are intolerant. Since to be elderly is to be incompetent - a condition to be abhorred - people wage a desperate struggle to be merely "old" instead of elderly (Sharp, 1981).

Attitudes towards old age held by the Coast Salish Indians appear to fall somewhere between those expressed in the former and the latter societies. The Coast Salish people are more tolerant than the Chipewyans of the elderly mentally incompetent whose families support them. But with their loss of spiritual power and control of scarce information about the old ritual practices, old people are neither honoured nor cherished (Amoss, 1981).

The virtue of comparative studies, as Taylor has indicated, is their Janus-like quality (Taylor 1985, p207). They help us to understand how the social behaviour of specific populations is the result of differences in given social and cultural settings. At the same time, we may be able to identify aspects of old age which are fairly general and, perhaps, more resilient to change. Amoss and Harrell conclude, for example, that the social rank of old people is determined by the balance between the cost of maintaining them and the contribution they are perceived as making, compounded by the degree of control they have over valuable resources (political, juridical, ritual etc). But while Amoss and Harrell effectively challenge the universality of the neglect-abandonment pattern for non-industrial societies suggested by some writers (cf Simmons, 1945), can we necessarily understand old age in terms of the balance of cost, contribution and control?

Lee Guemple (1983) suggests that it is cultural definitions of ageing rather than a simple response to "meagre and uncertain resources" (de Beauvoir 1970, p59) which explains the death-hastening practices directed towards elderly people in Eskimo society. For amongst the Inuit it is believed that an elderly person does not really die. Instead the person lives on in the form of name "substance" to enter into the body of a newborn child. Guemple claims that it is this fact

of their existence that makes the Inuit indifferent to death when the body becomes infirm and the will to live weakens.

Marea Teski (1983) speaks of the "total ecology of ageing" as a necessary framework to achieve a cross-cultural, cross-time perspective on elderly people. This framework takes into account five major elements of a society: ecology; technosocial development; stratification; power and decision making of old people and ideology and values of the group.

In her study of the role, status and treatment of elderly Aborigines in Yolngu, Janice Reid (1985) identifies an interplay of structural, situational and individual factors, including personal qualities, family support, seniority, sex, ecology and land use patterns and the effects of white colonisation and social change. Old age, she suggests, involves both benefits and costs. Hence the Yolngu use of the terms "go up" and "go down" to describe the ambivalence of the ageing process. Benefits include the respect shown towards elders in relation to their wisdom and their knowledge and control of the religious secrets of their people. Costs may relate to physical ailments or the transition from a semi-nomadic to a sedentary lifestyle where vulnerability to alcoholism, crowded settlement living, ill health, poverty and cultural disintegration may have been much more keenly felt by elderly people.

Reid does not wish to suggest, however, that social change has uniformly disadvantaged old people. Both she and Teski note the importance of the relationship between modernisation and the social status of the aged but neither believe that it is necessarily inverse in character as some writers have implied (cf Cowgill, 1974; and Cowgill and Holmes, 1972) (6). One of these writers, Lowell Holmes, has more

recently shown the Samoan elderly to have maintained their status as a viable part of society despite social change in the form of US aid, the influx of several industries and western-style educational programmes. The explanation lies in the cultural stability which characterises the society, and specifically in the persistence of the matai family system. The system involves leadership roles within large bilateral kinship groups and a village council that accords the aged both respect and a considerable amount of power (Holmes and Rhoads, 1983).

The point which I have so far attempted to make explicit in this discussion of anthropological perspectives on elderly people is quite simple: it is that the question of what are the determinants of status in old age is not a simple one to answer. Cross-cultural studies may provide evidence against the 'naturalness' of attributes linked to the end of the life-cycle such as "disengagement" (Cumming and Henry, 1961) or "deculturation" (Anderson, 1972). These are concepts conceived within a functionalist perspective and described, moreover, by social scientists working in largely white middle-class American cities. Such theories, as Rose has pointed out, are ethnocentric and based on the unacceptable value-judgement that disengagement is a good thing (Rose, 1965). But we must also be wary of explaining status in broad socio-cultural terms, especially when such explanations rely on secondary analysis of data gathered in different ways for different purposes (cf de Beauvoir, 1970).

A more specific observation of studies of ageing in different societies is that they tend to concentrate their attention on the 'fit' elderly: that is, they describe those old people who are still "productive" in some respect, or, if not, who are at least still mentally and physically unimpaired. This suggests that most societies distinguish between the fit, or independent, versus unfit, or dependent elderly.

Shanas et al list examples of titles given to the dependent elderly who are variously referred to as the "over-aged", the "useless stage", the "sleeping period", the "age-grade of the dying", the "already dead", and the "living liabilities" (Shanas et al 1968, p4). Such distinctions are not necessarily universal, however. Take, for example, the Kirghiz who do not acknowledge mental deterioration and who have no equivalent for words such as senility in their vocabulary. Neither do they describe old age in negative terms such as "declining years". Infact, people completely confined to the home as a result of old age are virtually unknown. Even blindness does not terminate active participation in family and community affairs since young grandchildren act as guides. "Old age is cherished as a triumph and rarely, if ever, considered a problem" (Shahrani 1981, p191).

Nevertheless, we still find Amoss and Harrell claiming that there is little cultural variation on the plight of the incompetent aged who are everywhere regarded as a "burden" (Amoss and Harrell 1981, p4). As a consequence, the dependent elderly are given only cursory attention:

Because their sad lot seems an intractable human universal, they are not regarded as a major focus of this book (Amoss and Harrell 1981, p4).

Futhermore, where the totally dependent who need custodial care and supervision are mentioned, it is usually as part of a wider discussion of a society's attitudes and practices with regard to sickness and death, or to kinship and family obligations (7). Care is of an informal nature, delivered by relatives or close kin. Formal carers are rarely found in pre-industrial societies.

Of course, the home help service is part of a structure, the Welfare State, unique to certain western industrialised countries where systems of formal care are taken for granted. Cross-cultural studies have been

carried out in western societies which have explored the life situation of old people requiring care. A classic and pioneering study is the cross-national survey of living conditions and behaviour of elderly people in Denmark, Britain and the US conducted by Shanas et al (1968) (8). Shanas and her colleagues looked, amongst other things, at the public health and welfare services provided for old people by the three countries. In doing so, they placed disabled elderly people at the centre of investigation since, as the data revealed, these services are "concentrated overwhelmingly among those who have neither the capacities nor the resources to undertake the relevant functions alone" (Shanas et al 1986, p129).

The study presented some interesting findings; for example, some elderly people living at home who were severely incapacitated or even bedfast received no community services, whilst amongst those who did some were only slightly or moderately infirm, and some were not infirm at all. Shanas et al concluded that, while there is a general correlation between physical state and receipt of institutional or community services the two are by no means contiguous suggesting that social factors play a role in determining eligibility for various services. The study also revealed a very different emphasis on community care between the three countries, with very few health and social services in the US to supplement the rapidly expanding institutional services (9). This highlights the different emphasis in certain values: American stress on youth and self-sufficiency, so fiercely expressed in the nineteenth century, is still important today (10).

It should be noted, though, that a guiding aim of the authors was to prove the continuing centrality of kin in caring activities with the result that social services are approached in terms of their

relationship with the family. While I appreciate the investigative limits of such a mammoth survey, this unavoidably broad policy-related focus fails to answer specific questions I want to raise both about the nature of the role of user of home help and of the job of home help. Furthermore, the study was born of concerns thrust upon western societies as a result of developed status. It forms part of the social scientific response to old age as a "problem", though (along with the work of Townsend) it carries a torch for an anthropologically informed approach to life processes.

Discussion

I turned to cross-cultural studies of ageing in other societies in the hope that they might provide insights into dependency and care which would broaden my perspectives beyond the narrow stereotypes of the Dorises and Zulemas of "my world". As it turned out, they have furnished me with little specific information about disability and dependency in old age and even less about the role of formal carers. I am led instead to wonder to what extent the marginal status of old people and (their) carers as subjects of inquiry within the literature in fact reflects their marginal status in the cultures of the western anthropologists who choose not to study them?

On the other hand, cross-cultural perspectives do show the complexity of factors which together shape the status of old people in general. They remind us of the broad structural backcloths to elderly people's lives as well as indicating the importance of the minutiae of social, cultural and individual factors in the understanding of social behaviour. The two, of course, feed into each other in a dialectical process, and must be considered equally in the exploration of the position of carers. At another level, studies of other societies also

bring into sharp focus the issue of the imposition of the researcher's values on others. Researchers see and judge by their own criteria, whether those be the norms, customs and expectations of a given culture/subculture or the individual social reality which that culture/subculture (directly or indirectly) helps to inform (Johnson, 1976: Simic, 1983).

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ii. Surveys of Elderly People and the Domiciliary Services

The set of studies referred to above examine within a very broad perspective the subject of ageing and old people. A more focussed, and perhaps more radical examination of home care and elderly people lies in the tradition of the social survey. From the nineteenth century onwards, there has been a series of surveys critical of provision for old people (11).

a. Social Surveys of Elderly People

One of the first large-scale post-war social surveys of elderly people was the report Old Age conducted for the Rowntree Committee and published in 1947 (12). The Rowntree Committee found that 95 per cent of old people lived independent lives in their own homes or the homes of their children. It stressed the importance to elderly people of wanting to be free to lead their own lives with as much independence and privacy as possible. Yet its findings showed that domiciliary services were all too clearly lacking.

Of greatest impact in the field of research on elderly people recently must have been the work of Peter Townsend. Bebbington attributes "subtle ideational changes" to Townsend, the most outstanding of which was the increase of polarisation between the social and medical aspects of the welfare of old people (Bebbington 1979, p111). Clare Ungerson speaks more familiarly of Townsend's "lively and loving" descriptions of the old Bethnal Green "characters" combined with careful quantification of aspects of the old people's lives (Ungerson 1987, p4). She acknowledges the pioneering contribution made by Townsend in spelling out the reality of care - the shopping and cooking, cleaning and washing carried out predominantly by women - though she does go on to express doubt over the power and prestige which Townsend suggested were accrued to the position of carer. But certainly, Townsend's work had implications for the domiciliary services. For example, in the first of his three classic works relating to elderly people, The Family Life of Old People (13), Townsend revealed how isolated old people made disproportionately heavy claims on the services of the state. Elderly people, especially elderly women, with daughters and/or other female relatives living near-by, made the least number of claims.

The case-study approach adopted in this early study was later filled out by Townsend and Wedderburn's work on the cross-national survey of old people in Britain, Denmark and the United States (Townsend and Wedderburn, 1965; and Shanas et al, 1968) from which they drew the similar conclusion that, in Britain, services tended to reach people "who lack a family or whose family resources are slender" (14). Fears that the services were conflicting with the interests of the family were therefore allayed. Moreover, Townsend claimed that neither did services undermine self-help since they were concentrated among those who had neither the capacities nor the resources to undertake the relevant functions alone (Townsend in Shanas et al 1968, p129). With Wedderburn, Townsend thus defined the role of the domiciliary services as being to "furnish unskilled or semi-skilled help for persons who do not always have families and whose families living in the household or nearby are not always able or available to help" (Townsend and Wedderburn 1965, p135). If any attack on the services was to be made, it related to the inadequacy and variation of provision (15).

In the period between these respective studies, The Last Refuge (1964) was published. Although essentially a study of the lives of elderly people in residential care (16), it too had implications for the provision of domiciliary care. For Townsend found that residential institutions failed to provide the advantages of living in a 'normal' community (old people suffered from a loss of occupation; felt isolated from family, friends and community; failed to make new relationships and experienced a loss of privacy and identity and a collapse of powers of self-determination). On the basis of this evidence, he advocated "that alternative services and living arrangements should quickly take their place" (p222). Townsend felt particularly strongly that it was the "duty" of the home and welfare services, as family help services,

to offer help to elderly people as long as they were able to live in their own homes. Much the same conclusion was reached by Tunstall (1966) in his study of isolated old people (17).

The style employed by Townsend, combining vivid description with careful quantification, can also be found in the work of Bernard Isaacs, Maureen Livingstone and Yvonne Neville (1972), who set out in the late sixties to tell the story of ill people in the East End of Glasgow. They revealed a situation where often home helps were "all that stood between this group of patients and total deprivation" (p86). By the means of the home helps' devoted work, which included assisting patients in excretory functions, a significant number of old people were enabled to survive outside hospital who really should have been in hospital receiving the twenty-four hour care that they needed.

Other surveys of elderly people have been directly commissioned or sponsored by the government, yet they have been equally as critical of provision. Harris, for example, was given the task of measuring need for given welfare services (18). She discovered authorities to differ very widely in their interpretations of need; some acted very generously, others were far more "frugal". Overall, though, there existed a substantial degree of unmet need and, amongst her recommendations, Harris proposed a doubling of the home help service as well as some sort of general standardisation of provision (Harris, 1968). Audrey Hunt (1978) similarly revealed that, although the groups which appeared to be in greatest need of visits from a home help were most likely to receive them (those aged eighty-five and over, those living alone, bedfast and housebound), a majority in each group did not receive them. Indeed, not all appeared to have received all the help they needed (19). The report of a study by Age Concern (20),

conducted around the same time as Hunt's national survey, confirmed this picture (Abrams, 1978 & 1980).

More recently, researchers have focussed their attention on old people living in rural areas (cf Wenger, 1984; Fisk, 1986). These studies show help to come preponderantly from spouse, family or friends and neighbours, while help from formal services is minimal. Wenger, infact, found that there were more elderly people providing help of one sort or another than there were receiving help. Her recommendations included decentralising and making more flexible formal social service patterns of organisation ("sensitive interweaving"), and providing more support for informal carers of old people (21).

b. Studies of Local Authority Services

Although not as well researched an area as housing, for example, the domiciliary services have been brought under the microscope increasingly, it seems, as the focus of attention on individual local areas. From the late 70s onwards, there has been a stream of such reports by social service departments, as well as by local authorities and academics (22).

Many of these larger studies have served to confirm as well as update the findings of reports on elderly people. For example, Greta Sumner and Randall Smith (1969) - perhaps the first to conduct a study of services from a social point of view - agreed with Townsend and Wedderburn's claims as to the inadequacy of domiciliary services provision for elderly people and made suggestions about approaches to improve the quality of planning (23).

Only a year after the publication of Sumner and Smith's study, a report on the biggest survey on the home help service to date was released (24) in which Audrey Hunt estimated that, in order to satisfy unmet need,

the home help service would need to be increased to between two and three times its present size (and this estimate took no account of the possibility of modifying standards of assessment so as to render more people eligible for the service). On the basis of interviews conducted throughout England and Wales, Hunt found the home help service to have a predominantly favourable reputation, among those who had direct personal experience as well as among those who had not. Nine-tenths of elderly and chronic sick respondents believed their home helps to understand their needs, though old people were less likely than chronic sick or other types to discuss domestic or personal matters with them. Yet, with respect to the needs of the elderly community in general, Hunt concluded that there were probably at least as many households in need of home help as were receiving it. In fact 6.4 per cent of Hunt's survey sample of elderly people used home help and a further 7 per cent were eligible. However, this figure deliberately excluded those who were judged to be in need of home help but said that they did not want it. By including the latter, the total would have increased to 17.4 per cent. This situation was further compounded by the fact that, among the elderly population, those most likely to be in need of the services were least likely to know about it or to believe themselves eligible.

Like Harris, Marks proposed that one possible explanation for a degree of unmet need was the non-standardisation of assessment made by organisers and methods of allocating time (25). She found many home helps doing much more than they were paid to do: for example, they shopped for clients in their own time, or took washing home to do in their own machines. She recommended improved training and higher wages for home helps, with the benefit of widening the range of responsibilities and the scope of the service.

Hunt's study was also notable for its revelation of bias in service provision. She observed that men were more likely to receive home help than women, simply because they were elderly and living alone. This bias extends to support for carers: in Wright's survey of single carers living with infirm parents (26), home help assisted 55 per cent of households with sons and 22 percent of households with daughters. She suggests that a contributory factor on this sex bias was that daughters were less likely than sons to apply for a home help. Nevertheless, it was also true that if they did apply, they were far more likely than sons to be refused assistance by the home help organiser. Again, echoing the findings of Harris' study, Wright discovered that the amount of assistance given by the home help service varied widely with no obvious explanation, and also that a high proportion of the respondents receiving the service would have welcomed an increase in the amount of help given (Wright, 1986).

Discussion

Social research on elderly people, although slow to develop, with thanks in particular to figures such as Townsend, has become an established concern. Rodney Hedley and Alison Norman (1982) feel many of the major surveys of need to be out of date, however, due to the effect of rising numbers of the very old and to changes in marriage and employment patterns on the need for home help. Amongst other things, they suggest more detailed and sophisticated local assessment of need and a more precise definition of the role of the home help service. Having listed a number of (the better-known) surveys and their findings, what conclusions can I draw? What implications do the studies have for my work?

Two interesting factors emerge from the two sets of surveys, including the very earliest of those studies. These are firstly, that independence is highly valued by elderly people and that familiar surroundings are an important ingredient in achieving that independence; and secondly, that the domiciliary services which help to keep elderly people in their own homes, although relied upon heavily by the very elderly, those living alone and the bedfast and, in general, spread very thinly (27) may nevertheless be under-utilised.

The first conclusion is not really surprising. The importance of a sense of independence to elderly people is a well-established and, to my knowledge, uncontested fact. But support for the idea of independence has often been voiced through studies such as Townsend's (1964) which chorus disapproval for residential care. Such studies may provide the intellectual and moral basis for the political consensus concerning the alternative of community care (Henwood, 1986). We know little about how old people being cared for at home define independence and how and to what extent home helps (are seen to be able to) contribute to the maintenance of elderly people's independence. These, then, are important matters for investigation.

This brings me to the second point. If the aim of domiciliary care is to help elderly people to live independently in their own homes for as long as possible, why do we still find a number of old people in need refusing the services of a home help? Hunt found a number of elderly people to be ignorant of the existence of the service or not to believe themselves eligible. She also found a significant number deemed in need to reject the service. This suggests that there may exist implicit disagreement over definitions of need, and, by implication over definitions of independence: did those elderly people classified as needing help by Hunt's study see themselves as needy? On the other

hand, or possibly at the same time, there may be some sort of stigma attached to the receipt of home help. Home help is a popular service and a preferred option to homes and institutions as sources of care. Yet the family is still seen as the natural and best provider of care. Help from domiciliary services is sought when old people do not have families, or when families are unable or "unavailable" (unwilling?) to help (Townsend and Wedderburn, 1965). Does this go some way to explaining the reluctance of a number of old people to seek care of a formal kind? Or to some, does the home help service still smack of charity or the days of the workhouse? At the very least, the term "recipient" suggests a passive role that may be unacceptable to many elderly people. At the worst, it suggests that old people are incapable of exercising informed or rational choice, or of maintaining a degree of control over their circumstances. It also implies that they do not have sufficient resources to meet their own needs for recreation or welfare (Hobman, 1978) and that care is thus a form of 'handout' (4).

Without access to people classed as needing but not using help, I was instead interested in examining whether actual users saw themselves as stigmatised, and, if so, how and, more importantly, why? Did their perceptions of their needs differ from those of their respective home helps and significant others? Hunt and Fox claimed that most old people receiving the service believed home helps to understand their needs. However, a substantial 10 per cent did think that young, healthy women with families could not always appreciate the difficulties of old, infirm and lonely people (Hunt and Fox 1970, p18). Amongst the users, were there those who needed more care but believed themselves ineligible or were reluctant to ask for it? If so, why?

Before the respective contributions of Townsend and Wedderburn, Harris, and Isaacs et al, few attempts had been made to assess need based on criteria other than physical disability. These researchers developed combined indices of physical and social disability to determine the need for services: that is, they took account not only of the inability of elderly people to perform housework but also the absence of others (spouses, relatives, friends, neighbours etc) to help them. Are there other cultural factors - stigmas and taboos, especially of a gendered nature - associated with the use and provision of home help which may affect definitions of need and additionally, may go some way to accounting for variations in the extent of provision across and within local authorities? If so, how can services be standardised in a way which leaves enough room to accommodate individual definitions of needs?

iii. Studies of Carers and Caring

So far, I have examined a selection of social surveys which have focused on elderly people in the community and on service provision for them. Early sociological surveys proved their worth by influencing politicians and state officials about the need for an expansion of domiciliary services. Still the scope of these studies was undeniably limited, as I have attempted to show. Social policy, with its concern for the collective organisation of welfare provision, has tended to concentrate at a macro level on the activities of the formal bureaucratic social services (Qureshi and Walker 1986, p109). Questions remain to be asked about the nature of the service, why it functions as it does?

In addition to the dearth of information on the role of elderly users of domiciliary services, a major reason for this thesis is the lack of

knowledge about the position of those who deliver the various services direct to elderly people in their own homes. A few studies have attempted to assess the role of the social worker, perhaps the most notable being the Barclay Report (28). However, while social work and home help services are both organised by local authority social service departments, commonly cover coterminous geographical area and sometimes share administrative systems, traditionally the two have been regarded as complementary but separate areas of domiciliary care. Home helps occupy a distinct role due to their absence of formal qualifications (29). The question is, then, just what values and expectations do home helps take to the work sphere?

Studies have been published which consider the job of home help, the best known being those of Hunt and Fox (1970) and Marks (1975). Hunt's nationwide survey revealed home helps to consist, for the most part of older women housewives with greater domestic responsibilities than the average working women. A majority had heard about the job from other home helps, and had joined the service with the image of work as primarily domestic, the welfare aspect being secondary. Most reported the job to be as they had expected. Only a fifth had attended a training course and roughly half thought training necessary. The most commonly performed domestic tasks were sweeping and washing floors, and polishing. Top of home helps' lists of neglected jobs were doing rooms in general, turning out cupboards and cleaning windows. Home helps thought over an eighth of their cases to need more time spending on them, and they saw this generally as the major means of improving the service. Most described their relationships with clients as good and thought their clients saw them as friends. In fact, many home helps became involved with their cases to the extent of performing services for them over and above what is required in the course of their duty.

One of the aims of Marks' study (1975) was to examine in greater detail some of the points raised by Hunt and Fox's study, concentrating on the quality of the service. She too found the service to be "both organised and operated by dedicated women" (p80). The majority were working-class women, married with school-age children and a significant number had previous experience of domestic or "caring work" (including nursing, childrens homes, and some type of school work). Like the respondents in Hunt and Fox's survey, most decided to become home helps due to the vocational nature of the work - notably the desire to help old people - and the convenience of the hours. Again, most found the job as they had expected it to be. A significant number, 12.5 per cent, of home helps felt that they became more emotionally involved with their cases than they would have liked, though a large majority enjoyed the work they did. The main reason for leaving the service was ill health - either mental or physical.

These studies revealed a lot about a taken-for-granted, much neglected area of women's work. But, like surveys which have considered elderly people as users of domiciliary services, they were framed in the context of an examination of organisational issues. They address questions of how home helps operate but not why they operate as they do.

In recent years, a growing number of researchers have turned their attention to those who care in an informal capacity for old people living in the community. Academic feminists, in particular, have been anxious to raise questions concerning norms about the functionalist model of women as 'natural' carers. Until the late 70s and into the early 80s, while details of certain caring tasks were recorded in the literature, the assumption that women (usually indicated by more general reference to the 'family') had a responsibility to stay at home and look after elderly dependants (although noted by Townsend and

Wedderburn 1965, p45) was left largely unchallenged. And, as the role of home help had been examined only in the wider context of provision, so, in parallel, the role of informal carer had been viewed in terms of intervention by the state into domestic relationships or consideration of the impact of recent public expenditure cuts on women's lives (Ungerson 1983a, pp62-63).

A concern therefore grew to examine the meaning of caring and to explore what it involved for women who, as wives, daughters, nieces and even neighbours find the major responsibility for caring (physically and emotionally) falling unfairly and squarely on their shoulders (30). The resulting collection of discussions - on informal carers and caring - constitutes the bulk of the third and final set of studies which I have found useful and influential and below I review a ~~modest~~ selection, indicating their impact on my work.

Heading the movement into research on the position of carers (rather than the cared for) was the Equal Opportunities Commission (EOC). The Commission was concerned to focus on the experiences, problems and needs of those individuals to whom the prime responsibility has fallen for caring for the sick, elderly and handicapped people in our society (31), especially since, as its studies demonstrate, most of the carers are women.

The Experince of Caring for Elderly and Handicapped Dependants (1980), amongst other things, revealed that carers rarely ask themselves whether or why they should ~~undertake to care~~ (32). Indeed, most were surprised and perplexed when the question was put to them at all. The majority simply considered that the responsibility was naturally theirs (33). One of the most interesting findings of the study was that "even

when the carer was not directly related to the dependant, there was still a distinct sense of social responsibility" (EOC 1980, p12).

The report also highlighted the stresses and strains of caring which subsequently may be very damaging, physically and mentally, to the carer's own health. Ironically, it quotes the feelings of a thirty-eight year old woman working as a home help while also looking after her sixty-five year old father suffering from emphysema:

I'm a home help, I can do it because it's local and I can easily be contacted. I would like to get another job. I don't care for this job, when you come home you have to start again (p19).

As for support for carers, it was clear that (as Wright (1986) has since confirmed), if there were a woman in the house, a request for a home help was likely to be refused (p36).

Caring for the Elderly and Handicapped, and its companion report Who Cares for the Carers?, built on the findings of the Commission's 1980 survey report, to describe in more detail the costs in financial, social and emotional terms of caring for elderly dependents. The first report illustrated the problems of trying to hold together conflicting and often irreconcilable demands of work, general family responsibilities and care for the dependent. Both reports noted that caring for an elderly person almost inevitably meant having to deal with increasing dependency and eventually death. At the same time, decline in an old person's health may take place over a number of months or even years. "The depletion of emotional resources after months and years of unremitting care can only be guessed at..." (EOC 1982a, p5).

A second, overarching aim of these two reports was to offer a critique of community care policies as they relate to the lives of women caring both formally and informally. A case was made for the equal sharing of

care, and the Commission put forward recommendations for the adequate support and protection of carers. These suggestions were, in turn, taken up in a fourth study published in 1984 - Carers and Services - which drew attention to the need to review the criteria for offering service support to carers. The services in question included home help.

Other studies have taken up the issue. Muriel Nissel and Lucy Bonnerjea conducted their study (1982) amongst families where elderly handicapped people were living at home with their married children with one of the wider aims of examining the extent to which the caring functions of the family operate as a constraint on women's participation in the community on an equal footing with men (34). They found that as regards personal care involving touch, there was a perceived barrier between adult males and elderly people. This applied whether the elderly person was male or female or the wife's or husband's parent. Husbands and boys were therefore excused from direct involvement in caring (35). But while women shouldered all responsibility of care, they felt they received little recognition, that there was no status associated with staying at home and caring for the relatives. In common with the EQC studies, Nissel and Bonnerjea also stressed the neglected subject of the mental, rather than physical, effort involved in caring. In particular, coping with the confused elderly seemed to be most emotionally demanding: frustration and even anger resulted from the inability to reason with relatives. Nissel and Bonnerjea point out how it is difficult to derive pleasure when no emotional communication can take place (p30).

Drawing from her own situation caring for a tetraplegic partner, as well as from correspondence received in the course of her involvement with the Association of Carers and from interview material (Oliver 1983; and Briggs and Oliver (eds) 1985), Judith Oliver notes that women faced

with the prospect of caring for sick or handicapped husbands commonly encounter the assumption among professionals that "the ability to cope is bestowed with the wedding ring" (Oliver 1983, p73). They may suffer the feeling of being taken for granted (36). Caring is an expected part of the wifing role, often described as a state of "being" rather than "doing" (Chodorow, 1971). Oliver also draws our attention to those wives who become completely convinced that no-one else can do their work, thus awarding themselves the status which society denies them.

The studies considered so far share a common concern not only for the activities but also for the feelings of carers. This distinction, between caring about and caring for people, was considered by Roy Parker in his Richard Titmuss memorial lecture entitled "The State of Care" (37). According to Parker, the word care is used to describe two kinds of involvement: on the one hand, it conveys the idea of concern while on the other, it describes the actual work of looking after those who cannot do so for themselves - feeding, washing, lifting, cleaning up for the incontinent, protecting and comforting. To distinguish between the two, Parker adopted the word tending to refer to the latter "more active and face-to-face" manifestations of care.

In a similarly wide-reaching discussion, Hilary Graham has explored the ideology of caring and its relationship with sex and gender. "Caring: A Labour of Love" is an examination of what caring means and what caring entails (38). As the title of the paper suggests, Graham, like Parker, believes that caring involves two dimensions: love and labour, or identity and activity. As such, it has particular emotional and material consequences for women, in the home and in the workplace. Our understanding of the concept of care has been limited, however, by the actions of social scientists who have carefully dismantled these two interlocking transactions to reconstruct them separately within the

disciplinary domains of psychology and social policy. Both perspectives offer a reified picture of caring either as a means by which a specific feminine identity is achieved, or as an example of exploitation in the sexual division of labour in patriarchal capitalist society. Graham suggests that we need a new conceptual framework which enables us to fit the two together in an understanding of the everyday subjective experience of caring as a labour of love.

To this end, Clare Ungerson has sought to unravel the actual tasks of caring, the skills involved in carrying them out and the emotional consequences of a caring role (Ungerson, 1983a & 1987) (39). She stresses the fact that the skills regarded as necessary to carry out these tasks are imbued with sex-role stereotyping since they seem, superficially, to have a great deal in common with the tasks of parenting, which in its turn is conventionally regarded as motherhood. Such skills include flexibility (in terms of time and tasks performed), punctuality and reliability, domestic and social skills, and the ability both to operate other services but also to work in isolation, dealing often with unpleasant tasks.

Yet Ungerson questions the suitability of motherhood as a model for tending with respect to carers and the cared for alike: many of the cared for dislike it intensely, and, outside institutions, it may cause problems of role adjustment. It is precisely the problem of role adjustment encountered in a situation where men attempt to undertake a caring role which so often renders alternative (gender-related) models of care unsuitable. Here Ungerson highlights the taboos associated with particular tasks: for example, women have a "virtual monopoly" in dealing with incontinence and other human excreta as aspects of tending (Ungerson 1983a, p73).

Ungerson's arguments about the gendered nature of care and the taboos associated with certain caring tasks are supported by evidence from other studies. For example, a report by the NCCED notes that "It is generally with diffidence that a son attends to the bathing and toiletry of an elderly mother, or for that matter assumes the role of housekeeper ..." (NCCED 1981, p1). The report also mentions the conflict of loyalty between paid work and caring for dependents at home which is commonly experienced by women.

Fay Wright (whose study is mentioned above) also found sex role expectations to contribute to sex differences in performance of housework and caring tasks (Wright, 1986). Unlike the sons, most of the daughters in her survey felt under continual pressure from their domestic responsibilities. They worried more and were more likely to express strong feelings of guilt about leaving their parents while at work.

Given the strength of the ideology of women as nurturers, and the economics of the labour market and women's subordinate position in it, it seems extremely unlikely, as Ungerson has argued, that women will, in the foreseeable future, overturn their traditional position as society's carers. Their perception of their family needs, more than any other personal or pecuniary motivation, dominates women's behaviour in the labour market.

Discussion

Studies of carers may be diffuse in focus since they spread over odd samples or different social situations. Moreover, the studies I have chosen to examine concentrate predominantly on kin carers. It may be argued that, for informal carers who feel tied to elderly people by strong bonds of kinship, the experience of and expectations attached to tending and caring are completely different than for home helps who are

paid to care. Can the twenty-four hour demands placed on a daughter living with a bedridden parent be compared, in emotional and/or physical terms, to those faced by a home help caring part-time for a number of clients with a variety of handicaps? These are important and valid criticisms. Nevertheless, I believe that aspects of the above analyses of the relationships between carers and cared for may be relevant to the investigations of tending outside the boundaries of kin relationships. It is to these aspects that I now turn.

The most obvious link between formal and informal carers is gender: "paid or unpaid, women predominate as carers" (Ungerson 1985, p147). Ideology has been shown to be central to the understanding of why women care and to operate in such a way as to extend their caring role into the field of formal care. But material factors - to the extent that they can be examined independently of this ideology - are also and often equally influential. The first set of considerations I wish to raise here relate to the question of what induces women to become home helps and to care for others? Parker asks what kinds of motivations operate? Are we examining transactions which are primarily economic or transactions which are social and altruistic? If they are of a mixed quality, what blend does that mixture contain? (Parker 1981, p30). Having raised the question of money, I am further prompted to ask what difference is made by being paid for caring? For example, does a wage endow home helps with the status out of which many informal carers feel cheated?

Whatever the mix of motivations, it seems the skills involved in carrying out actual tasks of caring are equally certain to be imbued with sex-role stereotyping whether care is from a formal or informal source. Ungerson found women caring for kin more often than not to use motherhood as a model for tending. Given Oliver's discovery that women

unexpectedly faced with the role of carer are assumed by professionals to be naturally able to fulfil the role and subsequently left to fend alone, it is little wonder that they turn to the familiar mothering model, despite its unsuitability. Home helps may not be plunged in at the deep end in quite the same way (or, at least, quite so unexpectedly), but, at the same time, neither do they have formal qualifications. Are they similarly expected to possess a natural ability to care? Hired on the basis of experience as housewives and mothers (Hunt, 1970; Marks, 1975) and without professional training, what models of care do home helps employ? What expectations do they have about the qualities of the tending relationship and do they experience role problems?

Studies have shown that, supporting the ideology of women as natural carers are a whole bundle of taboos associated with particular tasks and the gender of their performer. A further likelihood, given the sexual division of labour and the predominance of women in the domiciliary services, is that the same, or similar taboos also operate for home helps. Is this indeed the case? Are there (additional) taboos linked to the status of the home help as stranger or non-kin? Conversely, do home helps treat elderly people differently according to whether they are men or women, or are other criteria (relating to need?) more pertinent?

Questions to do with skills and taboos should reveal much about the general nature of home help work, about exactly what home helps do for elderly people as well as what they do not, and, more importantly, why. This leaves me to deal finally with the issue of how home helps are affected by their caring role? Marks found the major reason for home helps leaving the service to be ill health. Do they, then, feel the (long-term) physical stress of caring highlighted by the studies

above, or, indeed, the psychological strain, for example, of looking after those suffering from mentally illness? And what of emotional involvement? Informal carers may care for relatives out of love or a sense of duty (or both). Do home helps feel an emotional commitment towards the elderly people they visit? If they do (and Isaacs et al (1972) and Marks (1975) clearly suggest they do), what is the nature and extent of this commitment and how do home helps react to it?

Marks found a number of home helps to become more emotionally involved with clients than they would have liked (Marks 1975, p31). This suggests that Graham is right to argue for an analysis which reflects "the multi-dimensional nature of caring" (Graham 1983, p17). In the case of home helps, as with informal carers, the nature of caring appears to be composed of many strands. Social policy must then acknowledge the emotional significance of caring, as well as the material aspects, or the identity as well as the activity.

Conclusion

By this point, I have hopefully managed to indicate that the chief concern of my study is not simply with the what and the how of home care for elderly people but also with the why. Of course I ask about how the domiciliary services operate: what home helps do for old people and how they feel about their caring role, and what the circumstances of elderly people needing care are and how they feel about using help. But I also want to know why home help operates in this way: why do home helps care in the way they do and why do elderly people feel as they do about using that care?

Such an approach cannot fail to take into consideration the wider ecological and structural context within which elderly people and home helps live and work. Part one of my thesis, composed of three chapters, therefore provides this backcloth. I use it to introduce the location of the study, to present a brief history and discussion of the development of domiciliary services for elderly people in Britain, and to describe the philosophy and policy shaping domiciliary provision within Salford Social Services Department. As I shall show, current government economic policy is inextricably woven into the fabric of this backcloth.

In part two, I detail the findings of my fieldwork, painting a picture of the lives of the frail and impaired elderly people using domiciliary care, and of the work of the home helps providing that care. As far as possible, I have used the interviewees' own words to explain perceptions of (in)dependence and need, of stigma and taboo, of material and ideological motivations, and of emotional involvements and commitments.

A number of writers have argued that dependency - a concept at the centre of inquiries into the care of elderly people - is a socially constructed relationship, both with respect to elderly users and female providers of care (see part two). In part three, I judge whether and in what way the evidence supports or denies this claim. I ask what are the implications of my findings for social policy. I also justify the use of anthropological perspectives in policy-related research.

Finally, in the annex, I present an account of my experiences as a researcher, which can be approached from a number of different levels. At a basic level, it represents an immediate account of doing fieldwork. It is also my account, as a post-graduate, of the

experience of writing-up a thesis. I consider the effect of the passing of time on context and consciousness and how this feeds into the analysis and presentation of work. And I attempt to address concerns with the writer/reader/subject relationship which pose questions to do with communication.

FOOTNOTES.

1. In 1980, 126,975 women nationwide were working as home helps: 5,850 or 4.6 per cent, were employed full-time, while the majority, 121,125 or 95.4 per cent, were employed part-time. The number of elderly people using home help totalled 771,808, just under three-quarters of a million. They constituted 88.6 per cent of the total number of people using the home help service (Dexter and Harbert 1983, p210-11).
2. For definitions of these terms, see Dexter and Harbert 1983, pp83-88.
3. A fuller discussion of the relationship between anthropology and social policy follows in chapter 8.
4. For the purpose of this thesis, I have defined as 'old' all those aged sixty-five and over. I use the terms 'old' and 'elderly' interchangeably. When I speak of 'very old/elderly' people, I am referring to those aged eighty-five and above. Since I believe that the use of adjectives as nouns is one means by which people may be stereotyped and stigmatised, I have tried, wherever possible, not to talk of 'the old' or 'the elderly'. Instead,

when I have to generalise, I refer to 'old people' or 'elderly people'. I apologise here if I have (unwittingly) allowed the former terms to slip into my work.

The terms 'case', 'client' and, above all, 'recipient' also have potentially negative connotations (see p30). In this case, I prefer the word 'user'. When I employ the former categorisations, it is usually in the context of a discussion of others people's views and/or research on old people where the commentators in question use those terms.

5. I am twenty-six years of age at the time of writing, and unable to believe that I will ever grow old.
6. Indeed, this argument has been questioned theoretically and empirically (cf. Palmore and Manton, 1974; Bengston et al., 1975).
7. For example, in Gwembe, kin are obliged to care for elderly people whether they do so with willingness or resentment. "To question the obligation would be to put in question one's own right to future care" (Colson and Scudder 1981, pl26). Amongst the !Kung, when a person of any age is ill or injured, family members provide food, water and psychological support, and relatives and non-relatives alike provide dramatic psychological support through the trance dance. Old people receive group support then, but the presence of particular close kin who can be called upon to meet specific needs for food or care increase their security (Biesele and Howell, 1981). James Nason (1981) writes that, in the Micronesian island of Etal, elderly people will not be neglected so long as they have property. If any illness occurs, close matrilineal relatives are obliged to rally round, providing care and expressing concern. Elderly people may use the

threat of suicide in the face of neglect from kin, since suicide brings shame on relatives who stand publicly accused of mistreating an old person, and because suicides make no final disposition of their property.

In Kanduru, in South India, a son and daughter-in-law will normally care for aging parents. Otherwise couples turn for support to more distant kin, though to appeal to relatives in this way does bring a measure of shame (Hiebert 1981). Despite the availability of health services, children in rural Taiwan have an absolute obligation - xiao - to provide for elderly parent's needs for clothing, food or medical care, though care is often given from a sense of obligation rather than love or respect (Harrell, 1981). And in normative terms in Aboriginal society, roles similarly ideally reverse as children and parents grow older. The children are meant to take on the nurturing role and care for their parents much as their parents cared for them. Domiciliary care for the aged by the family is favoured over hospitalisation. Desertion of a dependent elderly person would be considered callous and reprehensible (Reid, 1985).

8. Old People in Three Industrial Societies aimed to escape the criticism that has been levelled at other cross-national surveys of generating data derived from population samples different in kind or on the basis of questionnaires developed in one country and literally translated for use in another, with the result that the research was conducted with a high degree of collaboration and control. Interviews took place in 1962 and inquired into the capacity of older persons for self-care, their role in the family network, and their ability and opportunity to provide for themselves in old age.

9. Indeed, in the US home help services which are available are provided by private and voluntary organisations, often under contract to health and social welfare services. And while in Britain there are 138 home helps for every 100,000 people, in the US this figure is only 15 (Dexter and Harbert 1983, p67).
10. More recent studies of ageing in America similarly underline the centrality of this value to American life-styles (cf Fischer, 1977; Haber, 1983; Lee, 1985).
11. The social surveys which I discuss I divide into two categories. Firstly, there are those studies whose primary focus is the elderly population. The findings of such surveys, which I refer to as social surveys of elderly people, may have implications for the need for and provision of social services. In general, these studies often include the work of social gerontologists and/or social scientists engaged in policy-related research. Conversely, the second set of studies focus directly on the services themselves and are referred to collectively as surveys of local authority services. While these studies are more likely to concentrate specifically on the home help service, it may be assessed with respect to a range of recipients amongst whom old people figure as just one group: that is, elderly people are not necessarily given special consideration. The latter category of research is more usually conducted by central government, local authorities, voluntary societies and political parties, as well as by individuals.

A further set of distinctions can be made between small-scale (often unpublished) descriptive studies by individual researchers, through sophisticated experiments testing the outcomes of

innovative social care, to large-scale investigations comparing a number of services or institutions or groups of people (Goldberg and Connelly 1982, p2). Here, I confine myself to the larger-scale surveys the results of which have found acknowledgement amongst a wide audience following publication.

12. The Rowntree Committee was appointed by the trustees of the Nuffield Foundation. The concern of their study was with the "problems" of ageing and the care of old people. One of the main areas of investigation related to the work being done - and the lines on which action might usefully be taken in the future - by public authorities for the care and comfort of old people. The survey team interviewed 2,300 people of pensionable age from seven different areas of England and Wales.
13. The study, which examined the place of elderly people in the extended family of the working-class East End of London, was carried out from 1954-55 and involved 203 people of pensionable age.
14. In Britain, 4,209 people aged sixty-five and over and from a stratified sample of local authorities were interviewed between 1961-62.
15. For example, Townsend and Wedderburn felt that the results of their survey showed the home help service to be totally inadequate. They calculated that at least 10 per cent of their sample had need of a home help in addition to the 4.4 per cent of elderly people already using one, and that those in receipt often needed a more intensive service. A three-fold expansion of the service was recommended. They also criticised the extent of

variation of provision between local authorities (Townsend and Wedderburn 1965, p45-49).

16. Interviews were conducted with 489 elderly residents of homes and institutions in England and Wales.
17. Old and Alone formed an additional part of the cross-national survey. Tunstall interviewed 195 elderly people who were classified as isolated. Like Townsend, Tunstall concluded that greater efforts should be made to maintain the independence of old people, preferably in the form of social policies that obviate the grounds for residential care.
18. In 1962, local authorities were asked to draw up plans for local health and welfare services for the next ten years. The National Corporation for the Care of Old People (NCCOP) noticed that there existed considerable variations in the ten-year plans. A government social survey, sponsored by the NCCOP, was conducted in 1965-66 which attempted to measure need for given services. Interviews were held with 9,866 elderly people living at home and in residential institutions throughout Britain. In addition, the appropriate organisers in a sample of local authorities were questioned about the criteria they used for assessing the needs of elderly people. The results were published by Harris in her book Social Welfare for the Elderly (1968). A major finding was the substantial degree of unmet need: she calculated that 9.3 per cent of the total population of retirement age in England and Wales needed a home help. Harris proposed a doubling of the home help service. She also found that, with only loosely worded legislation to guide them, authorities differed widely in their interpretations of need: some authorities acted very generously,

other "frugal" authorities provided less liberally. Harris therefore suggested some sort of standardisation of the services in an attempt to give all elderly people the same treatment.

19. Sponsored by the Government, Hunt conducted a nationwide survey of 2,622 elderly people living at home of whom 1,354 were under seventy-five, while 1,268 were aged seventy-five and over. She examined both the physical and social circumstances of respondents. It was hoped that the findings of the study would enable health and social services heavily used by old people to be deployed to the best effect and would provide information which would make it possible to devise new forms of assistance for elderly people.

20. Mark Abrams carried out his study in 1977 for Age Concern. He was concerned with the needs, conditions and resources of old people in society, particularly those of elderly people in the age-band seventy-five or more. Like Hunt, he divided his sample population, drawn from four urban areas, into two groups: those aged sixty-five to seventy-four numbering 802, and those aged seventy-five and over numbering 844. He discovered that of those aged seventy-five and over, apart from those actually bedfast or chairfast, at least one-third of them faced some physical difficulty in carrying out ordinary household tasks such as taking a bath, getting into bed, putting on shoes etc. Only a small minority (27 per cent) of those with such difficulties received any help with them and this help usually came from relatives and was largely given to those elderly persons who live with others. Abrams' recommendations included more visits by social workers, able and willing to work with elderly people, to assess their needs and to ensure that they are met.

The results of Abrams' survey are discussed in Beyond Three-Score and Ten, first and second reports. People in their Late Sixties (1981) discusses the findings of a further study, conducted in 1980, which examined the survivors and non-survivors of the initial survey. It is interesting to note that in his follow-up study of his sample, Abrams found that more of those elderly people living alone had survived than those living with other people (Abrams, 1983), though, as Tinker points out (1984, p249), this could be because the least healthy go to live with their children.

21. Clare Wenger (1984) has carried out a survey of elderly people living in their own homes in North Wales (20). Since the urban elderly in England had already been the subject of studies by Hunt and Abrams, Wenger was keen to focus on old people living in rural areas and to examine the belief that ageing in rural areas might present particular problems for old people, especially in terms of access to services. She also sought to test the hypothesis that rural communities provide a more supportive environment for elderly people (Wenger 1984, p3). The research was carried out in a cross-section of eight rural settlements and took place from 1978- 1979. Questionnaire interviews were conducted with 534 elderly people, and open-ended interviews with clergymen, doctors, social workers and other community leaders.

22. See for example:

- E.M. Goldberg and N. Connelly (1978), "Reviewing Services for the Old", Community Care, 6 December.

- idem (1982), The Effectiveness of Social Care for the Elderly, Policy Studies Institute, London Heinemann Educational Books.

The PSSRU at the University of Kent has produced over four hundred discussion papers which include studies of aspects of the domiciliary services.

23. The study, Planning Local Authority Services for the Elderly, was born out of interest in the effect of the ten-year plans for local health and welfare services in England and Wales, and in the effect of the lack of such plans in Scotland. Its purpose was to find out how local authorities planned to meet the need for services for elderly people in their areas and it focused on two main issues: the assessment of needs for the services and the mobilisation of resources to meet those needs. Interviews were conducted within twenty-four local health and welfare authorities (as well as a number of housing authorities), and the services examined included home helps, chiropody, laundry and meals on wheels.
24. Sponsored by the Government, the survey was carried out in 1967 on behalf of the Ministry of Health, in order to investigate the way in which the home help service was operating and to attempt to form an estimate of the extent, if any, to which the service was failing to meet adequately the need of the community. Interviews were conducted throughout England and Wales with home help organisers, home helps and recipients, and additionally, a sample of housewives were asked about their knowledge and experience of the home help service. Hunt produced the report with the assistance of Judith Fox.
25. Janet Marks' study, undertaken in 1973, was based on one local authority - West Sussex - and aimed to suggest ways in which the home help service offered there (and indeed, in other

authorities) might be expanded or improved so as to best serve the needs of the area. It concentrated on the quality of the home help service, its management and organisation, and the home helps themselves. Information was collected through interviews, postal questionnaires, analysis of referrals, and observation and assessment of a training course.

26. Between November 1977 and March 1978, Fay Wright carried out interviews with 58 single carers - 22 single sons and 36 single daughters - living in three outer London boroughs. The primary purpose of her study, published in the book Left to Care Alone (1986), was to provide a picture of the effects of giving support on a sample of unmarried sons and daughters living in the same household as at least one infirm parent. As part of her study, Wright evaluated the relative contribution made by the statutory health and welfare services. An early report of some of her research findings - dealing with employment, housework and caring as aspects of carers' lives - appears in Finch and Groves' book (1983).
27. Indeed, the thin spread of the home help services has been confirmed by Bebbington (1979). He compared the respective survey findings of Townsend and Wedderburn (1965) and Hunt (1978) to demonstrate that while there had been an undeniable expansion in the coverage of domiciliary services over fourteen years - the extra services having gone to the very elderly - it was at the expense of the amount of service received by each elderly person. Moreover, some evidence suggested that the increase in provision had not been entirely an additional supplementary source of help to old people, but had partly been absorbed in plugging gaps left by the loss of other sources of assistance from the community

(Bebbington 1979, p122). This, of course has implications for the actual tasks performed by home helps.

28. National Institute for Social Work (1982), Social Workers: Their Role and Tasks (the Barclay Report), London, Bedford Square Press.

See also:

- Rowlings, C. (1981), Social Work with Elderly People, London, Allen and Unwin.

- Marshall, M. (1983), Social Work with Old People, London, Macmillan.

An important and interesting finding included amongst these studies is that many qualified social workers seem to give elderly people a low priority and often workers with little experience or training are expected or are more likely to undertake all, or a large proportion of the work with this group.

29. In practice, there may be a considerable overlap in the contributions of home help and social worker to the maintenance of an old person's well-being, indeed, in the case of the frail elderly living alone in their own homes, it is not uncommon for those requiring social work support to also use the services of a home help. But in theory, the essential nature and aims of the two services remain different: placed at opposite extremes of a continuum, the social worker's concern is with the client's emotional functioning and interpersonal relationships, while the home help offers support of a domestic or practical nature. In her examination of social services departments, Fay Wright, for example, distinguishes between two types of support: social work

support and the "practical services" which include home help (Wright, 1985).

Of course, those involved in the respective services might (justly) dispute the reality of such a crude polarisation. A second difference cannot, however, be denied: it is, namely, that the organisation and structure of the two services are different. Above all, the job of social worker, unlike that of home help, is a qualified post involving both generic training and specialisation. Home helps are of non-professional status and, in a large number of cases, lack formal training of any kind. Though this is not to suggest that I see social work as the "superior partner" (Hey 1977, pp2-5) or that I reject the struggles of the home help service for a professional identity.

30. Tinker points out that the word carer - not familiar enough to be used in the 1981 White Paper Growing Older - has become a familiar term due to the upsurge of such research reports, as well as to the formation in 1981 of the Association of Carers and to growing media interest in the problems of carers (Tinker 1984, p27). The increase in the number of books aimed at those who are caring or about to take care of a dependent elderly relative is another acknowledgement of the importance of these supporters (Tinker 1984, pp227-228)
31. It is interesting to note that the elderly are the largest group of dependents cared for informally. That is, the 1980 report revealed that there were more women caring for adults aged over sixty-five than for children aged fourteen and under.
32. The report was based on the findings of a survey of households in West Yorkshire. Drawing on information yielded by in-depth

interviews with 116 carers, the study aimed to "show something of what it's like to be a carer, and to demonstrate how [these] women's lives are affected by their caring role" (EOC 1980, p4). One of the questions it asked was why care was taken on.

33. My emphasis.
34. Interviews were held in twenty-two households in Headington, Oxfordshire between March and April 1980. Additionally, interviewees kept time diaries of their activities.
35. Not one woman out of the twenty-two households said that her husband or children helped in feeding, washing or washing clothes for the relative - the three activities which took up most time.
36. See, for example, the chapter by Doreen Hore in Briggs and Oliver (eds) 1985.
37. This lecture, given in April 1980, forms the basis of a paper "Tending and Social Policy" published a year later by the Policy Studies Institute in the pamphlet A New Look at the Personal Social Services (E M Goldberg and Hatch (eds), 1981).
38. Graham's paper, along with Oliver's, is one of a collection of papers contained in the classic A Labour of Love. Edited by Janet Finch and Dulcie Groves (1983), the book focusses on the (hundreds and thousands of) women who provide unpaid care outside of residential institutions for sick and handicapped dependents.
39. In 1983, Clare Ungerson published a paper entitled "Women and Caring: Skills, Tasks and Taboos". The paper appeared as one of a collection in the book The Public and the Private by Gamarnikow et al. In 1984, she carried out a research project on the

subject of gender and informal care. The study involved indepth interviews with a small sample of nineteen carers living in Canterbury and the results are discussed in Ungerson's book Policy is Personal.

PART ONE

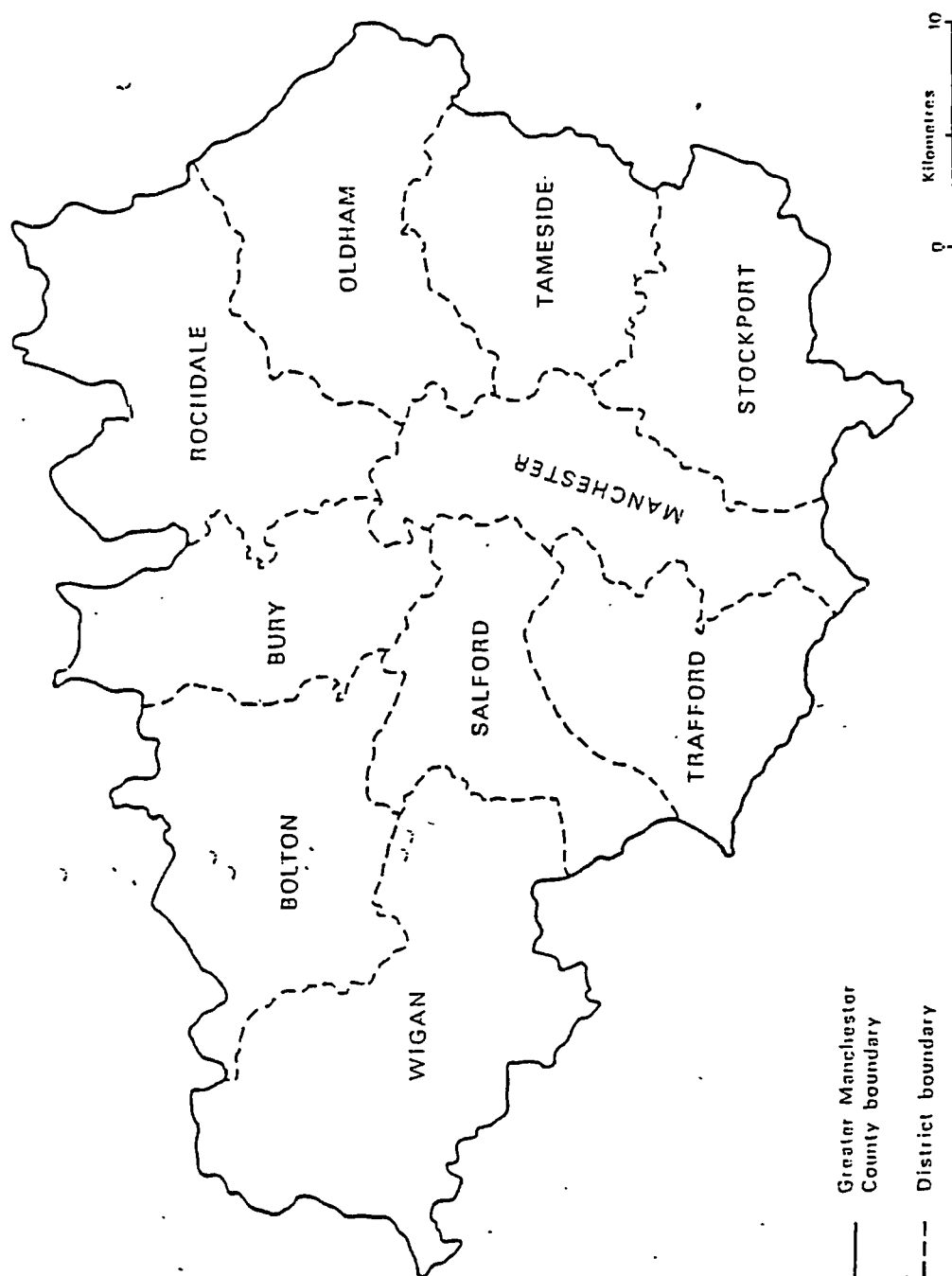


Figure 1.1: Greater Manchester County and the Metropolitan Districts

From: H.P. White (ed) (1980), p. 14, fig. (i)

CHAPTER 1: Salford: An Introduction to the City

Bronislaw Malinowski presents the first two chapters of his classical work *Argonauts of the Western Pacific* as a "travelogue", in Thornton's words, as "a sort of ethnographic Grand Tour of the 'Country and Inhabitants of the Kula Ring'" (Thornton, 1985). One of the more immediately obvious features of conducting research in a setting such as Salford - part of my own industrial backyard - is that I am unable to seduce you, the reader, with talk of alluring tropical beaches fringed by jungle trees and palms, of lagoons or of land clad in "intense, shining green" contrasting with the blue sea (Malinowski 1953, p33). Nevertheless, a profile of the city provides a necessary backcloth to my study. In particular, it gives an understanding of the wider social and economic climate within which home helps work and elderly people live. This chapter, then, is intended as a brief introduction to the ecology of the city in the post-industrial era.

A General Outline

Salford is an industrial city in the north-west of England. It joins with nine other Metropolitan counties (1) to form the county of Greater Manchester. The county has a population of about 2.7 million people, covers 500 square miles and is one of the most densely built up parts of Britain. Even on a world scale, it represents a major concentration of population and of manufacturing and service industry.

The district of Salford was formed in 1974 (under the Local Government Reorganisation Act of 1972) from the former city of Salford, the municipal boroughs of Eccles and Swinton and Pendlebury, and the urban districts of Irlam and Worsley. It began its existence with a population of 279,000 and an area of 23,942 acres. Ten years later the total population is 241,522 which represents a drop of 13.7 per cent. The decline in the figures has been caused by a combination of the city's clearance and redevelopment programme, the trend of migration to suburban areas and a decline in average household size.

The old Salford county borough adjoins Manchester to form a 'partnership area'. Generally speaking, problems are more severe in this inner city area than in the rest of the district: that is, the inner city lacks space, light and grassy areas, it suffers financial poverty and has an overstretched social support system, including education, housing, amenities and social services.

Despite inner Salford being a part of the inner city of Manchester - to the extent that a person can easily cross the border into Manchester and come out again without being aware of having been in two different cities - it nevertheless has a history of independence and has never been united with its parent district. Indeed, this independence is reflected in the attitudes of Salfordians who have a fierce pride. The status of city was conferred in 1926, though the emergence of Salford as a small town began much earlier in the thirteenth century when, by charter, the town became a free borough and thus a corporate and largely self-governing body. At this point in its development, Salford was little more than a market town, however. Six centuries later, Manchester was to become the birthplace of the first Industrial Revolution, to be regarded by many as the 'Workshop of the World'. In the eighteenth century, ironfounding and engineering industries were

progressing rapidly. At the heart of Manchester's economic base, textiles, engineering and clothing provided strong foundations and a nucleus for expansion throughout the locality. The character of Salford as we know it today was shaped by the force of this rapid, all encompassing economic change. As one commentator has noted, "No town was more a product of the Industrial Revolution than Salford" (Greenall 1980, p107).

Industrialisation

Industrialisation in Salford was built on the three C's: cotton, coal and canals. The city possessed energy supplies, raw materials and transport facilities. Indeed, it became one of the greatest of the cotton towns and contained several huge mills. In 1894 the Manchester Ship Canal was opened, and until very recently, the docks remained an important source of male labour (2).

The effect of the Industrial Revolution on nineteenth century Salford was phenomenal. Homeworkers were replaced by factories. Immigrants poured into this 'boom town': dalesmen from Cumberland and Westmoorland, plainsmen from the South, Scotsmen, Irishmen, German capitalist Jews from the Rhineland and later from Czarist Poland and Russia. The three townships of Salford which joined together in 1853 to make the royal borough had a population of only 18,000 in 1801. In thirty years, this number had increased to 70,244 and by the end of the century totalled 220,000. The rise was hardly exceeded anywhere in the country. In these years, Salford grew from being merely a suburb across the river from Manchester to the seventeenth largest town in the country.

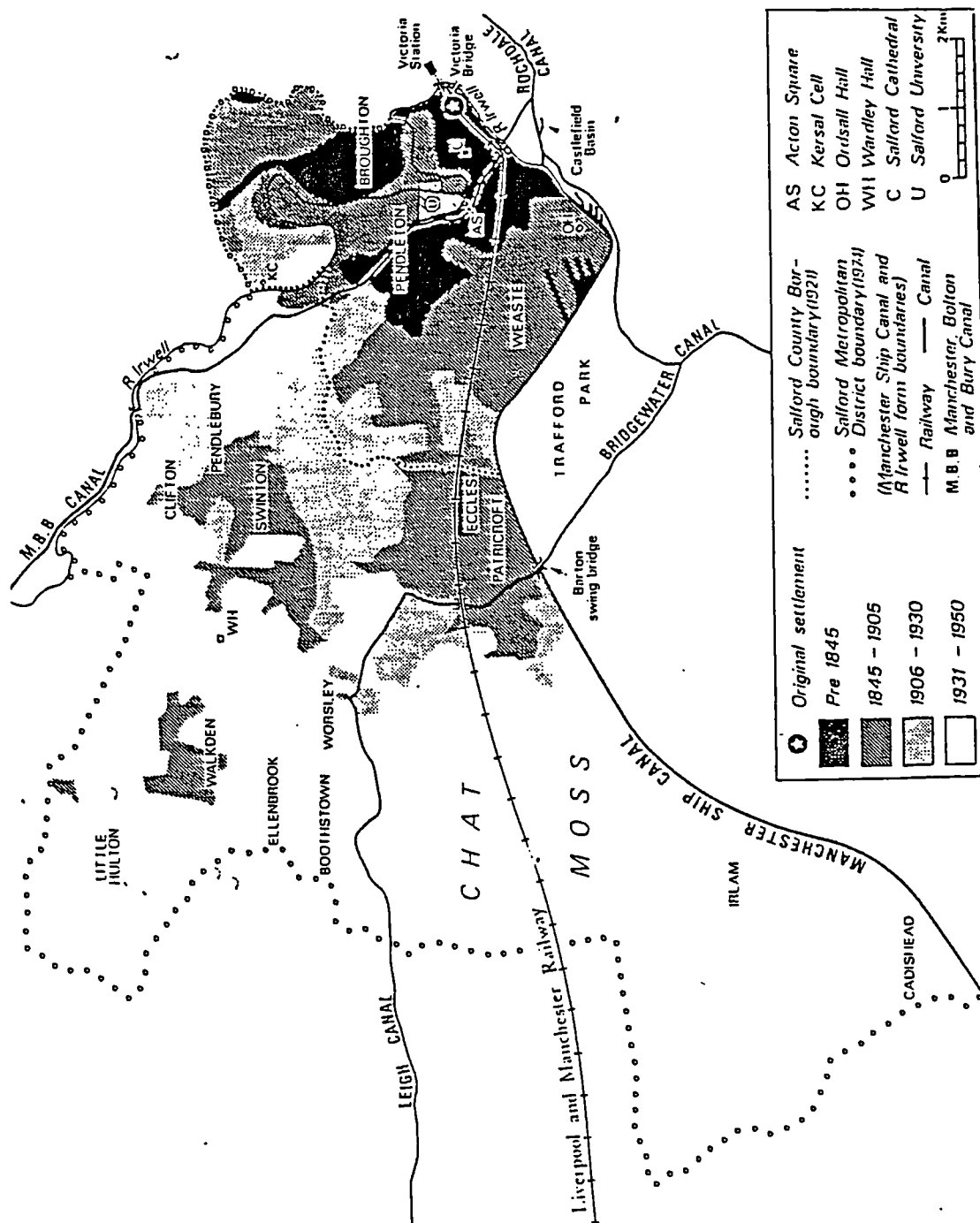


Figure 1.2: The Growth of Salford

From: H.P. White (ed) (1980), p. 17, fig. 1.1

The changes in the landscape which took place over a century ago left perhaps the most durable impression. Vast areas of poor quality housing were built during the Victorian era when overcrowding created pressing social problems. As many as eighty houses were squeezed onto an acre of land. The Salford skyline was dominated by the factory and the 'dark satanic mill'.

These were characteristics which, amongst others, were to lead Engels to describe Salford as "the classic slum", the very epitome of all industrial ghettos (Engels, 1958). Robert Roberts used the label to give a title to his study detailing Salford life in the first quarter of the century (Roberts, 1971). Roberts' Salford, "a clutter of loosely defined overlapping villages", can in turn be compared to the smaller of the "Two Cities" which provides the setting for Walter Greenwood's classic Love on the Dole (1933). This book represents a documentary of the misery of the economic depression which followed the First World War. In it we find Salford characterised by its "mazes" and "jungles" of tiny two-roomed houses cramped and huddled together, by its public houses and pawnshops, and by the bleak and sterile crofts scarring the landscape (Greenwood, 1969).

Post-Industrialisation

i. Environment

This image of Salford has been represented on canvas by the regional artist LS Lowry. Yet despite the accuracy of Lowry's industrial scenes, his work, like that of Greenwood and Roberts, is now an historical record. Visually, at least, the city has again changed radically in the last three decades. Only a minority of mills are still in textile work, most having been converted for a variety of new firms. Agecroft,

lying in the east of the Irwell Valley, is the last coalmine in east Lancashire. In 1962, the Clean Air Act finally lifted the blanket of smog which permanently lay over the City, the product of thousands of open fires in endless rows of terraced houses. Housing surveys conducted in the 1950's estimated that, in inner Manchester and Salford, a quarter of a million houses (twenty-five per cent of the total stock) should be demolished. Subsequently, the appearance of areas like Hanky Park, as described by Walter Greenwood, have been transformed by schemes such as the General Improvement and the Housing Action Area schemes (1969 and 1974). Indeed, since 1960, clearance and redevelopment have taken place on a massive scale, a fact attested to by the shots of Salford accompanying the opening music to Granada's Coronation Street, where high-rise flats now loom large over the rows of dingy, redbrick terraces.

Unfortunately, the social consequences of the tower blocks which replaced many of the inner city slum areas of Salford cannot be ignored. Hailed as the solution to problems of limited land and economic resources, these structures in reality lacked sufficient services and facilities as well as landscaping and other amenities at ground level. Housing managers failed to ensure that the flats had occupants most suited to them; and finally, the insensitive programmes of local authorities produced tower blocks using systems devised by contracting companies for speed of erection rather than aesthetic quality. Private housing contractors are now buying up such blocks from Salford council as one approach in a second wave of improvement and redevelopment. In addition, a dockland reclamation scheme at Salford Quays includes plans for the varied development of brand-new houses and flats (though, again, for private ownership). Indeed, the scheme, which amongst other things will also provide shops, a restaurant and imaginative,

tree-lined roads and walkways, has been described as one of the most ambitious in Europe today (Lewis, 1988) (3).

ii. Economy

In economic terms, the salient feature of post-war changes in the Greater Manchester area is of stagnation and slow decline. The major cause lies in the decline of the manufacturing industries - in textiles and clothing, and, in particular, the cotton industry - which has, according to Law, "sapped the vitality of the area" (Law 1980, p37). The demise of the cotton industry has directly influenced a whole range of ancilliary industries and services which are dependent on the local textile trade: textile engineering and dyestuffs manufacturing are just two examples. Numerous other activities, from general engineering to transport, in the past also derived significant business from the textile industry.

In addition to the decline of basic industries, further reasons for economic change in Salford include the general shift of industrial and commercial activity to the South East; the rise of regional policies favouring regions in the North and the West of the Country (Greater Manchester tends to fall between the prosperous zones of the country and the assisted areas); and the shift away from large cities to the environmentally favoured, less urbanised areas. The end of the canal as a major waterway and (reclamation schemes aside) the demise of the docks has also been traumatic for Salford.

Within the city, there still remains a number of clothing manufacturers, and firms engaged on heavy and light engineering. The cotton and mining industries have been replaced in part by new and diversified industries, many of which are involved with the

exploitation of modern technology. They include, for example, the manufacture of chemicals, plastics, batteries, ceramic tiles, soap, leather, and development in electronics, printing and publishing, as well as food manufacture.

In August 1981, a 400-acre area of Salford was designated by the government as an Enterprise Zone, with the aim of stimulating industry and business to move (back) into Salford, and thus to make profits and create jobs. A government City Action Team (CAT) scheme has also been running in the city since 1985 offering a range of grants. The former scheme has received a mixed greeting, being judged by some as merely a gimmick, although the response to the latter has been sufficient to encourage the Government to expand the scheme to other cities. However, it is too early yet to judge the (lasting) outcome of either project. In aggregate terms, the impact of new industries still remains overwhelmed by the scale of rundown and closure. By and large, Salford, which up to now has only been marginally favoured by government assistance policy, still struggles against the odds to renew its economic base in a hard, competitive post-war world.

iii. Employment

A statistically visible characteristic of the economic restructuring of the Manchester conurbation between the mid-60's and mid-70's has been the changing fortunes of men and women in the labour market. Following national trends, there has been a substantial overall decrease in the level of employment. In Salford, the situation has been compounded by the demise of the manufacturing industry.

The proportion of working men in full-time employment in Salford in 1981 was 83.4 per cent, compared with 85.1 in Greater Manchester as a whole and 88 per cent nationally (4).

Unemployment in Salford is above the national and county average. In 1981, the city's male unemployment rate was 14.8 per cent compared with the county average of 14.0 per cent and a national average of just over 11.6 per cent. Salford inner city area, in particular, suffers the severe problems of economic decline and social disadvantage. Here, one in five working men are out of work.

While the levels of absolute losses among male and female jobs in manufacturing are comparable, trends in the service sector, however, show quite a different picture. Employment in service occupations for women, in line with national trends, has shown a continuing expansion since 1960. In fact, service jobs for women have represented the only consistent source of employment growth in Greater Manchester as a whole. Activity rates have risen particularly sharply among married women in the 20-40 age group, and the bulk of this female workforce has found employment in the health and local authority service sector.

In Salford in 1981, 55.6 per cent of working women were in full-time employment compared to 58 per cent in both Greater Manchester and Great Britain as a whole. However, the proportion of women in part-time employment, 35.6 per cent, is greater than in the county, where figures stand at 33 per cent, and nationwide at 34.3 per cent. The female unemployment rate at 8.8 per cent is less than in the county, where it currently runs at 9.1 per cent, and is roughly equal to the national average of 8.4 per cent.

It seems safe to conclude that working women in Salford - in particular those working in part-time occupations - thus provide a significant source of income for families within the city.

iv. The Elderly Population

That significant trends are occurring to change the profile of the elderly population in Britain has already been indicated in the introduction to this study. Within this national picture, there are considerable regional variations, however. High proportions of the population are of pensionable age in the inner-city areas, particularly in the North and North-West of England. Salford represents just such an area.

As elsewhere in Greater Manchester, the average age of Salford's population increased quite dramatically between 1971 and 1981. In 1971, 16.9 per cent of its population was under ten years of age, but by 1981 this proportion had dropped to 12.1 per cent. In contrast, the proportion of persons of pensionable age rose considerably over the same period. Figures show an increase from 12.6 per cent to 15.7 per cent. So that, whereas in 1971, one in eight was over the age of sixty-four, today it is one in six. This reflects the growth in the over sixty-five age group nationally. It also reflects the movement of younger families out of Salford, a recent feature of many inner-city areas (GMC, 1983).

Expansion in the numbers of elderly people aged over seventy-five, in particular, leaves no doubt of the likelihood of increased need for social service support. Between 1971 and 1981, the population of over seventy-five year olds, grew by 3,217, from 10,550 to 13,767, and it has been estimated that by 1991 this figure will have increased by a further 1,385 to 15,152.

Fig. 1.3: Persons over 75 years in Salford

<u>1971</u>	<u>1981</u>	<u>1991(projected)</u>
10,550	13,767	15,152

Source: City of Salford Social Services Committee (1984) Annual Report on the Domiciliary Services Section 4 December 1984.

Of the total number of households in Salford, 92,400, 26 per cent are made up entirely of people aged sixty-five and over. Elderly people are less likely to live as members of a larger family. Indeed, 16.8 per cent of the total number of households are made up of old people living alone (GMC 1983, pl).

v. Diversity

I mentioned above the trend of migration of the population out of Salford to suburban areas. The movement to peripheral districts has been largely associated with a combination of a lack of satisfactory housing, the general unattractiveness of the environment and poor employment opportunities. Yet inner city Salford is not a uniformly depressed area; it includes residential quarters such as Broughton Park, containing large and expensive houses. Nor is it necessarily representative of the enlarged metropolitan district which is, in parts, even more diverse. For example, Pendlebury is home to the mining community of Agecroft where the Colliery is a dominant feature both in the skyline and, in social and economic terms, in the lives of the people who live and work there. In complete contrast, Worsley Village is a middle-class residential area which, visually, has

retained many of its rural origins: close to the Bridgewater canal which runs through its centre stand black and white half-timbered houses and the Old Hall. While different again is Little Hulton, a relatively new and still developing district, complete with its own centre, which emerged in the 50's and 60's as an area of Salford overspill (now, of course, reunited with its parent).

On the whole, however, Salford remains a city with a distinctive economic character which has been hard hit by the process of decline. The population is overwhelmingly working-class and white, since (in large part due to the already dwindling economy) Salford was not one of the older industrial cities into which non-European migrants were drawn in large numbers in the 50's and 60's. In proportionate terms, it is also a population containing increasing numbers of, in the first instance elderly people and, in the second, women in employed labour. This study brings together individuals from these two sections of the population, and in this wider structural context, as it examines the values and expectations of the home helps who provide and the elderly people who receive domiciliary services in Salford.

FOOTNOTES

1. The other nine counties are Manchester, Trafford, Stockport, Tameside, Oldham, Rochdale, Bury, Bolton and Wigan.
2. Brewing and mining have also played a significant part in the local economy.

3. Much of the dockland area has, in fact, been transformed by the scheme. The profile of the city which I present here applies to the period when I initially embarked on my study.
4. Statistics for Salford and Greater Manchester are taken from: City of Salford (1983) 1981 Census Report, City Technical Services Department for HMSO.

Statistics for Great Britain are taken from: OPCS (1983), Census, 1981, Urban Areas, HMSO, p57, table 3.

CHAPTER 2: A History of the Domiciliary Services

In chapter 1 I examined the ecology of Salford in an attempt to gain insight into some of the wider social and economic features shaping the lives of those living and working in the city. The following two chapters offer background information on the Social Services. Chapter two is divided into two sections. The sections deal respectively with the general development of domiciliary services as a branch of social service provision and with the notion of community care - a key concept in the planning and organisation of domiciliary services for elderly people living in their own homes. Chapter three explores the nature and organisation of domiciliary services provided by Salford Social Services Department.

Development of the Domiciliary Services

Local authorities are empowered to provide services by the central government. These services are financed in part by the exchequer. A history of the domiciliary services must therefore begin with an examination of national policy and decisions on relative priorities for different services.

Developments in local authority services have been well-documented (cf Sumner and Smith, 1969; Hedley and Norman, 1982; Dexter and Harbert, 1983; Tinker, 1984; Clarke, 1984 and Means and Smith, 1985), but a brief outline, with commentary, is given below.

i. Before 1971

Local personal social services are a much more recent development than services concerned with income maintenance, health and housing. The origins of the domiciliary services, like most of the personal services, lie in the voluntary and charity sector. The different services such as community nursing, home helps and meals on wheels did not originally begin as services for old people, however. The primary aims of early local voluntary agencies appear to have been almost exclusively directed towards maternity cases: domestic help was provided to ensure that mothers received adequate post-natal care during their lying-in period and that infants were clean, safe and healthy. Indeed, the home help service had its origins in the Sick Room Help Society in the East End of London, which was used as a model for the domestic help service provided under the Maternity and Child Welfare Act 1918. Under this legislation, which gave local authorities power to intervene in this field, duties of home helps were defined as being the ordinary domestic duties undertaken by the mother including cleaning, cooking, washing and the general care of children. Home helps were deployed principally as untrained assistants to health visitors and district nurses. The Act provided a framework for the provision of domestic help, however, which was used more widely by progressive local councils so that elderly and handicapped people also benefited.

The importance of the care and aftercare of persons suffering from illness and for preventive measures relating to health was officially recognised in the National Health service Act 1946 [appendix B, doc 1]. Community health services were established as a unit distinct from hospital services and from family doctor, pharmaceutical, dental and opthalmic services, to be managed by local authorities and funded by government grant and local rates. Amongst other things, the act

allowed local authorities to employ "domestic helps". Services such as chiropody and laundry also became possible, though in all cases, local authorities had power to charge for such provision (with the approval of the Minister of Health).

Clarke argues that the Government was prompted to encourage local authorities to provide support for old people as a result of the changing family structure, the increase in the numbers of elderly people, lack of domestic servants and the difficulties caused by the Second World War (Clarke 1984, p23). Means stresses, however, that strategies of state support relating specifically to elderly people were still largely biased towards residential care for "frail" and "sick" people, and "family" support (that is, the support of daughters or daughters-in-law) for able-bodied people. This did not mean that residential care was seen as the preferred alternative for all elderly people. Rather, Means attributes lack of imagination about alternative services to the dominant belief that "frail" elderly people could not manage in their own homes unless living with other members of their family; domiciliary services provided by the state and voluntary organisations could not offer sufficient support for old people and were seen as a second-best alternative (Means 1986, pp88-89).

In 1948, the National Assistance Act empowered local authorities to make arrangements for "promoting the welfare" of people who were deaf, dumb, blind or substantially handicapped amongst whom elderly people inevitably numbered [appendix B, doc 2]. By means of the Act, local authorities were also able to financially assist voluntary organisations providing meals for elderly people. (Under the National Assistance Act 1948 (Amendment) Act 1962, local authorities were themselves empowered to provide meals for old people in their homes). The Act also allowed those in receipt of National Assistance to claim reasonable expenses to

cover the provision of domestic help either through private, voluntary or local authority agencies. In effect, the power to charge for the service was still seen as acceptable, but only if it was reasonable (and based on means-testing).

Despite shortages of finance and staff within the domiciliary services as well as differing rates of development, by the end of 1949 all English and Welsh authorities provided a home help service, and all but three Scottish authorities started a service before 1953 (Sumner and Smith 1969, p28).

That the importance of domestic help in the care of elderly people was increasingly recognised during the fifties and sixties is also clear. Hedley and Norman have compared data from the Report of the Ministry of Health in 1953 with Hunt's national survey in 1967. In 1953 the chronic sick and the aged constituted 57.7 per cent of users of home help out of a total of nearly 200,000. In 1967, this total had increased to over 247,000 of which elderly people alone constituted 89.5 per cent of users with the chronic sick adding a further 7.1 per cent (Hedley and Norman 1982, p3). This growth has similarly been noted by Sumner and Smith in their survey of a sample of health and welfare (and housing) authorities in England, Wales and Scotland between 1945 and 1965 (Sumner and Smith 1969, p33).

In 1962, the Ministry of Health requested that local authorities outline plans for local health and welfare services for the next ten years. The guidelines given (in Circular 2/62, Development of Local Authority Health and Welfare Services) stated that:

Services for the elderly should be designed to help them to remain in their own homes as long as possible. For this purpose adequate supporting services must be available, including home nurses, domestic help, chiropody and temporary residential care.

As Tinker comments, however, despite growth in service provision, specific standards were not laid down (Tinker 1984, p100). No objective criteria were employed, definitions of eligibility for services still appeared extremely wide and legislation was generally "permissive" (Hedley and Norman 1982, p2). In other words, the decision as to what constituted an 'adequate' service was effectively left to the individual authority.

Independent research studies proved the inadequacy of domiciliary services (Townsend and Wedderburn, 1965). Sumner and Smith explain the limitations of long-term planning of services at this stage as being due to lack of basic information and the means to obtain it, to doubts about what services to develop and about the best way to provide for elderly people, and to failures in the relationship between central and local government. Additionally, the general economic situation continued to work against large-scale expansion of social services (Sumner and Smith, 1969).

ii. A Mandatory Service

In 1968, the Health Services and Public Health Act was passed [appendix B, doc 3]. The Act did not come into force until 1971, but it introduced a number of changes. A somewhat cosmetic, but nevertheless significant change was the replacement of "domestic help" with the term "home help". According to Hedley and Norman, when the 1968 Act was being drafted, the Association of Municipal Corporations recognised that "domestic help" did not really represent what the service stood for. By the terms of the Act, local authorities were, in fact, empowered to provide home helps, visiting, social and warden services, laundry services and arrangements to inform elderly people about services and to carry out adaptations. The title "domestic help" was

also thought to affect staff recruitment, so they pressed for the new name to be included in the legislation (Hedley and Norman, 1982). Of perhaps wider-reaching consequence was the change which now made it the mandatory duty of every local health authority to provide home help and on a scale adequate for the needs of their area. Authorities were empowered to employ voluntary organisations as agents and to charge for services. Finally, they were also given a general responsibility to promote the welfare of elderly people.

The Chronically Sick and Disabled Persons Act 1970 effectively reinforced the mandatory provision of home help for elderly people, since they constitute the largest number of physically disabled people in any age group. This Act highlighted the responsibilities of local authorities under the National Assistance Act of 1948 to promote the welfare of handicapped people. It became the duty of local authorities to find out the numbers of disabled people in their area, to publicise the services available and (amongst other things) to provide home help where necessary.

iii. Post 1971

In 1968, the Seeborn Committee was set up to examine local authority services due to concern about the lack of a co-ordinated approach to the welfare of the family [appendix B, doc 7] (1). On the recommendations of the Committee, the implementation of the Local Authority Social Services Act in 1971 transferred the home help service (along with the meals service, and aids and adaptations) from the Health Department and brought it under Social Services Department management. On a theoretical level, this move reflected the growing belief that it was possible to distinguish between services that were social and those that were medical (Means and Smith 1985, p338). At a practical level, it

offered greater potential scope for the interweaving of the service with the residential, counselling and advisory facilities also available in social services departments, and with the voluntary sector. Clarke claims that the change brought with it very little disturbance to the domiciliary services or a reduction in the quality of service to users (Clarke 1984, p46).~ However, evidence suggests that the road towards practical integration of different services has proved a difficult one (Goldberg and Connelly, 1984) and that home help organisers were justified in their scepticism concerning improved training and recognition (Dexter and Harbert 1983, p48).

In the same year that the above act was implemented, the DHSS released a circular, Help in the Home 53/71, giving advice and suggestions about the organisation and practice of home help and related domiciliary services [appendix B, doc 4]. This was only the second circular produced since 1948 which dealt specifically with the home help service. The first, Circular 25/64, merely indicated that the home help organiser was "essential" and should be skilled in the assessment of need. The second was arguably a more comprehensive document. Some of its recommendations are still regarded as "innovative" in some quarters (Goldberg and Norman 1984, p44): for example, the government recognised that the majority of those supported by the home help and domiciliary services were elderly people and argued for the authorities to provide this service not to individuals but to households. This introduced the idea of home help as a form of preventive help. It also helped to provide practical assistance to relatives caring for elderly people and went some way to reinforcing the social and caring rather than purely domestic nature of the service (Clarke 1984, p40). Additionally, the Circular recognised the need to expand services for old people, and it advocated in-service training for home helps and organisers. This was the first guidance to emerge from the DHSS on the

qualitative side of the service. Unfortunately, overall the contents of the Circular still appeared "vague"; it offered "general encouragement without specific proposals" (Hedley and Norman 1982, p4).

Since 1971, local authorities have again been asked to make long-term plans in the provision of health and social services. Circular 35/72 was issued by the DHSS in 1972 requesting ten year plans, and giving quantitative advice on provision. For the first time, the government attempted to set specific national levels for services: concerned with calculating staff-client ratios, the DHSS arrived at a figure of 12 full-time home helps (480 hours) per 1,000 elderly users (a guideline still in force at the beginning of this piece of research). In 1976, the guideline for the home help service was fifty per cent short of the requirement. It still remains unmet. A CPA report dealing with key issues in service provision of home help points out that, in arriving at their figure, the DHSS had failed to take into account two important factors: these were namely the growing numbers of those aged over 75 - especially the very vulnerable elderly people in their eighties and nineties - and the very wide differences in local authority policy and management practices. Hedley and Norman suggest a guideline of roughly 15 (15.1) home helps per 1,000 elderly as a more realistic figure. They also recommend that the DHSS give better advice on the training of organisers to ensure a more consistent standard of assessment (Hedley and Norman 1982, p5).

An Audit Inspectorate report, published in 1983, set out the contributions of the various social services to satisfying the needs of elderly people, but (as in Circular 53/71) details were very general [appendix B, doc 14]. The home help service was presented primarily as a practical service, though it was recognised that home helps may provide security for old people as well as seeing to their nutritional

needs. The inspectorate also noted that personal care may be given by specially trained home helps, but concern with the extent to which an elderly person is able to "mix" within the community - "connectability" - was deemed to be minimal.

In 1985, the Audit Commission - the former Audit Inspectorate - released a second report extending the coverage of the first and focusing on value for money of services for elderly people [appendix B, doc 15]. The Commission found the home help service to be particularly weak in its management of services: for example, in some authorities home helps were judged to spend too much time travelling at the expense of service levels, leading to accusations of waste in provision. The report recommended that authorities introduce appropriate systems to support the most effective use of available home help hours and gave guidelines. It also suggested that authorities have an up-to-date strategy for meeting the anticipated growth in demand for services to elderly people over the next decade which be reviewed and updated at least once every four years.

The Griffiths Report 1988 is the latest study to carry recommendations for the home help service [appendix B, doc 17]. In the light of the steady increase in the numbers of people over seventy-five, the report predicts little likelihood that the professions will be available in the numbers required to cover all aspects of community care. It therefore proposes the creation of a new occupation of "community carer" to provide personal and social support to dependent people and suggests that this post might be an extension of the role of some home helps. This suggestion, of course, has implications for the training of home helps and the (semi-)professionalisation of the service.

Community Care

A history of the domiciliary services is not complete without consideration of the concept of community care and the part it has played in shaping government thinking. Why? I have shown the purpose of the domiciliary services to be the provision of help to people in their own homes so that they can remain there as long as possible. Very simply, the basic idea of supporting people in their homes lies at the heart of the notion of community care. Approached thus, the idea of community is not a recent concept but has featured in public policies since the Second World War. In a speech given during the debate on the second reading of the National Assistance Bill in 1947, Alice Bacon expressed a hope that hot meals services, and health and nursing services should be available to elderly people "so that as many old people as possible will find it easy to go on living in their own little homes" (quoted in Sumner and Smith 1969, p24). The Phillips Report (1954) similarly supported the idea of elderly people remaining in their own homes wherever possible. Although it placed primary emphasis on the importance of "family ties and the spirit of good neighbourliness" (The Phillips Report 1954, p70), domiciliary services were put forward as an alternative to institutional care.

Early proposals for community care policies for elderly tended people to be couched in emotive terms, as Alice Bacon's patronisingly twee language clearly illustrates. Townsend summed up the ideal imagery of the "little homes" of elderly people in the following way:

Home was the old armchair by the hearth, the creaky bedstead, the polished lino with its faded pattern. the sideboard with its picture gallery, and the lavatory with its broken latch reached through the rain. It embodied a thousand memories and held promise of a thousand contentments (Townsend 1963, p38).

Titmus referred to the term as "the everlasting cottage-garden trailer" (Titmus 1968, p104).

The concept of community care is much more complex and political than appears at first sight, however. Although economic cuts, as such, were not imposed on the health and social services until the mid-seventies, as early as the 1950's arguments in favour of community care as a positive economic policy were clearly emerging: that is, community care was realised as a possible means to reduce financial pressure on the state. For example, a committee set up to examine the economic and financial problems of the provision for old age argued for a swing of finance away from residential care to services which would help old people to stay at home longer. This, they believed, "would be conducive to the happiness of the old people enabling them to remain active members of the community and", they added, "might well be cheaper" (Report of the Committee on the Economic and Financial Problems of the Provision for Old Age Cmnd 9333, HMSO 1954, para 265, quoted in Clarke 1984, p11).

Strong roots of support for policies of community care are effectively to be found in recommendations made in the fifties and early sixties by the Ministry of Health on the care of the mentally ill (cf Royal Commission on the Law Relating to Mental Illness and Mental Deficiency 1957, p207; Mental Health Act 1959; Ministry of Health, 1961). Here, the desire for community care germinated partly as a result of advances in medical and social skills, but also as a response to the growing expenditure of local authorities on the mental health services. The various developments in national policy during this period (see above) made the realisation of community care for elderly people more of a practical possibility than it had been up to this point; while Townsend's attack on the policy of providing communal homes for old

people and his recommendations for the expansion of domiciliary services reiterated the idea (Townsend, 1964). In addition to Townsend's empirical studies, the theoretical work of Goffman and publications like Sans Everything generated a feeling of anti-institutionalisation in the sixties (Johnston and Challis 1983, p97) which fuelled a new change in public attitudes recognising people's rights to live among 'ordinary' people in the locality. 'Community care' became an established term and was popularly supported.

Sumner and Smith suggest that at this stage there was still some confusion as exactly what community care meant, however: sometimes it seemed to relate to services to keep people out of hospital, while at other times it seemed to relate to services to keep people in their own homes as long as possible (Sumner and Smith 1969, p42). It also referred to the facilitation of discharge from institutions. But whether a policy of non-institutionalisation or de-institutionalisation, the task of the home help service was essentially the same: to give support wherever necessary to those elderly people living at home.

The Seebohm report played a major role in the extension of community care policies to all areas of local authority service provision. The Report was produced by a committee set up in 1965 "to review the organisation and responsibilities of the local authority personal social services in England and Wales, and to consider what changes are desirable to secure an effective family service"(p2). To best achieve the latter aim, the Committee located the community as both "the provider and recipient of social services". It recommended the establishment of a single social service department in each authority as part of the effort to direct services to individuals, families and groups within the context of their social relations with others [appendix B, doc 7]. The outcome of the Seebohm Report was the 1970

Local Authority Social Services Bill. According to Crossman, the aim of this Bill, as far as elderly people were concerned, was to avoid, wherever possible, moving people to old people's homes. Means and Smith argue, however, that:

Most local authorities failed (a) to reduce their reliance upon residential care; (b) to concentrate the domiciliary services upon those most at risk; and (c) to develop schemes which encouraged 'family' and 'community' support for frail and sick elderly people (Means and Smith 1985, p345).

Standards for the domiciliary services are laid down by the Department of Health and Social Security. In a series of DHSS publications since the mid-70s, various governments have examined the place and role of elderly people in society and the services needed to support them in their own homes. All have strongly favoured the concept of community care, and have continued to stress the importance of the domiciliary services as a means of providing such care [appendix B, docs 8-13]. However, recent government responses to current economic trends have brought about cuts in spending in the public sector. While not reducing the level of domiciliary provision, these cuts have had the effect of curtailing social service plans laid down in 1972. That is, there has been a failure to increase resources in line with inflation and need. There has also been a change of tack vis-a-vis arguments concerning community care. Earlier papers failed to note the possibility that providing domiciliary services to enable an elderly person to live at home may cost more than a hospital bed. Community care was put forward as the most effective strategy, relieving hospital and residential services by caring for people in their own homes (DHSS 1977). However, in a handbook produced in 1981, "Care in Action", the DHSS pointed out that community care was not necessarily cheaper than care in an institution. Its response was to stress the "essential contribution of

the voluntary sector and in particular the variety of ways in which people can help care for others in the community" (DHSS 1981a, p21). This point was reiterated in the report of a study on community care published later that year:

...families, friends and neighbours make an essential, and the organised voluntary sector an important, contribution to providing more cost-effective community-based alternatives to long-term hospital or residential care (DHSS 1981c, p4).

Emphasis was placed on care being given not just in the community but by the community (2), and the more expensive services such as home help were to go only to those "in greatest need". If it did not explicitly spell it out, the report strongly suggested that increasingly community care was translating into care given by family and friends.

In the government White Paper Growing Older, the role of the domiciliary services was underlined as being one of support for the informal carers of elderly people: "voluntary bodies and private individuals should be able to rely on the wholehearted support of the public services" (DHSS 1981b, p59). This emphasis was a response to recognition of the fact that - as major studies had shown, and indeed, continue to prove - the majority of dependent elderly people living in the community are supported by family or relatives (cf Hunt, 1978; Abrams, 1978 and 1980; EOC, 1980 and 1982a and 1982b; Nissel and Bonnerjea, 1982; Wenger 1984 and Wright, 1986). That government economic policy was increasing the number of informal carers by effectively denying them the option not to care was thus masked by the suggestion that family care was the "natural", and therefore preferred option. As Alan Walker points out:

It is no coincidence that policy makers' recent discovery of the family coincides with a period when the government is seeking to 'reduce the size of the public sector (Walker 1982, p 32).

Stress on the contribution of the informal and voluntary sectors has remained a key policy theme since the publication of the White Paper. Judge et al have predicted that, in view of the rapid increase in the numbers of dependent people aged over seventy-five and living alone, providing adequate care for such people will soon exceed the cost of providing residential care (Judge et al, 1983). Given such predictions, the direction of emphasis is unlikely to change. Indeed, two of the most recent reports to appear on the subject of social services for elderly people and the concept of community care have been published by the Audit Commission (1985 and 1986), a body concerned with increasing cost effectiveness in local authority services [appendix B, docs 14 and 15].

In March 1988, the Government released a major report on community care [appendix B, doc 17] based, in large part, on the findings of the Audit Commission, 1986. Led by Sir Roy Griffiths, the team who produced the study were briefed "to review the way in which public funds are used to support community care policy and to advise on the options for action that would improve the use of these funds as a contribution to more effective care" (p.iii). The report maintains that if community care means anything, it is that responsibility is placed as near to individuals and their carers as possible. Perhaps surprisingly (in the light of the Government's hostility to local government) it advocates a central role for local authorities in the planning and delivery of community care for elderly, handicapped and mentally ill people. This, argues Griffiths, is the most appropriate suggestion, since the main need of dependent people living in their own homes is practical - cleaning, shopping, getting dressed - rather than medical. Griffiths stresses that he was not asked to comment on the appropriateness of levels of resources for community care. However, his emphasis is on

councils as enablers rather than providers of care and the role of the informal sector is, once again, highlighted:

Families, friends, neighbours and other local people provide the majority of care in response to needs which they are uniquely well placed to identify and respond to. This will continue to be the primary means by which people are enabled to live normal lives in community settings (p5).

Moreover, Griffiths also assumes that growing numbers of people can and increasingly will pay their own way in old age:

Many of the elderly have higher incomes and levels of savings in real terms than in the past. This trend will continue as the coverage of pension schemes grows. This growth in individually held resources could provide a contribution to meeting community care needs (p22).

Conclusion

Hedley and Norman have described legislation relating to home helps as "loosely worded" (Hedley and Norman, 1982) and, indeed, from the foregoing review, it is clear that local authorities still lack centrally-provided detailed guidelines for provision which are tied to demographic statistics relating to the very old. Recent reports have been concerned to encourage social service departments to draw up clear statements of the aims and policies of the home help service, and they offer suggestions on how it may be managed more effectively. Despite recommendations for the creation of a new post of community carer, however, there is no list of tasks or plans concerning training, and the State continues to take no lead in the area of eligibility for home help. At a more general level, the cost-effective imperative of the Government has shifted the emphasis of policy away from the community as a setting for care (back) to the community as a source of care, while Griffiths's proposals for experimentation with voucher or credit schemes

suggest sights are being set on the future privatisation of the social services.

FOOTNOTES

1. See Means and Smith (1985, chapter 7) for a detailed account of the debate about who should administer and control the various welfare services.
2. This distinction was first coined by Bayley MJ (1973), Mental Handicap and Community Care, London, Routledge and Kegan Paul.

CHAPTER 3: Domiciliary Services in Salford

Above I have outlined the development of domiciliary services at national level. At local level, however, there exists considerable variation between authorities both in policies relating to elderly people and in the nature and amount of services provided for them (see Walker 1985a, ppl7-18). The purpose of this chapter is to review current Social Service policy relating specifically to domiciliary services for elderly people in Salford. The chapter begins with a very brief general history of welfare provision for old people in the city.

A Brief History of Welfare Provision

Perhaps the earliest record of welfare provision in Salford begins with the Booth Clan. In 1630, Humphrey Booth established a trust fund from lands in central Manchester to provide for the poor. As this property increased vastly in value, it established something akin to an elementary welfare state for the people of the area during the grimmest stages of the Industrial Revolution.

In 1974, when the new Salford district was formed, the city adopted the motto of the borough of Swinton to replace its former motto. The words below the civic badge read "salus populi suprema lex" - "The welfare of the people is the highest law". The city claims to seek to uphold the motto through its statutory health and social services.

A special concern of Salford in the twentieth century has been with elderly people. As early as 1927, the first accomodation for them,

the Homestead, was opened. The city carried out the first total survey in any town of all people of pensionable age, and it took five years to locate all 21,600 of them. It then set about providing them with social services. In 1955, the Companionship Circle for the Elderly was inaugurated with the close cooperation of the Welfare Department and it organised services such as ensuring that the 4,000 elderly people who lived alone were visited at least once every six months. In addition, Salford became the first local authority in the country to complete its approved scheme for accommodating elderly people. Since then, several more housing projects specifically for elderly people have been completed (Greenall, 1974).

Domiciliary Services

The Domiciliary Services section of Salford Social Services is geared towards helping people to remain in their own homes and their own familiar neighbourhoods. It provides a range of facilities to the residents of Salford including home helps, meals on wheels, luncheon clubs and the domiciliary laundry service. These services are assessed, allocated and managed by home help organisers. Organisers are responsible to the Principal Domiciliary Services Officer whose task is solely concerned with the overview, management and development of the service.

In common with all the activities of the various social services departments, the domiciliary sector aims to provide a preventive service. The service is described as "primarily a caring service whose concern is the welfare of the client", while its specific aim is "to enable the client to remain comfortably in his/her own home as long as possible" [appendix C, doc 2]. Priority is given to "those persons no longer able to look after themselves", amongst whom elderly people

constitute by far the largest category. It is not the intention of the service to replace the help of kin and/ or friends and neighbours but, where they are also involved in caring, to offer them support with or temporary relief from the caring process.

1. Patch system ~

The domiciliary services, like the social work services, are patch-based. Salford is divided into ten patch areas: Kersal, Blackfriars, Swinton, Little Hulton, Walkden, Eccles, Irlam, Claremont-weaste, Ordsall and Langworthy. Teams operate from these areas and are overseen from the headquarters of Salford Social Services at Swinton. With the exception of Swinton and Eccles, to each of the patch areas is allocated a single home help organiser. Swinton and Eccles are both roughly double the size of the other patch areas and so are managed by two home help organisers (1).

The patch system was adopted by Salford Social Services in support of a policy of decentralisation and a desire to adopt a community oriented approach to social work. The overarching aim of the patch system was to "personalise" the Social Services Department to the public and other helping agencies (above all, the Health Service agencies - health visitors, nurses, GP's, consultants, geriatricians, psycho-geriatricians etc - but also clergy and elected ward councillors), and to make the resources of the Department easily accessible locally. It also operates to achieve a considerable saving in time.

In 1984, all services delivered locally by patch teams were brought under one management source. A team leader was appointed to each patch to co-ordinate the various services delivered at the local level (and to

liase with the Health Services). The appointment makes explicit the close tie between the work of the Domiciliary and the Social Work Services who often work with the same clients.

Each patch area contains an average of two wards. The boundaries of the individual patch areas were drawn to correspond as closely as possible to the boundaries of the respective wards incorporated therein. On paper this produces ten neat patch areas. In administrative terms, however, it means that total case-loads are unevenly distributed amongst organisers. Table 3.1 reveals how the number of old people living within the boundaries of a single patch area may vary from as few as 140 in Ordsall to as many as 688 in Kersal, an area which, in theory, is managed by just one home help. In practice, to achieve a more equal weighting, boundaries are much more fluid than their mapped representation suggests. That is, to produce total case-load numbers that are roughly equal from patch to patch, home help organisers may deal with referrals that lie outside the geographical bounds of their area. Thus, for administrative purposes, the Blackfriars patch extends into Kersal, Ordsall into Langworthy, and (what I have chosen to call) Eccles East into Claremont-Weaste.

ii. Frequency and amount of services

Table 3.1(2) shows how the elderly population of Salford is spread out over the ten patch areas. Out of a total population of 45,272 aged sixty-five and over, 5097, or 11.26 per cent, are visited by a home help: this represents an average of just over one in every ten. The table also shows an average waiting list of 7 elderly people in each patch, though the figures vary from 0 in Swinton, Claremont-Weaste, Ordsall and Langworthy to as many as 20 in Walkden (3).

Table 3.1

Allocation of home help service to old people by patch team - 31 March 1984

Patch Team	Popn aged 65 and over	Home Help Allocation No. Cases	No. hours	No/100 People aged 65 & over Cases	Hours	Waiting List
Kersal	5543	688	1591	12.41	28.7	11
Blackfriars	2393	358	720	10.78	30.1	9
Swinton	7608	822	2050	10.80	26.9	-
L/Hulton	3028	393	1315	12.98	43.4	15
Walkden	5344	445	1376	8.31	25.7	20
Eccles	7219	889	2411	12.31	33.4	12
Irlam	3805	465	1460	12.22	38.4	5
Clar/Weaste	5336	429	1058	8.04	19.8	-
Ordsall	1988	140	512	7.04	25.8	-
Langworthy	2997	568	1760	18.95	58.7	-
TOTAL	45272	5097	14253	11.26	31.5	72

The frequency of home help visits to users may vary from once a fortnight to daily or even twice daily visits, including weekend and evening cover (4). Similarly, the amount of help provided ranges from as little as one hour each week to as many as forty. Each elderly user has an average of 2.8 hours of help each week (table 3.2). This amount has decreased since the beginning of the eighties when the average number of hours of help given weekly to each user was 2.83.

As in all local authorities nationwide, home help services in Salford take the lion's share of social service department spending on the domiciliary care of elderly people. Nearly 10 per cent or £1,523,000 of a total social services budget of £15,931,000 is spent by Salford on the home help service. In turn, in comparison with the different categories of people using home help, elderly form by far the largest, as indicated in table 3.3. Over 90 per cent of people currently using home help are aged sixty-five and over. Of these, 32 per cent are aged between sixty-five and seventy-four, while the largest group, those aged seventy-five and over, constitute 68 per cent of the total number of home help cases. This compares with the year 1974 to 75, when old people formed 87 per cent of cases using home help, 39 per cent of whom were aged sixty-five to seventy-four, and 61 per cent aged seventy-five plus.

After 1975, there was a turn down in home help provision in line with financial restraints and the service was extensively re-allocated to people deemed most in need. Table 3.4 shows more explicitly just how resources may be managed when they do not increase but the need for them arises. In this instance, criteria for the service became stricter: people who previously had a service (in particular, chronically sick and disabled people aged under sixty-five) could no longer have it in order that the increase in frail elderly people could be managed.

Table 3.2 Variation in no. of old people and average weekly
allocation of home help over 3 years

	1981-82	1982-83	1983-84
Number of old people receiving weekly help	5037	5071	5097
Weekly total hours of home help	14253	14253	14253
Average hours per person (per week)	2.83	2.81	2.80

Table 3.3

Categories of persons having help (as DHSS returns)
in the years from 1974 to 1984

	1974 -75	1975 -76	1976 -77	1977 -78	1978 -79	1979 -80	1980 -81	1981 -82	1982 -83	1983 -84
Under 65 years: Chronically and Severely H'capp	514	377	396	355	351	299	n/a	314	292	372
Mentally Ill	24	16	20	36	29	40		32	36	36
Mentally H'capped	11	6	5	8	6	9		9	14	9
Maternity	28	21	6	13	7	9		10	11	14
Others	150	103	90	88	100	143		107	103	147
Total under 65	727	522	417	500	493	500		472	456	578
Aged 65-74	1978	1963	1689	1818	1946	1848		1744	1672	1717
Age 75+	3050	3080	3120	3350	3421	3478		3872	3980	3707
GRAND TOTAL	5755	5565	5226	5668	5860	5826	N/A	6088	6180	6022

Table 3.4

Variation in home help service over 10 years

	74-75	78-9	Variation from 74/5	83/84	Variation from 78/9	Variation from 74-
Under 65						
Chronically sick & disabled	514	351	-163	372	+21	-142
Mentally ill	24	29	+ 5	36	+ 7	+ 12
Mentally Handicapped	11	6	- 5	9	+ 3	- 2
Maternity	28	7	- 21	14	+ 7	- 14
Others	150	100	- 50	147	+47	- 3
Total under 65	727	493	-234	578	+85	-149
65-74	1978	1946	- 32	1717	-229	-261
75+	3050	4321	+371	3707	+286	+657
GRAND TOTAL	5755	5860	+105	6002	+142	+247

iii. Home Help Organisers

a. Activities

As noted above, home help organisers are responsible for the assessment, allocation and management of domiciliary services. In the course of their work they must maintain close liason with other members of the patch teams and statutory and voluntary bodies [appendix C, doc 1].

Decisions about the amount and frequency of home help to be given to individual people are made by the home help organiser. They are made largely on the basis of a subjective assessment of domestic and social need. Forms dealing with user ability and covering, amongst other things, manual dexterity, mobility, sensory impairment, continence and mental state provide guidelines [appendix C, doc3], but, as Hedley and Norman have found, these written and codified criteria seem to be used more as a recording instrument than as an aid to assess need or priority (Hedley and Norman 1982, p12).

Organisers are also involved in the interviewing, supervising and training of home helps. The number of home helps that an organiser is entitled to employ is defined by the number of hours allocated to her respective patch. The entitlement of the separate patches is based on user need or demand, taking into account the number of people using home help registered in each patch. The number of users and level of service given to each user in each patch appears to be affected, to some extent, by historical factors such as the hours available and the sort of people helped in the past (5).

If the statistics are considered over a ten year period (table 3.5) it can be seen that overall in England the average number of cases handled

Table 3.5 Comparison of Salford home help service statistics with averages for authorities in (a) England and (b) Greater Manchester

AVERAGE NUMBER OF (per authority)	ENGLAND		GREATER MANCHESTER		SALFORD PATCHES	
	1974-75	1982-83	1974-75	1982-83	1974-75	1982-83
Home Helps (WTE)	351.8	443.0	319.0	356.0	315.8	338.0
Organisers	13.6	19.7	11.6	14.2	13.0	12.0
Cases	5301	6347	4496	6163	5755	6108
Cases in Year Helped per Organiser	390	322	388	432	443	509
% Change Cases/ Organiser	-17.4%		+11.3%		+14.9%	

by each organiser has gone down by 68. By treating local authorities separately, however, figures reveal that this average rises in Greater Manchester by 44 and in Salford by 66. In parallel to this, the average number of organisers has gone up in England by 6 and in Manchester by 3, while in Salford it has gone down by one (though the appointment of two new organisers since 1984 will, of course, have changed this (1)). Home help organisers in Salford in 1983 thus dealt with an average of 509 people each. It has been estimated by the Social Services Department that at any one time, organisers struggle to provide help to an average of 425 people while supervising 50 home helps. Were organisers to deal with elderly users alone, this would still leave their case-load well above the average figure of 250 recommended by the Institute of Home Help Organisers.

In addition to dealing with new referrals, it is also the responsibility of the home help organiser to carry out regular routine visiting of users to assess continued need and suitability of service and hours given. There is no written policy specifying exactly how often these visits should be made: one organiser claimed that they were expected to pay reassessment visits to users every three months, another believed the frequency expected to be once a year. According to their total estimates, the average time lapse between visits to elderly users is approximately twelve months. However, this figure hides the fact that a person with (for example, medical or housing) problems may, for a time, be visited every week, while other "routine cases" may be left "indefinitely" (7). If the services are judged as no longer necessary, or more urgently required for another person, it is the task of the home help organiser to withdraw help.

All organisers rely on home helps to report any changes of circumstances in the people they visited. Most home helps call at the area office once

a week to collect their pay and organisers promote this occasion as an opportunity to discuss users' circumstances. Alternatively, organisers can be reached by telephone. Where possible, as a time saving strategy organisers use the phone to check up on users.

b. Training

As for training, Salford Social Services do not make it a prerequisite of employment that home help organisers have official training. Neither is attendance at a training scheme compulsory, although organisers are encouraged to apply for training (indeed, four spoke of having received such training). Guest speakers are also invited to monthly meetings of organisers, and a planned programme arranged by the departmental training section keeps staff up to date with general changes in social services knowledge. Of those I interviewed, most organisers had prior knowledge of how the home help service operated: one had worked previously as a home help, four had worked their way up to their positions, having entered the social services as typists, clerks or home help assistants. Four more had become members of the Institute of Home Help Organisers since taking up their positions (one of these was the Secretary of the North West branch at the time of interviewing). Although all defended their ability to carry out their duties without formal training, it was felt by a significant number that the professionalisation of the organiser's role was an inevitable next step for the future of the service at their level (6).

iv. Home Helps

a. Activities

Flexibility is the keynote of departmental policy as regards the work of the home help. There are very few hard and fast rules on the kind of

work home helps are expected to do. Their responsibilities are simply described as "domestic "duties [appendix C, doc 2] or "all the usual household duties" [appendix C, doc 8]. Home helps are also expected to make a note of physical or mental deterioration in a user. Written instructions concerning the tasks which home helps are forbidden to perform are more numerous: for example, they are not allowed to wash large arrears of laundry, clean unoccupied rooms and outside windows, or to clean inside windows more than once every six weeks (8). Neither are home helps allowed to carry out nursing duties, though exactly what is meant by the term "nursing duties" is not specified [appendix C, doc 2]. Although not written into official policy, home helps in Salford are also warned not to perform tasks (in a manner) which involve(s) the risk of injury: for example, standing on chairs to clean windows or the tops of cupboards. Organisers may arrange for home helps to go into "very neglected" houses and to attend people with infectious diseases. In these instances, special rates of pay are given.

b. Recruitment

In contrast to the situation which existed nationwide on the sixties and seventies, the local authority of Salford experiences few, if any, staff recruitment difficulties. On the contrary, all organisers have long waiting lists of applicants for the post of home help. One home help organiser claimed to have a waiting composed in part of applications made as long ago as 1981. Another, who reported that she had not given out an application form for twelve months, made the comment that "Everybody wants to be a home help in this area".

Home help organisers explain the popularity of the post as being due to two factors. The first is highlighted in chapter one: namely, the general decline in industry and the overall level of unemployment.

Above all, with the closure of factories and mills and large-scale redundancies in the textile industry, for many years a major source of female employment in Salford, women from semi- or un-skilled jobs have been turning increasingly to the public sector sphere for waged labour. A part-time post in the home help service has proved particularly attractive to women bringing up young children. The second factor, which accounts for a more recent, though more minor spate of applications, is the upgrading of the post of home help, both in terms of status and pay, to a level equal to that of care assistant.

Organisers reported taking on very few home helps who were unsuccessful on the job. That is, the major reasons for posts becoming vacant are retirement, ill-health, or the movement of employees to live outside the area. Very few women leave to go to other employment or because they do not like the job of home help. Home helps may be asked to leave their jobs if they have broken the rules of their contract in some way: for example, forging users' signatures, stealing from them, or consistently failing to visit people for the amount of time indicated on the time sheet are all sackable offences.

c. Employment

Form 6/1/17 issued by Salford Social Services lists the essential qualities to be possessed by applicants for employment in the home help service [appendix C, doc 9]. Home helps must be aged between twenty-five and fifty-nine. Home help hours are particularly attractive to women with school-age children. Consequently the form stipulates that applicants with children aged under ten years must be able to prove that they have access to adequate child care facilities. The fact that the majority of home helps employed by Salford Social Services are mothers suggests that organisers do not encounter insuperable problems

resulting from employees' domestic and child care commitments. Other than this, the qualities looked for differ very little from those sought by a large number of employees: applicants are expected to be of sound health, to demonstrate flexibility and to be able to undertake their duties without close supervision. The standard letter sent by the Department to referees of applicants, describes the post of home help as calling for "honesty and integrity, the ability to care for the client's welfare and home and a sympathetic and understanding awareness of the needs of the elderly and handicapped".

It is generally assumed that most home helps will retire when they reach retirement age, but retirement at sixty is not compulsory.

d. Training

Home helps are a dispersed workforce, working alone in other people's homes with a minimum of supervision. In an attempt to reduce this isolation and to prepare home helps for the varied aspects of home help work, Salford Social Services run an induction programme for new employees. The scheme involves briefing sessions in the role of the home help and instruction in basic safety methods and emergency procedures. In her first week at work, the new home help is sent out with an established home help. During the second week, when she works alone for the first time, the home help is visited at work by the organiser who may offer support, assess the home help's performance and provide the opportunity for question and discussion.

Apart from the induction scheme, home helps attend training courses arranged by the training section of Salford Social Services. In the past, training courses, held at a local college, were spread out over six weeks: home helps were given day-release once-a-week for the duration of the course but attendance was not compulsory. The courses

proved largely unsuccessful, however, the reason being the time span between sessions which was generally felt to be too great to sustain enthusiasm. Acknowledging the increasing need for some sort of training for home helps as the service moves more from charring to caring, Salford Social Services has recently introduced a brand new programme. Now training is compressed into a week's block course, held at a local day centre. Four courses are run each year, and it has been made compulsory that home helps attend a training session within the first year of their appointment. Amongst other things, the programme includes a series of talks and discussions on the role of the home help service and of the home help, on basic first aid, on health and safety at work and on aids and adaptations for the disabled. Home help organisers reported finding the new training courses to be more successful and better received amongst the home helps. According to their estimates, an overall average of 70 per cent of home helps in Salford have received training of some kind (although estimates varied from as low as fifty percent in one patch to 90 per cent in another).

The Domiciliary Services Section of Salford Social Services has also noted a need for the provision of advanced training within the home help service (especially in light of the new intensive hospital discharge scheme (1)). However, at the time I was conducting my research, basic training alone was fully occupying the training resources available to the Department. Moreover, like Sumner and Smith (1969, p234), I did encounter a degree of caution amongst some home help organisers relating to the fear of, in one organiser's terms, "over-qualification" of home helps. That is, they viewed the caring tasks involved in general day-to-day home help activity as requiring "common-sense skills" and did not want to reduce the flexibility of the service or to discourage

potential applicants for the job with suggestions of professionalisation.

Finally, in addition to the induction and training programmes, home helps compulsorily attend less formal meetings held three or four times a year within their respective patches. Organisers make use of these meetings to distribute protective clothing and time-sheets. Any changes in Social Service policy can be discussed, as can events or changes taking place locally (for example, the building of sheltered housing for elderly people). Often guest speakers from various bodies (for example, the Health and Social Work Services) are invited to speak to home helps, particularly about their work with elderly people.

e. Clothing

Salford Social Services Department issues home helps with special clothing to protect them while at work. They are given overalls, rubber gloves and, in situations where they are called in to clear out extremely dirty houses, masks and hats, and disposable plastic gloves, aprons and covers for their shoes. Home helps also receive a yearly clothing allowance towards the cost of a coat and footwear. It is not a policy of the Department to issue home helps with a uniform or badge.

v. Old People

Heading the list of classes of people to which home help is supplied are old, and infirm and chronic sick people, especially those living alone or with other elderly people. Although listed separately, categories are not, of course, mutually exclusive: for example, elderly people figure amongst those who are physically and mentally handicapped, and amongst those people using evening help or night sitting services.

A certificate is not necessary for an application for home help, though all applicants are visited by the organiser before she sends assistance. Exceptions to this rule are made for people requiring help in an emergency, due to illness, for example. Salford Social Services do, however, operate a charging policy for home help. Organisers assess the income and savings of new referrals. Those elderly people receiving supplementary benefit automatically get free home help, otherwise the amount paid is determined by a sliding scale system. Only a very small percentage of elderly people in Salford pay for the home help they receive (at the time of interviewing, under 4 per cent of all users paid the maximum charge of £1.80 per hour, while the majority, over 92 per cent, received home help free of charge). Most organisers claimed that they (would) continue to give assistance to elderly people needing help but failing to pay for it.

Summary

On the basis of the review presented in this chapter, it seems safe to suggest that the Domiciliary Section of Salford Social Services has produced reasonably clear and comprehensive general statements of aims and objectives for the service and guidelines for practice. The emphasis is on providing a preventive, flexible service to help people remain in their own homes. The major weakness in departmental policy is in the lack of criteria by which resources are matched to the needs of an area (though this question has recently been addressed by the department, see footnote 5). In light of current pressure on local authority resources, there is also, perhaps, room for a greater degree of formalisation in the processes of assessment and reassessment. But it is not my aim here to suggest solutions to how these problems may be overcome. Instead, the purpose of this chapter, along with the

and 2, is to pave the way to an examination of the aims and objectives operating at grass roots level within the service. In part two of my thesis, my concern is to examine the values and expectations of the home helps who deliver and the old people who use the service.

FOOTNOTES

1. At the same time I began my study, two new organisers (funded by joint financing with the Health Services) were taken on to cover discharges from hospital and to provide a sitting service (with some peripatetic duties) since it was proving too much for the patch organisers to plan and maintain such services in addition to their many other tasks. I limited my fieldwork contact to the organisers and home helps attached to the ten patch teams, however. This was mainly due to the fact that the two organisers did not take up their posts for some months after their appointment. By the time the wheels of the respective services were set in motion, the period I had 'allocated' to fieldwork was effectively drawing to a close and I chose not to extend it any further by carrying out additional interviews. I would like to see future research directed towards an exploration of these services, however, since they provide a level and type of help which is often far more intensive than that provided by patched-based home helps, particularly with respect to the hospital discharge scheme [appendix C, docs 4 and 5], and which effectively provides the strongest challenge to the image of the home help as a mere skivvy (see chapter 5).

2. Tables 3.1 and 3.2, and tables 3.3, 3.4 and 3.5 show different totals in the number of elderly people in Salford receiving home help. This is because tables 3.1 and 3.2 are based on figures, as submitted by patch teams, which were recorded on a given day each year - in this case 31 March 1984 - and apply to the situation on that day alone. Tables 3.3, 3.4 and 3.5 are based on DHSS returns and indicate the total number of users who received help in the year.

I have chosen to use figures for the year 1984 since this was the period when the majority of my fieldwork was conducted.

3. Of course, the number of elderly people waiting for home help can vary from week to week. Several home help organisers reported noticing seasonal increases in referrals for help: Christmas time was a particularly busy time, when elderly people sought help with shopping or cleaning their homes. Indeed, one organiser interviewed in the week before Christmas had a waiting list of thirty new referrals).
4. I was not able to obtain an overall breakdown of figures to indicate the relationship between age, disability and amount of help used.
5. Since 1984, a new scheme has been introduced in an attempt to rationalise the allocation of home help hours. The scheme, which came into effect at the end of 1985/beginning of 1986, uses census information to determine the number of people aged sixty-five and over living in each of the ten patch areas in Salford. Hours are then allocated per head of population, allowing some flexibility to accommodate for variations across patches in severity of handicap and therefore in degree of need.

At the time of introduction, a number of home help organisers - chiefly those consequently being forced to manage a reduction in the number of hours allocated to their respective patches - expressed a fear of what Bleddyn Davies has referred to as "bureaucratisation" of the service (Davies 1981, p57).

6. Indeed, at the time of interviewing, Salford Social Services were planning a number of training exercises with home help organisers to enable them to consider their management function most effectively.
7. Only the week before the interview, one home help organiser had noticed that an elderly person had not been visited for ten years. The organiser, who had been in her post for less than two years, commented:

"If I had time I would like to go from A-Z in the files. If they're quiet, you assume there's no problems so you leave them".

8. The reverse applies to policy concerning evening and night help: that is, the criteria determining what a home help may do are listed in detail, while the rules which prohibit employees from carrying out certain tasks are limited and open to interpretation. I have included the relevant documents in the appendix [appendix C, docs 4 and 5], though I stress again that this study concerns itself chiefly with the day care given by home helps to elderly people.

PART TWO

DEPENDENCE: A Framework

In the introduction, I suggested that the process of assigning dependent status on the basis of age and caring status on the basis of gender are both social and not biological constructs. Therefore, before we speak of care, provision and services, there are basic questions to ask about the role of both the older generations and women in our society, and about the meaning and purposefulness in life for them.

But what exactly do I mean by socially constructed status?

The Structured Dependency of the Elderly

Townsend and Walker have both spoken of the structured dependency of old age (Walker 1980, 1982a, 1983a, 1983c; and Townsend 1981, 1986). The growth of the elderly population might go some way to explaining the shift in the balance in society from the very young to the very old. Townsend and Walker believe, however, that dependency is primarily the product of a particular social division of labour and structure of inequality rather than a natural concomitant of the ageing process. Social policies, they argue, are one of the means by which such societies are made more rigidly age stratified defining the boundaries of old age, its membership and social status (1).

According to Townsend and Walker, the key to understanding old age lies in the context of the process of production, in the narrow financial goals of capitalism and in particular, its constant need to increase

profitability. At the heart of the socially engineered dependency of the elderly is the aim to make easier the removal of older workers from the labour force. Since work is the main source of economic status in all industrial societies, once outside the labour market, old people occupy a relatively deprived status. Social policies occupy a central role in the creation and management of that dependency. How?

Retirement is, perhaps, the most obvious basis for dependency. Retirement is of such a universal status that it has come to be socially defined as the marker of old age. But it cannot be explained by changes in the prevalence of ill-health or disability. Instead, retirement is a means of excluding workers from the labour market, and therefore from access to earnings, using age as a criteria for exclusion. This results not only in life-cycle dependency (in a functional sense), but, for a large number of men and women, it also means economic and financial dependency (2) since they must rely, in full or in part, on (meagre) state benefits.

But what of policy to do with the care of the elderly? When we think of elderly people depending on others for care and assistance, we usually conceive of their dependency in terms of physical, social and psychological incapacity (2). Of course, neither Walker or Townsend denies the correlation between disability or dependency - especially at the extremes of total dependency. But, as Walker has pointed out (1982a), the link is not as clear cut as, for example, the classifications based on 'dependency' scales might suggest. Such functional measurements ignore the significance of two factors: firstly, the interaction of disability and environment; and secondly, dependency as a social relationship or the mediation of social factors between disability and dependency.

In the first instance, we can see that a severely disabled elderly person, living in adapted accommodation and using a variety of (expensive) aids to daily living, may not be severely dependent on another for care. In the second instance, we must recognise that, since it is a social relationship, dependency is shaped and structured by social forces in the social organisation of groups and institutions, social values, norms and policies. So the decision for elderly people to become (more) dependent - in this case to seek domiciliary support - may be determined by family circumstances or the values and expectations of those working within the domiciliary services as much as by medical condition or degree of disability.

Social policy, of course, directly influences the dependency of elderly people by determining levels of provision (no money, no home aids). Its affect may also be less direct, though with consequences which are equally as great. Townsend argues, for example, that the institutionalisation of retirement and pensions has greatly influenced not only public views about the dependence of old people, but also professional and service relationships. When social workers come face to face with disabled elderly people, they assume they do not possess the means to overcome their problems themselves and do not resort to the advocacy of self-reliant strategies (Townsend 1986).

Home help, as one of the community services, helps to foster and deepen public images of elderly people as dependents:

The duties of home helps ... are often heavily circumscribed and, because they are often rationed severely as well, they become less relevant to personal needs and more the token gestures of a public authority to people who are perceived as passive recipients of services. The organisation of services as 'preventive' services, or as services which involve a great deal of collaboration on the part of family, friends and other members of a local community, and the organisation of programmes which promote recovery of health and morale and the substitution of new for lost activities are still rare

examples among the activities of social service departments (Townsend 1986, p42).

Townsend and Walker's arguments are not without their problems. A question which immediately comes to my mind, is whether this thesis applies only to the British Isles, or whether, in fact, structured dependency is to be found in all capitalist societies (and what of socialist ones too)? This question, perhaps lies outside the scope of my relatively narrow focus, concentrating as I do on domiciliary services within one local authority.

What, then, of the issue of the creation of dependency? Accepting Townsend's all-encompassing definition of social policy (1), can policy actually manufacture dependency? Most old people who seek help from the domiciliary services have some sort of impairment which prevents them from performing certain tasks compounded by an absence or restricted sources of help. Social policy, by rationing provision, may deny or limit realisable or existing sources of help and thus perpetuate need. But, in this instance at least, to claim that policy is 'manufacturing' dependency is a different matter. Home helps may perform tasks which old people are capable of doing for themselves. Is it that they are 'creating' dependency or are they, in fact, reducing or removing independence by failing to provide the support and encouragement necessary for the elderly person to perform the task alone? Looked at in another way, circumscribed provision results in circumscribed independence. The issue is one of relativity.

Graham Fennell argues the need to begin by looking at the concept of independence and the values attached to it before we can explore structured dependency (Fennell, 1986). Townsend himself has pointed out that, within the domiciliary services, "What is neglected is the social structure and psychology of independence and interdependence"

(Townsend 1986, p41) (3). Certainly there is a need to examine what ensures people's independence throughout the life-cycle rather than simply exploring factors behind dependency. We must also remember that - whether we couch our discussions in terms of dependence or independence - old people are still individuals, each with her or his own unique set of experiences. Old age, like gender, may be structured in the sense that it affects large numbers of people. However, it does not necessarily follow that individuals are powerless to resist.

The questions which a theory of structured dependency lead me to ask therefore reiterate issues raised earlier concerning elderly people's everyday experiences of so-called dependency: does the formal application of dependent status through terms such as client or recipient fit with elderly users' perceptions of their situation? Do elderly people view these formal dependency relationships as being open to negotiation? If not, are they "reluctant dependents" seeing themselves as suffering a loss of self-esteem and stigma? Is there a gender difference in answers to these questions?

The Structured Dependency of Carers

A further problem with the theory of structured dependency as it is baldly set out above, is that it tends to cast service providers in the role of "oppressor" without acknowledging that their actions may equally be shaped by social and economic factors over which (they feel) they have little control. Indeed, at work it is the home help organiser who is ultimately responsible for assessing need and determining the amount of help given to elderly people, though both home helps and organisers are forced to work with predetermined and very limited resources. It possible that the limitation of individual freedom by

home helps is one way of maximising output - or making sure things get done - in a situation where time is in short supply. If this is so, elderly men living alone will be more likely than elderly women to be given help with tasks that they could do for themselves. Service providers may be unconsciously guided by the assumption that men are less likely than women to be able to cook or clean for themselves. Nevertheless, it is true that significant numbers amongst the current generation^{of} elderly men do not possess these domestic skills and home helps do not have the time to teach them from scratch.

On a wider level, Walker has pointed out that the majority of carers, as women, in fact share a dependent status with old people which is determined in large measure by the patriarchal state (Walker, 1983a). This description usually applies to married women (though not necessarily just those who are not in paid employment) and is related to the life-cycle of need, particularly child-rearing and its concomitant financial dependency. So, on the one hand there is the dependency relationship between elderly people and their home helps and on the other, the dependency relationship between the home help and her husband.

The issue of the dependency of women carers has been taken up by Graham, who describes the sexual divisions in health as being "as deep rooted and pervasive as the class divisions traditionally associated with Western societies" (Graham 1984, pp. 58-59). Within the family, it is women who are responsible for maintaining the home and rearing the children, while men are responsible for securing the family income. Despite their greater participation in paid employment in post-war years, married women still retain the major responsibilities for family health. Unemployed men may take on more chores, but they do not necessarily share the responsibility, the job remains the women's.

Beyond the family, the labour market similarly differentiates between "men's work" and "women's work". Women are involved in paid work which matches their unpaid domestic work, which incorporates traditional female responsibilities: cleaning, cooking, clothing and (last, but by no means least) caring. Such jobs typically have few resources: they are characterised by low pay and security and few prospects. Moreover, women are disproportionately represented among part-time workers. The main reason is because of their home responsibilities "of which caring for children has the first and lasting impact on their employment profiles" (Graham 1984 p65).

Clare Ungerson has produced several articles based on her research in the field of women's paid work and the "caring capacity of the community" (1983b; 1985a; 1987). She likewise has examined the social context of care. She frames the question of why women care in terms of the costs and benefits for women of paid versus unpaid labour as mediated by the labour market and by social policy (1983b). Ungerson agrees with Graham when she finds the answer to lie in a combination of ideological and material factors. The ideological factors emanate from the widely accepted belief in women's primary role as doing for the good of others (chiefly, their families at home). Internalised by male managers, the ideology doing good and of housework and women's place within it has a material impact on women's paid work which in turn serves to reinforce that very ideology.

As with elderly people, so too with carers social policy helps to shape dependency in this case by reinforcing the sexist nature of the labour market. Ungerson points out that, given the nature of ideologies of the sexual division of labour, it is unlikely that men can be persuaded to take on the task of caring for the nation's elderly. Moreover, material factors in the labour market combine with these ideological

factors to make doubly certain that women will continue to carry out these tasks (Ungerson, 1985).

The novelty of Graham and Ungerson's respective approaches, as I have shown above, comes from their insight into the taboos and symbolic boundaries which hold women in these positions as carers. In other words, there are very powerful cultural rules which operate in the sphere of caring and maintain women's dependency. Here too then, issues raised by the structural dependency thesis draw us back to questions raised earlier to do with the social, economic and ideological factors which lead women to become home helps and which shape the nature of domiciliary care given to elderly people and the relationship between elderly people and their informal carers. Do home helps, for example, feel a desire to be depended on (as a means of achieving status?) and, if so, does this rob elderly people of independence? Again, I feel it important not to lose sight of the individual. As Graham (1983) stresses, the contours of caring are constantly shifting so that caring cannot be understood objectively and abstractly, but only as a subjective and (I would add) individual experience.

In sum, the structured dependency thesis helps to explain the socially constructed status of old people and home helps. But, as I stressed earlier, to the extent that they can be separated, ideological factors influence status as much as social and economic ones and deserve to be given equal weight. Moreover, we must not make the mistake of focussing solely on the practice of policy without considering the experience of it. We know little about the experience of home care from the perspective of the home help who is caring or the elderly person being cared for. Recording individual experiences should reveal that

not all those involved in 'dependency' relationships are or see themselves to be powerless. Where they are, individual elderly people and home helps experience powerlessness to varying degrees. In part two, I present the findings of my fieldwork investigations with these issues in mind. In effect, the four chapters constitute an exploration of dependency as it encompasses the lives and relationships of old people, men and women, and women home helps. In part three of my thesis, I consider what part the state occupies in creating and legitimising the dependency of both groups, and explore the possibilities of non-ageist and non-sexist forms of community care.

FOOTNOTES

- 1 . By social policy, Townsend and Walker mean not the limited set of measures designed to alleviate and meet what are seen to be the problems which arise from a natural individual senescence. Rather, here they are referring to policy as the principal initiatives and forms of management of societies as a whole conditioning public attitudes to the elderly, shaping public expectations of behaviour and status, and fashioning the opportunities which individuals actually find are open to them in particular situations and places.
2. Walker has outlined a taxonomy of four different usages of dependency, and a fifth to explain dependent status in old age (Walker, 1982 & 1983a). The five different conceptions are: (i) life-cycle dependency, which encompasses all of those not taking part in productive work; (ii) physical, social and psychological dependency/incapacity, most commonly used in studies of people in

residential institutions (see Townsend 1981, p113); (iii) political dependency, which is used to refer to a curtailment or restriction of freedom on the part of an individual to determine his or her own course of action; (iv) economic and financial dependency, indicating reliance, wholly or partly, on the state for financial support; and (v) structural dependency, which is used to describe the structural denial or restriction of access to a wide range of social resources, including income.

3. Writing over twenty-five years ago, Townsend implied much the same thing when he observed:

Instead of criticising old people's obstinate refusal of institutional care we should perhaps marvel at their tenacious expression of independence (Townsend 1962, p123).

Home Helps

CHAPTER 4: Becoming a Home Help

In the next two chapters, I explore the values and expectations surrounding the role (1) of home helps and their work in caring for elderly people. With gender as a central focussing point, I attempt to elucidate answers to the question of what 'being a home help' means. The investigation involves examination of social, economic and ideological factors, as well as the psychological and historical processes which together help to bring about and shape the caring relationship.

Faced with this not undaunting task, perhaps an obvious place to begin is to turn to the questions of why women become home helps and how they anticipate their role in caring for elderly people. These inquiries go some way to unpacking the background assumptions and experience which women bring to the job, as well as their subjective feelings and material circumstances.

Clare Ungerson (1987) has shown that the basis on which individuals become informal carers is both material and ideological. There are similarly certain material factors - position in the labour market, household resources and the life-cycle of the carer - which encourage women to care formally; and there are ideological factors, such as the dominant view that women should behave in a caring manner, a view which extends into the sphere of paid employment.

This division of motivations into the material and the ideological, Ungerson confirms, is rather a crude dichotomy: each set of factors is

mediated by the other. In this chapter, I begin by examining the material foundation to the motivation to become a home help: the economic climate and the life-cycle position of women in Salford. This inevitably includes reference to women's position as housewives and mothers, and their position as paid workers. Their family role is an important consideration in the employment of home helps who are largely drawn from a population of otherwise unqualified working-class women. The domiciliary services are based on a model of informal care which derives from ordinary social life. I therefore go on to explore the extent to which women justify their reasons for becoming home helps in terms of this model. An important theme in both discussions is the testing of the "vocational" character of home help as one of the caring jobs fulfilled by women. Finally, I attempt to show how these different interests and perspectives influence the anticipation of a role as a home help.

Reasons for Becoming a Home Help

Looking back to the beginning of my research, I realise that I had expected most women to explain why they had joined the home help service in vocational terms (2). That is, I assumed that they would attribute their decisions to become home helps largely to the desire to help old people. Indeed, this was the most frequently mentioned factor given by 57.5 per cent of the women in Marks' study (Marks, 1975). It was not that I was unaware that economic factors make it essential for large numbers of women, especially those with children (3), to work. Indeed, recent years have seen a rising tide of academic interest, amongst feminists in particular, in the subject of sources of income for women and the allocation of resources within marriage (cf Land, 1975, 1976, 1978; Pahl, 1980; Pahl, 1984). Hilary Land stresses the fact that the

majority of families depend on the earnings of both husband and wife, even if the wife's contribution in most instances is smaller. (In 1980, it averaged 28 per cent of family income.) The General Household Survey in 1979 found that only 20 per cent of economically active married men supported a dependent wife and children (Land, 1985). But, as Gillian Dalley (1988) has argued, naming "career", "sucess" and "money" (4) as working goals is still legitimate for men rather than women. Paid employment is still a "forbidden" public sphere, and as a result, women therefore tend to rationalise their choice of work in the public sphere by expressing a desire to "care" which fits in with their supposed passive nature and roles.

i. A desire to help others

What I found was that home helps did indeed speak of wanting to help or meet people but it tended to be in very general terms:

- I wanted to do something worthwhile for a change.
- Because I like working with people mainly.

Of the fifty-four home helps interviewed, only five pointed to the desire to work with elderly people as a specific reason for taking the job. Of these, two alone felt encouraged by their own experiences of caring for elderly relatives.

- I had my mother when she was ill, she was dying... Well, it was after that when I fancied doing it. I've always got on with old people you know.
- Well, I looked after my grandmother for two years and you get something out of looking after old people, so I transferred from one job to the other. From welfare to home help.

Interestingly, one woman wanted to become a home help because of her inability to care for her elderly parents: it was a means of relieving her feelings of guilt:

- My parents were old and I wanted to be a kind of substitute really, they lived so far away I couldn't look after them...I wanted to do something.

Other women indicated informal caring roles that they had held or were undertaking, though emphasis here tended to be placed on the relative usefulness of this experience to the job. These experiences were rarely offered as reasons for becoming a home help.

ii. Income

Instead, home helps put much more stress on the material necessity of paid employment as reason for taking up their posts. One woman became a home help because she wanted to care but "couldn't afford to do it voluntarily". Another home help explained:

- With two nippers, we can't afford to manage just on what my husband brings home.

"Well, we need the bloody money, don't we?", was the laughingly given if rather blunt answer I received on one occasion.

The harsh economic climate in Salford had clearly affected the circumstances of a number of home helps. Several reported looking for posts within the social services following redundancy from jobs in factories and small businesses which had closed or cut back their workforce.

- I got made redundant from a job I had and I just went down to the office and applied for a job and started right away.

Not all women in this situation had necessarily looked for a job as a home help:

- I got made redundant and I tried for a care assistant but that was taken, and I tried this. Well I knew somebody on it and they were all right and, let's face it welfare is the only place where there's any jobs, so I thought well...

A handful of home helps indicated that they were single-parents and that their wage was the only source of salaried income. One woman, who described herself as the family breadwinner, had a husband who was physically handicapped and unable to work. As well as her disabled husband, she cared for and supported five children: one toddler, three school-age children and an unemployed teenager. At the other extreme, another woman was widowed and lived alone, her children having married and left home. Elaine was the only home help I met who was in the role of breadwinner because her husband, Bill, was unemployed. However, she envisaged her position as being strictly short-term. Bill had lost his job only two weeks previously and hoped to move to another shortly. If he did not, Elaine would leave her job. She explained:

- I don't get paid that much as it is, and what benefit's left after they've accounted for my wages really doesn't make it worth it at all. But if he's moving to another job soon, I'd rather not give in my notice now in case I can't get another job - we need the money for the kids. But if he doesn't get this job he's been promised, then, yes, I'll think about leaving.

A few women claimed to have moved to jobs in the home help service to increase their earnings. For example, one woman, who had previously worked as a school cleaner, said she found the money very useful in meeting the growing demands of her two teenage children for clothes, records and "spends" (pocket money).

In short, material factors obviously played a crucial role in home helps' reasons for working and few interviewees hesitated to reveal economic motivations. At a glance, this could seem to suggest that caring functions were a secondary part of the picture. Infact, it was quite the contrary: home helps were expressing a desire to look after others, but, in the majority of cases, those others were principally

their husbands and/or children rather than elderly people in need of domiciliary support.

iii. Hours

This being so, I was still left with the question of why interviewees had applied for posts as home helps as opposed to seeking other forms of paid employment: the home help who had taken the job because she thought she was "too old" (she was in her fifties) to find a job elsewhere was clearly in the minority, as were the two women who had joined because they were bored at home (though, in the context of women's work in general, these responses were, perhaps, not so unusual). The primary reason, it soon became clear, lay in the convenient working hours which could be arranged to fit in with family responsibilities. Indeed, this was easily the feature most frequently mentioned by home helps. In the interview situation, more than 50 per cent of women listed the choice of flexible hours as the major reason for becoming home helps. Fifteen specifically stated that they had sought part-time hours to fit in with caring for infant and school-age children (5).

A - When I started it was a matter of me not liking the home help. It was a matter that the hours suited me for my kids because they were little.

B - Well, I think that's what it was with me, because I'd always done part-time from starting when the children were younger, and you automatically stick to part-time.

P - Well I did it because it was convenient at the time because I have a little boy and I could work the hours...

Q - I think that's why a lot of girls come into it, because of the hours, they're very flexible.

R - You can be there with your children before they go to school and be there when they come home, can't you? Without them being left on a latchkey kind of thing."

- I started as a home help because the hours were convenient for the children coming backwards and forwards from school. And the money, the necessity to go to work and the home help was the only option where you could please yourself what hours you worked.

One home help looked after her disabled son:

- Well my son was handicapped, he was 16 years old, he was spina bifida. So I left my former job because this was more convenient for the hours.

Another two home helps were caring for their elderly fathers:

- Well I had to bring my father who was 88 to live with me and I thought it would just be handy to work 'til lunchtime and I was in the area.
- It suits me because I look after my dad who's poorly, so the hours suit me fine, just the mornings.

Other women explained their attraction with respect to their previous employment: for example, one woman had come from a job as a canteen cook, where, doing overtime, she had frequently worked seven days a week. She complained at being unable to spend a whole day with her husband and children. Similarly, two women had taken on shift-work as cleaners another as an auxiliary nurse but all found that unsociable hours meant that they spent little time with their families. In every case, the interviewee praised the flexibility of home help work in terms of hours, though the convenience of working locally was mentioned by others:

- I thought I'd try the home help because it was nearer home, the kiddies school and everything. Kept you based where you lived, and there were no buses to catch, so I thought it was better.

The importance of part-time hours to fit in with family responsibilities cannot, it seems, be overstressed. It is consonant with national trends. The General Household Survey found that while 54 per cent of women with dependent children worked, 34 per cent of such women worked

part-time, compared with only 15 per cent who worked full-time (OPCS, 1983). The younger their children the more likely were women in paid employment to seek part-time hours.

In short, caring ideologies played an important part in determining the reasons why women became home helps, but not chiefly in the way I had imagined. For it was through their influence on women's attitudes to their family rather than to elderly users of the domiciliary services that they had greatest impact. That is, the majority of women saw their 'primary' roles as housewives and mothers. Becoming a home help first and foremost meant the (better) fulfilment of these private roles. At a time when women's commitment to their families was often at its highest, the job of home help was a means to meet material demands - to pay essential bills in low-income families, and to purchase so-called 'family luxuries' such as children's clothes and other goods and services which higher-income families take for granted. At the same time its flexible nature ensured that women were still free to carry out the practical activities involved in caring for kin.

Amongst those interviewees living in a dual-income household, especially where there were young children, the real economic aspects of the job of home help tended to be subjugated to the flexibility it offered: for example, a number of women believed it particularly important that their children did not come home from school to an empty house. Their response can, perhaps, be explained by the fact that women's contribution to caring is still defined in practical (and emotional) terms rather than economic. Sue Sharpe refers to the "lingering illusion of the peripheral nature of women's earnings and their marginality to the economy" (Sharpe 1984, p15).(6). Those women who saw themselves as 'breadwinners' were no less likely to emphasise

practical commitments, but they tended to place more stress on economic factors.

Whatever the patterning of priorities, the implication for the domiciliary services was that women were far more likely to become home helps to fulfil the specific demands of caring for their families rather than a general desire to care for the elderly (7). In most cases the latter objective was a secondary consideration:

- I was doing office work part-time, which was all right as long as the children were at school, but the biggest problem is the school holidays - at the time they were only very young anyway. And then you get to a stage where you have to rely on neighbours if you're not near enough to your own family, and so I gave that up for a while and then I thought, well ... I'd already got to the stage where I was beginning to resent putting the amount of effort I was doing in a part-time job for what then would be small amounts of money really. And I suppose ... you feel as though you're lining somebody else's pockets and yet you're not doing anything that's worthwhile.

indeed, in the interview situation, it appeared, on occasions, to be added as a retrospective rationalisation, an afterthought:

- I'd like to work with the public, and I think that's another reason why, or probably maybe I could have found another job that would suit those hours.

iv. Qualifications

A final reason remained as to why women became home helps which was a lack or absence of formal qualifications. Interviewees did not go into detailed explanations for this lack. It was my judgement that most came from the sort of working-class background where little importance was placed on education for girls whose future was expected to be dominated by their roles as housewives and mothers. While the majority had been previously employed, it was in a limited range of jobs (see (9)). Interviewees had typically held posts elsewhere in the public service

sector or in factories, shops or offices. Home help work not only offered flexible hours but it also demanded no formal training.

Skills and Experience

Given that their reasons for becoming home helps were largely to do with caring for family rather than for elderly people, compounded by a lack of qualifications, I was interested to know just how these factors influenced interviewees in the anticipation and construction of their roles. To begin with, what were the implications for the skills and experiences which home helps brought to their jobs. Women were obviously aware of the organisational characteristics of home help work, but what of the practical features of caring for elderly people? Did interviewees have prior experience in this respect? How did this experience, or lack of it, shape the background assumptions and common-sense knowledge, as well as the subjective meanings which women home helps brought to the role of home help?

i. Caring for old people

A handful of women said they had looked after old people prior to becoming home helps and they acknowledged the part this experience had played as regards their work. As noted above, two interviewees were encouraged to apply for their jobs after caring for elderly kin. Another woman drew on her experience of caring for both her father and her mother-in-law to anticipate her role as a home help. Indeed, the fact that she had been a witness to her father's gradual decline into a state of mental confusion - in the four years prior to becoming a home help, and in the seven years since - had enabled her to develop a successful and exclusive role caring for and supporting confused elderly people.

- My dad is seventy-seven years old and confused and I go every day except Sunday, when we're having a meal... I know what the old people that I go to and their families are going through because I've had it eleven years with my dad, and with him being confused as well I find that Mrs E [the home help organiser] sends me to all the confused ones because I'm used to them and I cope with them. And it has helped me a lot yes.

However, perhaps in part because so few women had found themselves in the position of caring for an elderly person prior to becoming home helps, the experience was not considered to be crucial to the construction of a successful role. Just as much weight was given to caring for a disabled son:

- I'd got a physically disabled son, and I think if you've got somebody that's virtually dependant on you, I think you're inclined to see other people's points of view and other people's needs. I don't know if anybody does have anybody, but if you've got somebody that's virtually dependant on you... It's very hard work, but I also think it gives you a different insight to life, different things become more important to you, and peoples' needs become more apparent to you.

A small number of home helps had found themselves in the position of caring for elderly kin since joining the home help service. However, while interviewees were not uninterested in the reciprocal influence of this new development on the role of home help, its significance tended to be subsumed under a primary concern of how to fit in caring for an elderly dependant with the demands of work, and home.

- I've got an elderly mum that I keep an eye on now, that's capable of doing most things herself. But she lives [locally] and I usually have to go only once or twice a week just to keep an eye and do jobs that she can't manage. I do the windows regularly, and washing down paintwork, keep those sort of things clean for her, but she copes quite well my mum. She's seventy-six and she does very well really.

ii. Knowledge of home help service

Since direct experience of caring for elderly dependants appeared to be useful but not crucial, was prior knowledge of the home help service a key factor in the process of becoming a home help?

As it turned out, none of the interviewees said they had made use of the home help service, either directly for themselves or as a source of support in caring for elderly relatives, prior to becoming home helps for the first time. Only two women had applied for their jobs without any knowledge of what was involved in home help work, however. A significant number of women had learned of the job through informal contact with other home helps. In a small number of cases these home helps were friends, neighbours and relatives. One woman, Maureen, had followed her mother into the service and, infact, they sat side-by-side in the interview. More commonly, women learnt of the job from casual acquaintances.

- I used to speak to a home help in Kwik Save. I thought she didn't work. I brought it up, you know I said 'Don't you work?' She said 'Oh yes', I said 'Well I often see you in here', she said 'Yes, I'm on the home help'. And I thought, 'Ooh, I'd like to do that, you know, get about, see different people.'

A large number of interviewees, under the sway of certain push and pull factors were actively encouraged to apply to the service by the above named. Two women, who were looking for jobs following redundancy, had applied for their posts at the recommendation of others. One of them explained:

- When I was working I used to go to work with a lot of home helps and I used to get talking about the job. Someone said it was quite a good job and why don't you apply for it. And I went and they said 'We'll take your name and address' and that

was it. And they sent for me and I was working in a fortnight. I've been doing this area ever since...

Others knew far less about the job and set about applying for a post in an even more casual manner:

- A lady told me about it, she'd just applied, and I thought 'Well, I'll come down' but there was a waiting list so I just left my name and I never gave it another thought... 'til Mrs Z [the home help organiser] came round...I didn't know much about the service, I'd heard of it though. I didn't know what it involved.

Indeed, three other members joined the service after failing to secure preferred jobs elsewhere - all had applied for posts as auxiliary nurses, two in local hospitals, the third in a day care centre. They took the job of home help instead since the skills required were perceived to be similar.

In sum, while the majority of interviewees had possessed an idea of what was involved in domiciliary care, the extent of their knowledge varied quite considerably. Almost without exception, women had obtained information from secondary sources (Maureen had accompanied her mother once or twice on visits to elderly people). Few, it seemed, had a grasp of the finer details of the job. Just as the experience of caring for an elderly dependant was not perceived as essential to the construction of a role as home help, neither was detailed knowledge of the work of home helps.

iii. Positions in the home and labour market

As I hinted above, what most women drew on in the anticipation of their roles were, in fact, the same knowledge, skills and experience which organisers sought and which they offered at interviews, the sources of which lay in their positions as housewives and mothers and, where relevant, former positions held in the labour market (8).

In terms of previous employment, quite a high percentage of women had, at one time, been employed in other posts within the public services sector as hospital domestics, nursing auxiliaries and assistants, cooks and dinner ladies, nursery-nurse assistants, and welfare assistants and supervisors. Others had worked as waitresses or as cleaners in schools, offices or pubs. Notions of what being a home help might involve were often built on experiences gained from these jobs. Domestic and general nursing skills, in particular, were felt to lend themselves well to home help work.

- Yes, well, I was asked to do it by Mrs W - she was organiser before Mrs Y and she knew me - so I took it up. But I had done a cleaning job before that, cleaning jobs and looking after old people. I used to have a next door neighbour that was a district nurse and I used to go in and do all her cleaning, and I thought that would stand me well.

Of those women who worked as welfare supervisors, two indicated that they had been based in homes for elderly people. While a third interviewee left her job as an auxiliary nurse in a geriatric ward to become a home help.

- Well I worked at Ladywell looking after the geriatric side on nights, and it didn't suit me, the night shift, so I just sort of finished and carried on going in the home help service for the elderly.

Those interviewees who had not worked in the public services sector had commonly held jobs in factories and shops - as machinists and assembly-line workers, and as shop assistants - or in other semi- and un-skilled posts (9). While all home helps referred to general, common-sense knowledge of cleaning and caring activities, this latter group of home helps, without the formal experience of the first, placed more stress on domestic and tending skills acquired through their positions as housewives and mothers, both to secure jobs and to anticipate guidelines for their work. In the words of one home help:

- When I filled in the application form it's got on 'What experience have you had?' and I just put 'Housewife for how many years'.
- I've not had an elderly person to look after. I should think that home helps that have, they're more aware of what the elderly need, especially when they're sick. But I had looked after the kids and my husband and I thought that would be enough...

There existed, then, a crude division amongst women based on the sources of experience available to them from which to secure and anticipate, and, by implication, to construct their roles. However, cross-cutting this was another division based on the types of experience from which they drew. In this case, what mattered more was the point in time at which women joined the service. The average period for which interviewees had been working as home helps was seven years, though this varied from twenty-three years at one extreme to three months at the other. Independent of length of service, all interviewees realised the importance to the job of home help of non-personal care activities - cleaning, washing and shopping. It tended to be amongst more recent recruits to the service, however, that tasks of personal care - helping clients to wash and dress themselves, for example - were given relatively equal weight (10).

It should be stressed, however, that these divisions were not deep or of a major significance to interviewees. The general picture was of a group of women amongst whom first-hand knowledge of caring for an elderly person - either formally or informally - was limited. Most anticipated roles based chiefly on a mixture of cleaning and caring skills generally available to them as housewives and mothers. This is consonant with the findings of a study of the home help service set in the London borough of Merton, where home helps "looked upon their jobs as similar to that of a housewife and considered that all (sic) that was

required of them was to do in their client's homes the same thing as they did in their own homes" (11). Interviews with organisers suggested that the process of recruitment did little to challenge this perspective (12). Evidence for this emerged in the comments which organisers made about the qualities they looked for in home helps:

- Attitudes are most important, if that comes across at the interview then there is no problem. A caring nature is important: someone who observes if a client is deteriorating - someone not narrow in outlook, who does not see the job as just cleaning, though that is important too, of course... I ask if they have had any experience of caring for neighbours, relatives, voluntary work etc...
- They've got to be able to cope with people, and to be understanding. Yet we're looking for somebody who can be a bit firm as well - they can't be manipulated by the clients because clients can be a bit demanding. But the caring approach really... Often someone who has brought up a family or who has looked after grandma or their own parents, that sort of experience of life really. We don't normally look to anyone who's too young, although young people can sometimes be very good. But on the whole I suppose the middle-age group is about the best really.

One organiser described women as being suitable to the job because they were "traditionally more domesticated". The qualities most frequently stressed were general social traits of flexibility and reliability, sympathy and compassion, and common-sense rather than formal skills or educational qualifications:

- Someone who could display some element of compassion, with a genuine interest in the welfare of people. I am particularly concerned to employ someone who had cared for someone somewhere, than someone who had come out of a radically different job.
- Education is not important as long as they can read and write... They must be old enough to be reliable but not too old to be flexible in their attitudes to work.

Generally older women (thirties to fifties) were preferred to younger ones: they were thought to be more likely to possess the desired qualities and experience without being "restricted" by very young

children. One organiser, who looked for "a nice, soft, gentle, happy person", admitted to "checking up on" potential recruits by driving to where they lived to look at how they kept their houses and gardens.

Summary

The picture presented by women was of a service which encouraged the recruitment of "dependent housewives and mothers with the attributes of good womanhood" (Bond 1980). A desire to care for the elderly played a secondary role to these features. As I was to find out, this had consequences for home helps which studies have rarely acknowledged. The next chapter considers some of those consequences.

FOOTNOTES

1. I use the term 'role' throughout my thesis, not in a rigid, sociological sense, but rather as an umbrella term for what would otherwise have to be categorised as the various features of being a home help.
2. For details of interviews with and observation of home helps at work see Annex.
3. In Great Britain in 1980, 65 per cent of married women and 56 per cent of women with dependent children under the age of 16 were 'economically active' (Martin and Roberts, 1984)
4. My emphasis.

5. When transcribing tapes of group interviews with home helps, it was not always possible to identify individual speakers. For this reason most quotes remain 'un-named'. Where I use quotes involving the words of two or more interviewees, those interviewees are given initials to identify them as separate speakers rather than as individuals. In a handful of cases, home helps are 'named' (and brief biographical details given): this is where I am sure of the identity of the speaker.

Similarly, I have avoided statistical analyses. This is because separate answers from all fifty-four interviewees were deliberately sought and faithfully recorded for only a handful of key questions (see fieldwork chapter). Otherwise, interview sessions were largely unstructured, and, in large part, of a 'free-for-all' character, though I attempted, as far as possible, not to allow individual figures to dominate conversations or to 'speak for everybody'.

6. It is not quite so easy to separate out economic and ideological factors as this statement suggests. That is, some women might have stressed the importance of caring for their children themselves because childcare facilities were inadequate and they could not afford to pay childminders to look after their children for them.
7. One organiser expressed surprise at the number of applicants she "weeded out" at interviews because of "their negative attitude towards old people".
8. A majority of home helps had been employed in at least two other jobs.

9. Amongst those women who ^{had} worked in factories, most were employed as machinists, weavers or assembly line workers (usually assembling electrical goods, though one was a plastic welder, while a second put together packages of plasters and bandages). In terms of shop work, the majority were shop assistants with the exception of two women who were manageresses. One interviewee had her own hairdressing business while another ran a newsagents and confectionary shop with her husband. A handful of women were employed in offices in clerical posts. Two more had jobs as post-ladies. Finally, other individual occupations named included basket-maker, hand-sewer, bank-clerk and betting-shop assistant.
10. This may be explained by the fact that women who became home helps from the sixties onwards to the mid-seventies - approximately a quarter of interviewees - joined the service at a time when home care was still largely equated with the performance of domestic tasks. The move towards de-institutionalisation had been initiated, but community care policies were very basic and elderly people requiring care of a personal nature, and without informal support, continued to be found residing in homes and institutions. Since then, numbers of such elderly people being cared for in the community have grown with the result that home help work has increasingly included care of a more personal nature. There has been a trend in the social services to move (as one newspaper headline declared) "From charring to caring" (The Guardian, 2 October 1985). Those interviewees who had joined the service from the late seventies and early eighties onwards, approximately a quarter of the interviewees, were more likely to anticipate a role which included personal type care due to the influence of these developments.

11. "The Home Help Service in the London Borough of Merton", Clearing House for Local Authority Social Service Research, 1976, No. 6.,
quoted by Bond (1980, p13).
12. Some applicants for the post of home help have little previous employment experience, and many seek a job after a considerable interval during which they have been looking after their families. Discussions may, therefore, concentrate on current family responsibilities rather than on previous work experience. The interviewer will seek to learn whether the applicant can organise herself to run a home smoothly, and whether she appears capable of adapting herself to the needs of different households. If she can be encouraged to talk about her family and her neighbours she will express her personality and reveal whether she is friendly, kindhearted, tactful, and tolerant (Dexter and Harbert 1983, p160).

CHAPTER 5: The Process of Caring

In the previous chapter, I looked at the reasons women gave for becoming home helps and the experiences they brought with them to the role. In this chapter, I look at the process of caring: what home helps actually have to do in terms of non-personal and personal tasks, how they feel about doing those things, and how they feel about the elderly people they care for. Here I use Parker's terms "tending" and "caring" to show how the distinction between caring for and caring about appertains to the work of home helps. Home help is a kind of domestic labour: it involves the work of looking after those who cannot do certain things for themselves - cleaning, washing, shopping, preparing food. But home care cannot be understood objectively and abstractly in terms of these activities alone. As it became clear very early on in the course of each interview, their work had a personal significance for home helps to which they felt it important to draw my attention. Below, I make the distinction between the two transactions in order to tease out their finer details but, at the same time, I have tried to show how interviewees fitted them together to construct models and rationales of their caring relationships.

Background

Of the 54 interviewees, 46 (87 per cent) worked part-time, seven (13 per cent) worked full-time. Most worked in the mornings only, although all said they were obliged to take their turn to provide weekend cover for very dependent elderly people. At the time of interviewing, with

the exception of four women, all home helps had case loads composed entirely of elderly people. The number of households visited each week averaged at five to six, and most households were visited twice weekly.

Job Expectations 1

- I don't think you realise what it entails 'til you actually do it. Anybody can tell you what it's like, but you don't realise 'til you actually do it.

Having discussed their reasons for becoming home helps and the experiences they drew on to secure and anticipate their roles, interviewees were very quick to indicate the extent to which the job did not match with their initial expectations both with respect to the activities they found themselves called to do and in the way they felt towards the elderly people whom they visited. I examine women's relationships with elderly users of the service later. Here I concentrate on the tending activities involved in their work.

In terms of light housework and tasks such as shopping, most women found their assumptions about the job to be correct. What struck many (independently of length of service or orientation to cleaning or caring) was the degree of squalor encountered in some homes:

- A - I think people are so different. You don't expect what you come across as you walk in people's homes, you expected it either to be nice and clean and very nice people; but obviously, it's not like that in real life. Some of them can be very nasty and their homes are a bit 'choice' shall we say.
- B - Yes, those up Coundon... maggots all over the place.
- C - I didn't realise people were so bad, you've no idea of the scale of things.

They were surprised at the subsequent amount of heavy housework involved in their work. Marks similarly found that only a quarter (26 per cent)

of home helps in her study thought that the housework element would include more than just light cleaning (Marks, 1975).

A number of women who had joined the service more recently expressed surprise at the proportion of time devoted to cleaning work:

- Yes, I didn't realise the cleaning part was so important. I thought the other side of the job was more important - the pension, shopping, feeding, what-have-you.

Conversely, other home helps had not expected to do more personal tasks:

- It's more caring... I thought it was just housework and shopping, but you do get more involved with them, such as seeing to the bills and the money and things like that.

Some women noted how, since they had first joined, the service had changed in ways which they had not expected, commonly involving them in personal care or 'nursing' duties:

- We didn't do changing an old person, things like that, we did none of that. That was the nurses' job... A lot of them are stuck in a flat now... The old people are left and the responsibility goes on the home help. I mean, there wasn't many people that had home help twice a week, was there? It was perhaps once a fortnight just for the cleaning.

Emptying commodes for old people was a task which many home helps had not anticipated would be part of the job:

- At one time we never had to empty commodes. That used to be the nurses' job. Our job now is becoming more involved than what it ever used to be. As I said, it was just two things when I first started - shopping and cleaning. But now it's emptying commodes, or doctors, running for prescriptions, making beds.

Others said that they were preparing food for an increasing number of old people unable to fetch themselves even simple snacks.

None of the interviewees reported being unable to fulfil these unexpected demands, rather women were simply unprepared for them:

- My very first job, my very first client... I arrived at this lady's house all on my own to find two commodes which hadn't been emptied for a week, one of them was overflowing. I thought, 'Gawd Deidre, what have you let yourself in for?' I never thought I'd be able to do it, but I did. I just put on my rubber gloves and got on with it. But I was like this [wrinkles nose and grimaces] carrying it... My stomach was going, but you get used to it.

Activities

What, then, were the activities constituting the work of home helps?

Departmental descriptions of duties were very basic. Written policy defined activities very loosely as "all the usual (1) household duties" and talked of achieving a "good standard of cleanliness" [see appendix C]. Guidelines appeared to distinguish between "general care" - which translated very widely as *the maintenance of users' welfare or "well-being"* - and "domestic duties" - part and parcel of general care, which involved washing, shopping, cooking and cleaning.

In addition to tasks which contravene rules of health and safety at work - high dusting, for example - duties forbidden to home helps included arrears of washing, cleaning unoccupied rooms and outside windows and other outdoor activities on the house and garden not conceived of as part of what is an essentially female home help model. Policy also forbade home helps to do "nursing duties", though exactly what nursing duties encompassed was not specified.

Such loosely-worded policy allowed the service to be flexible and provision to be varied slightly to suit individual elderly people. On the other hand, I recognised that this could potentially place a heavy burden on women since tasks lacked clearly defined limits and they

carried alone the responsibility for (often very) vulnerable elderly people. In her study of housework, Ann Oakley found that while housewives valued the autonomy of their role ("You're your own boss"), the effects of this were described as the intensification of responsibility: since no-one else tells the housewife how and when to do her work, she has to be her own supervisor and arbitrate her own standards (Oakley, 1974).

Seeing that home helps' roles were based on a housewifery model of care with few rules or standards for job performance, what did interviewees report commonly doing for old people?

In general, women appeared to distinguish between four different areas of care - domestic, errand, personal and emotional - which I list below. I stress that the categorisations are my own and that women did not necessarily use such cut-and-dry labels.

i. Domestic care

As regards domestic care, most interviewees spoke in terms of doing "housework" or "domestic chores". One woman defined activities as "Just what you'd do in your own home". Tasks listed included vacuuming, sweeping and mopping floors, dusting, wiping down tables and work surfaces etc, scrubbing toilets, cleaning (inside) windows, washing dishes, stripping and remaking beds, washing (by hand and machine) and ironing laundry, and making and lighting fires.

Domestic care also included heavy or dirty housework: for example, emptying commodes or handling the bedding of doubly incontinent elderly people.

ii. Errand care

Errand care encompassed tasks carried out outside peoples' homes: shopping, collection of pensions or prescriptions, payment of bills, trips to the doctors and any other personal commissions (to the library, bank etc). Since many elderly people did not have washing machines, errand care also involved visits to the launderette.

iii. Personal care

Personal care encompassed all care related directly to the elderly person themselves, rather than to their homes or to tasks outside the home. I have included in this category cooking or the preparation of food since women appeared to treat them as a separate activities from house work or domestic care.

Other than preparing meals, women spoke of helping elderly people with tasks which were of a "personal", "private", or "intimate" nature:

- Sometimes you do things which are very personal... you help clients with things you'd normally do for yourself on your own, in private like.

These tasks included assisting elderly people to get in and out of bed, to dress and undress, to wash and bath, and to use the commode or the toilet.

It was impossible to ask each individual interviewee which of these tasks she 'ever did' or 'ever had done'. However, it was clear that, of these three types of care, interviewees judged the most commonly performed tasks to be vacuuming and dusting, followed by shopping. This is consonant with the findings of Hunt's survey which revealed sweeping, washing floors and polishing to head the list of jobs "ever

done" and of jobs on which home helps spend most of their time (Hunt, 1970).

iv. Emotional care

The final category of care - emotional care - interviewees found much harder to define. Some spoke of giving advice with practical matters, such as household repairs, budgeting for bills, obtaining other services (for example, meals-on-wheels). But here I use the concept to refer more to the kind of support which could not be quantified by interviewees: that is, to the sort of support women described themselves as providing through chatting to and reminiscing with elderly people, through listening to their worries and problems with "a sympathetic ear".

This is the kind of support that Jessie Bernard has referred to as "stroking" (Bernard, 1971). It concerned women "being" - being concerned, friendly, sympathetic - rather than "doing" - doing the cooking, cleaning, washing, shopping etc:

- Well, I thought it would just be cleaning and that, but I think there's another side to it as well. It's not the physical side, it's the fact that you go and you become part of their lives. I mean, if you only empty the dustbin and mop the floor and that, they're following you round wanting to talk to you. You're a part of their life that if you went - which with these things (the cuts) coming up as they are now, I think they're going to hurt a lot.

In this respect, women described themselves variously as advisors, confidants and friends.

Clients

So far I have looked at care in terms of the character of the tasks performed. It is also important to remember that what home helps do at

work depends on the needs of the elderly people they visit. Interviewees grouped elderly people into categories based on duration of visits and nature of disability or circumstances.

All users of the service were known as "clients". Depending on duration of visits, elderly people were divided into two groups: "short-term" and "regular" clients.

i. Short-term clients

Short-term clients were elderly people visited for a relatively brief period of days or weeks and no more. This category was comprised mainly of old people discharged from hospital who needed assistance on a temporary basis while recovering from injury or illness. Help given was usually of a domestic or errand kind, although interviewees pointed out that elderly people returning home after a fall, for example, were often in most need of emotional care: they required support and encouragement while getting used to doing things for themselves again.

Short-term clients also included terminally ill people. Here, home helps were most likely to be called in for a number of hours each day, at weekends, or in the evenings or at night to give relatives a break from caring.

ii. Regular clients

Regular clients - or simply "regulars" - were those old people visited consistently over a sustained period of time such that they became a regular part of home helps' timetables. Timetables were composed in large part of "regulars". Perhaps partly for this reason, interviewees further distinguished amongst elderly people on the basis of disability or circumstances. Old people were classed as "routine", "handicapped/disabled", "confused" or "dirty cases".

a. Routine clients

The term "routine client" was used chiefly for regular clients who had no other major distinguishing traits: they were not disabled or confused, for example. Composed mainly of frail elderly people, this group required care of a non-personal kind and usually with those tasks most commonly performed by home helps: that is, vacuuming and dusting, and shopping. Of course, with respect to all elderly people, individual demands may vary from week to week, but here, work was as close to being routine as is possible in the job of home help.

b. Handicapped/disabled clients

A large number of elderly users of home help are, infact, disabled by arthritis or rheumatism, or as the result of strokes. Interviewees tended to reserve the term for the more severely disabled or handicapped amongst the old people they visited (2). One woman gave the example of a client who was partially paralysed and had lost his speech following a stroke:

- He can't tell you what to do or even write it down ../.. All I get is 'dee-die-doe, dee-die-doe'. I mean, you try and fathom that, 'dee-die-doe'. 'What do you want?' - 'dee-die-doe'.

Other examples of handicapped/disabled clients included Mr Ackroyd, a spastic with a severe speech impairment, and an elderly woman who had had both legs amputated.

In addition to domestic and errand care, interviewees indicated that this category of elderly persons was more likely to require help of a personal kind: getting out of bed, dressing, opening tins, composing shopping lists and so on.

iii. Confused clients

Confused or senile clients similarly usually required a mixture of the three types of care. These were elderly people who, by home helps' definitions, were no longer able to be entrusted with the responsibility of looking after themselves. One interviewee cited the extreme example of a confused elderly woman who, from time to time, was doubly incontinent. On these occasions, the home help had to bath and change the woman, wash her soiled clothing and bedding, and clear up faeces from the floor. Yet the woman was unaware of her condition and accused neighbours of letting dogs into her flat. More commonly, home helps were required to ensure that confused elderly people saw to their own personal care, as well as keeping their homes in order. Quite often, part of their work included looking for items which people had misplaced:

A - I have a confused lady every morning, and I hunt round for her teeth and she can't remember where she's put them [laughs]. Now I know all her hiding places so I can find them straight away... under her pillow, under the bed, in a pan, one time in the fridge.

B - When I covered you there, I couldn't find the Hoover. The first time I went and knocked on the door I said, 'Home help', she said, 'Oh, I've never had home help before'.

iv. Dirty cases

Dirty clients were elderly people maintaining low standards of personal hygiene or living in dirty or dilapidated homes (in the latter case, interviewees talked more often of being sent to "dirty homes" than to "dirty clients"). Interviewees claimed a large proportion of dirty clients to be confused or mentally handicapped people who (as above) were incapable of looking after themselves or their homes. In a few cases, old people were deemed to be "eccentric", as was, for example, the old woman who lived with fifteen cats and a dog. However, home

helps claimed dirty clients to more commonly comprise those elderly people living alone and without relatives or regular visitors, in whom a gradual decline into ill-health goes unnoticed. Their plight may not be spotted until months of neglect have taken an accumulative toll. For this reason, interviewees' contact with dirty clients was often on a one-off basis: that is, they visited once as part of a team of home helps, to clear out, or "bottom", the person's home. Thereafter, regular provision of help was usually sufficient to ensure the maintenance of both the elderly person and his/her home.

Work with dirty clients or in dirty homes involved dirty or heavy housework. One home help described the last dirty home to which she had been sent:

- I mean one, a couple of months back where I threw that bucket outside. I mean, there were three buckets and I just got hold of a bucket and stood at the back door and threw it like this [demonstrates]... and it was stagnant urine... couldn't breathe, it was terrible. And there was all shells, empty shells on the sideboard and the table and there were maggots that had gone into bluebottles. I mean, we had to move all that... We cleared out seven bags of rubbish in the end and we had to chuck the mattress and the carpets.

These, then, were some of the criteria for organising elderly people into different categories. The categorisations were useful for apprehending what tasks home helps did as part of their work, but they were not sufficient to understand the complexities of their roles. Home help is one of the "human service industries" (Stevenson, 1976). David Soloman has described service roles as those whose outstanding characteristic is the face-to-face relationship between the person who performs the occupational role and the client to whom the service is given (Soloman, 1968). I realised that I had to set aside the tasks of home helps and the disabilities and handicaps of users and concentrate

on the negotiations and transactions (3) between women and elderly people to begin to comprehend their real significance.

Perhaps not surprisingly, I found interviewees' relationships with users to be individually negotiable. At the same time, however, they were obviously operating within limits which were socially determined. It was clear that transactions - used here to mean anything typically constituting the common ground for social interaction - were very different from those which might take place between, for example, a cleaner and her employer, or a nurse and her patients. These are based respectively on public service and medical models of care. Instead, interviewees constructed models and rationales of their caring relationships based on the ideology of the good housewife and caring relative. The ideology of housewifery "places a premium upon making do and mending, upon coping and budgeting, and upon managing within the resources available" (Bond 1980, p24), while that of the caring (female) relative places a premium on the handling of personal care tasks which are "intimately connected with the bodily expressions of ... values of privacy, autonomy and adulthood" (Twigg 1986, p15). These models were used to explain why interviewees found themselves involved with clients to a degree they had not anticipated, and in a way which meant they shouldered large burdens of responsibility without public acknowledgement.

How and why interviewees used these models I explore below. But first, I examine evidence of involvement.

Job Expectations 2

- You can get too involved. You've got to sort of draw the line, I think. You can do a certain amount in your own time,

but also, by the same rule you've got to have a little line to draw because eventually it could creep into your home life, then you'll end up having no home life... It'd be twenty-four hours work and worry. And it could happen very easily.

(Home help talking to a new recruit).

At the beginning of this chapter, I observed that for many women the job of home help was not as they had expected it to be as regards their relationships with elderly people. Just as they found themselves doing tasks which they had not anticipated would be part of their work, so they felt responsibility for old people in ways, or to an extent, they had not expected. In general, women were not prepared for what they described as their "involvement" with elderly people. Their primary reasons for joining the service were to do with family commitments, especially in the case of women with young children. Becoming a home help was "convenient" (Sharpe, 1984), above all because it offered part-time hours. It was not surprising therefore that rules governing involvement in their work were particularly important to interviewees. The feelings of many women as new recruits were encapsulated by the adage 'Remember, it's only a job'.

Through the influence of figures such as Bowlby, the view that, for the first five years at least, a 'good' mother is ideally a full-time mother, has put pressure on all women to stay at home with their children whether they want to or not, and has generated guilt and anxiety in those who return to work (Sharpe, 1984). Indeed, as I noted above, a number of mothers spoke of not wanting their children to become "latch-key kids". Other women were responsible for dependent adults:

- We had a friend with us who had strokes and I had to nurse him, going to work, coming back, running back to work. Therefore, I said to myself when I left work it would be finished.

That the job should not threaten their roles as housewives and family carers was summed up in the words of one home help: "Well, flesh and blood come first."

Nevertheless, despite warnings from others, interviewees did become involved:

- The other organiser we used to have said, 'Don't get involved'. But, I mean, you couldn't help getting involved, especially when you were going to a place three and four times a day, everyday. You can't help but get involved.

Lynn was the mother of two school-age children. She had joined the home help service less than six months prior to the interview. With the help of Beattie, she described her experience:

Lynn - Beattie and I had this client, didn't we Beattie? When I first started in August, I went round with Beattie for a week, so I could get used to things really. And I took a case of Beattie's where Beattie was very attached, and the lady was very attached to Beattie, and she was frightened to death that she was going to get somebody that didn't suit her, and she was extremely upset about it, wasn't she? But now she's moving tomorrow, and I'm very distressed about the fact that she's going. I don't know who's more upset, her or me?

Beattie - The point there is that, at that particular time, this was a lady [I] went to everyday, and like Lynn said, I'd got attached to her. I'd been going to her for two years, so you can't not get attached to people. But Lynn was adamant, no she was going to keep it on a very different basis to me, she wasn't going to be like me, oh no she wouldn't do that, and she was adamant. I'll never forget how determined she was that she wasn't going to get involved. And now she's saying - and she's only been going to her five months - but she's saying that because [the lady's] going, how upset she is... And the thing is that "You are not supposed to get involved" [mimicking the voice of the home help organiser], but it is just impossible. If you've a caring nature, it's impossible not to get involved wherever you go. You don't particularly like everybody you go to, but you get involved with everybody you go to.

Even amongst those who had worked with elderly people in previous jobs there were interviewees who were unprepared for the intensity of their

involvement with users. One woman who had worked on a geriatric ward of the local hospital claimed:

- I knew I'd get involved - you always had your favourites on the wing - but I didn't realise I'd worry so much about them, them being alone and that.

From my earliest contact with interviewees, I was impressed by this sense of involvement. But it was not enough simply to note its unexpected nature. I wanted to know what exactly home helps meant by involvement: in what way were they involved and why? Interviewees, in fact, offered evidence of involvement chiefly through descriptions of what I have chosen to term their "unofficial activities". Crudely expressed, this term signified those things which women did for elderly people which were over and above what was officially expected of them in their role of home help. To try and understand the reasons for home helps' involvement with elderly people, I looked first at the form this involvement took.

Unofficial Activities

I use the term "unofficial activities" here to refer to two types of jobs performed by home helps: those done outside what is agreed between home helps and their organisers, and those done which contravene official policy.

i. "Doing favours"

Home help organisers are responsible for determining the amount and frequency of home help given to elderly people. The nature of tasks done is worked out and verbally agreed upon between home helps and their respective organisers. The majority of home helps reported doing tasks over and above these agreements or 'verbal contracts'. Often these

activities were described as "doing favours". Favours comprised tasks which old people were able to do for themselves such as hand-washing or ironing odd items of laundry, doing light dusting, or preparing snacks. They also included activities considered generally unnecessary but of importance to individuals: for example, one home help reported polishing the toilet-seat for an elderly woman:

- Now that to me was nothing - to do it with a bit of disinfectant and then to go over it with the polish was nothing.

More commonly, however, favours constituted things done outside working hours in home helps' own time. In some cases, this meant extending the time spent with elderly people:

- Sometimes you're just on your way out, and, you've actually been there two hours - and you're supposed to be there two hours - and then one of them will say, like one of mine said the other day (and it's not only me, everyone here has it) 'Oh, are you going Madge? I was going to ask you to go to the chip shop for me for my dinner'. So you look at the clock and think 'I'm not going... Well, alright I'll go for you then'. And you go and you're there for two-and-a-half hours and yet you're told when you start on this job, you must not get personally involved. But you just can't help it.
- Like on Fridays, I'm supposed to finish at twelve. I come back with the shopping at twelve and I never leave before one. I sit down with her for an hour because I've been out. She thinks you can't just go in and plonk the shopping down and run out again. She says 'Sit down', so I sit down, so I never finish before one, even though I'm supposed to finish at twelve.

One home help frequently extended the time spent with an elderly woman whom she visited at the weekends. She explained:

- I've only got Mary to go to, the kids are at my mum's, and sometimes you get stuck there, like I do at weekends. She likes it when I go because we seem to be on the same wavelength, we talk and ... you're talking to them and you don't want to sort of leave them.

Alternatively, interviewees took work away with them to do in their own homes, in their own time and often at their own costs.

- A lot of it we take home as well. I mean, we never really finish, even when we go home. There's always a day you've got to take something back to somebody.

Many interviewees reported washing laundry for elderly people, for example. Loads consisted variously of small articles of clothing such as underwear:

- It's no trouble to slip them in with the family's wash.
- There's many a time there's strange knickers on my maiden.

to bulky things such as bedding and curtains:

- You take things home with you. I mean you're not supposed to but I get involved. I sort of take curtains home and wash them and iron them... in my own time, which we're not supposed to do. We do do it, don't we?
- Well, I go to one lady and she hasn't got very much money, I know that. And she said, 'Will you go to the launderette and wash my curtains', and give me the money. I said, 'Oh put them in my bag, I'll do them when I get home'. I use my washing machine so she's got seventy pence more in her purse.

Others took home things in need of repair:

- As soon as they knew you can sew, even a button on. Like one week I saw this little old lady sat there - she didn't ask me, bless her - and I said, 'What the hell are you doing?' And they were like clog stitches, but the elastic had come out of her knickers. So I said, 'Go and get them all and we'll have a look at them' And we sorted them out. And I took them home. Well it took me half-an-hour to completely remake the tops you know. And I thought, 'Well what's half-an-hour of your time, she'd have been there yet'.

Several home helps also cooked for elderly people at home: in two of the group interviews carried out in the run up to Christmas a number of women reported baking mince pies and "fancy cakes".

The most common favours done by home helps in their own time, however, were forms of errand care: shopping, paying bills and collecting pensions and prescriptions:

- Well, I go to Walkden paying electrical bills for them, phone bills, gas bills - I'm doing my own shopping when I do it - because they worry if they know they're not paid.

Often interviewees picked up individual items for elderly people when on personal expeditions to shops outside patch areas:

- A - I have one that phones me up at weekends: when I'm on the market, will I pick up such-a-thing? I mean, you do a lot in your own time
- B - Or you'll be going say in Asda: 'You can only get this from Asda, so', you know, 'will you get me that when you're doing it?'

On the other hand, some women made special trips solely for the purpose of buying certain items for elderly people. These could be trips made (as above) at the request of individuals:

- A - You go different errands. I'm going for stuff now - Christmas presents - talcum powder and different things. Now they want something to match with something else.
- B - Well, I've been and bought a continental quilt for one, then I've bought all the covers, the bedding from time to time, keep going and getting different things for her.

or on the interviewee's own initiative:

- She didn't have a winter coat, any coat in fact, so I spent all one Saturday doing the round of the charity shops and I got her a lovely grey wool coat... It only cost me a fiver.

Not all unofficial activities took the form of practical tasks. Favours also comprised visits made in interviewees' own time - evenings, weekends, even their holiday time - to check on the well-being of users, particularly confused or sick elderly people.

- I'll give you an instance today. I come to Mrs Mannings - and my sister's from Blackpool, so I booked a day's holiday - and my old lady is so confused that she doesn't know what day it is. And I promised her yesterday that I would call in on my way home from this meeting just to tell her what day it is because, if I don't, tonight she'll be out on the street wandering about because she doesn't know where she is or what day it is. But once I've been there and told her, crossed it off her calendar, she'll be okay, That's how much we're needed, isn't it?

- I have an eighty-seven year old that's had a stroke and I'm whipping down there Saturday and Sunday just to make sure she is alright - in my own time, not the 'firm's' time - just to make sure she is alright.

More often than not, however, women involved themselves in giving some sort of personal care on these occasions:

- A - If they're off-colour or anything like that, we go and visit them in the evening, when you're not supposed to be there...

- B - ...go back, cook their tea...

- A - ...go and make the bed on Saturday and Sunday morning, make sure they've had their breakfast.

- I used to do a weekend lady, and I was supposed to be just doing her breakfast and leave her a sandwich for the day. And she was ninety-odd, and I couldn't do that - leaving her stewed tea in a flask all day. I used to go back in the afternoon on a Saturday afternoon, and take her a cooked dinner. I couldn't leave her like that at ninety-odd.

Indeed, some went deliberately to perform this type of caring activity:

- It's like going to Dilly Bradwell, we keep quoting her because she is a special case, she can't do anything herself, can she? I mean, I used to go back at night and shampoo her hair and put it in rollers. I don't even put my own hair in rollers, so I don't know how to do it. But I used to go back at night and shampoo Doris' hair and put it in rollers, and then brush it out the next morning when I went. I didn't have time to do it in the time allowed from services.

Finally, interviewees also visited elderly people admitted to hospital.

ii. "Breaking the rules"

So what of those jobs done by home helps which contravened official policy? Although it was possible to describe most of the activities in this category similarly as examples of "doing favours", interviewees were aware in this case that they were actually breaking rules by performing the tasks. As with favours, rule-breaking activities encompassed different types of care. Outdoor tasks included sweeping yards or doing light gardening. One woman described unblocking an old man's drain with a wire coat-hanger, while another regularly broke up lumps of coal for an elderly woman:

- There's one old lady, she's got a coal fire. Well the coal's outside and when the coalman puts it in it goes all over the place. So she wants me to sweep it up or shovel it up. And sometimes the coal's too big, because she can only put coal on with one of those helping hands, so I've got to grate it up for her. Well, if a piece of coal hit me in the face, well I'd probably be in trouble for that. I don't think we're supposed to chop wood or grate coal up, and we're not supposed to do outside work of any kind.

As for indoor, domestic tasks, women spoke of wiping down ceilings and walls, shifting heavy furniture, and cleaning empty rooms. Interviewees frequently washed windows more often than they should:

- Well, you're only supposed to do the windows every six weeks. You go and tell an old person that - 'It's a waste of time you bloody coming then'.

as well as changing lightbulbs:

- Or even a bulb going, they're waiting for you: 'Oh my God, my bulb's gone, I've had no light since last week, since you came'. Nobody's been in to shove a bloody bulb in for them. And you're there, you're a bloody electrician, joiner...[laughs].

Indeed, tasks like changing lightbulbs, washing windows and even hanging curtains were performed so regularly that interviewees felt them to be an institutionalised part of home help work.

An equally (perhaps more) routine rule-breaking activity was the bathing of elderly people. And most women, said that, at one time in their career, they had taken responsibility for dispensing tablets and medicines, had changed bandages, cut hair or nails, and had given shaves to elderly men. These were nursing duties which, strictly speaking, were the work of auxiliary or district nurses.

In addition to performing certain activities, it was also against official policy for home helps to accept food from users. Nevertheless, the majority of home helps said they had shared more than just a cup of tea with certain people:

A - And I go to one - it's tomorrow - and I dread it. She's a lovely old lady, but as soon as I go in, she'll say, 'Have some breakfast'. I'll say, 'You're putting pounds on me'. And she wants me to have something to eat with her all the time.

B - They most probably enjoy the food more if you're eating with them.

C - Yes ../.. I came back from shopping for her last Thursday and she'd opened a tin of salmon and some bread and butter. And I go home and I feel as though I can't move. I'll say, 'No, save it for tomorrow'. 'Oh no, I couldn't eat it if you don't have it'. But that's more for company than anything, isn't it?

Rules were just as easily broken by women failing to carry out activities: that is, sometimes interviewees considered it more beneficial to elderly people to simply sit and talk rather carry out domestic tasks:

A - They really like you to sit and talk for half-an-hour and they think this is more important...

B - [interruption] Yes and 'Blow the work'.

C - Now I find that, at the weekend, being on my own. I only go every fortnight to my son's, but the weekend I don't go it's very long. So I know how old people are because I'm the same. And sometimes I never see anybody from Friday to Monday.

A - They say, 'I haven't seen a soul since you came'. If you sit and chat to them it does make a difference to them. It breaks the monotony for them and they can tell you their worries... And especially at this time of year [Christmas], now they're all stuck in at home and saying, 'If only I could walk. 'If only I could get out to go to see the lights or to shop'.

One interviewee appeared to push rule-breaking to the limit:

- I used to go to an alcoholic, an eighty-three year old alcoholic in the flats... And she wouldn't let me do a thing. And I used to just sit with her and - I'm not joking - I've been drunk with her as well. And she's sang and sang. And I [the home help organiser] who was there then, she said, 'Does she let you do anything?' I didn't tell her I got drunk... But she used to sing to me. Because when I first went, and I tried to do some cleaning, I started off doing the cleaning and the old girl was then wandering round the flat as though I wasn't there. She was wandering round the flat like she does when she's by herself. And I thought, this is wrong because it's somebody that did need company. I took her home one Christmas, we had a great time.

This instance of rule-breaking was unusual, if not exceptional, as was the case of the home help who described removing a surgical support for an elderly man:

- I had to cut a pair of underpants off a fella once. He was in a wheelchair and the nurses has gone and dressed him and they'd put his things on too tight. It was George Standley, and he has a condom on, like. He had no scissors and I thought, 'What do I do?' Anyway, I got a carving knife [laughs]. So I started hacking. Anyway, I thought 'Oh no', so I only live at the back, so I ran home and got a pair of shears. And he's about nineteen stone and you can see, he can't get up. So I thought, 'Gosh, you don't know what I'm going to do down there' [laughs]. Anyway, I managed to drag the things off him. They were too tight around his you know! [laughs].

Other less common, but not unique instances of rule-breaking involved women doing things for clients in their own time: for example, interviewees mentioned hanging curtains and decorating. One woman claimed to have stayed up until three o'clock in the morning to finish

painting an elderly woman's house. In another couple of cases, women's husbands had helped to wallpaper old people's houses.

Evidence of home helps' involvement in the care of old people was manifest in the 'favours' done for users at work and in their own time. A number of rule-breaking activities were forbidden because of their inherent risks. Above and beyond this, home helps were not officially encouraged to do extra work for elderly people since this created false expectations of the service. If, for example, a home helps who had been 'doing favours' for an elderly person left the service, her replacement might find a client expecting a continued high level of unofficial help.

My findings were by no means exceptional, however. In Audrey Hunt's study, 16 per cent of home helps said they sometimes did laundry at their own home or that of the client, while 14 per cent did ironing (Hunt, 1970). A survey of home care in Avon revealed that over a quarter of clients received some form of extra help, and that it would have required over 5 per cent more paid home care assistants to be added to the establishment to have replaced the unofficial hours worked. The tasks most commonly carried out were shopping and laundry (Eginton, 1983).

What, then, were the reasons for this involvement and the form which it took?

I suggested above that women constructed models and rationales of their caring relationships which were based on the ideology of the good housewife and caring relative. One reason for home helps constructing such models was the fact that they lacked formal qualifications and training and therefore drew on their own experiences as housewives and mothers in their work. But there must have been features of the job itself which encouraged women to cast themselves in these roles.

Caring for Elderly People: A question of relationships

It would be easy to suppose that the reason for home helps seeing themselves as surrogate relatives was the fact that they visited elderly people living alone and without families of their own. In other words, they became the daughters, grand-daughters and nieces that the old people did not have. This undoubtedly played a part in home helps' involvement: for example, three women said that in the past, they had taken home clients at Christmas who otherwise would have been on their own. Nevertheless, while the majority of old people using home help live on their own, this is not always the case (4). Moreover, according to interviewees, the greater proportion of elderly people for whom they cared had close relatives, many of whom lived nearby or who visited (5). It was just as possible for home helps to become involved with old people who had family as with people who did not.

Instead, the reason why home helps constructed models of care which placed them in the role of caring relatives, lay chiefly in the nature of care and in the setting in which care was given.

i. Nature of care

I defined personal care tasks earlier, as those tasks that an adult would normally perform for him or herself without assistance. They are characterised by such things as touching, nakedness, and contact with excreta. Drawing on the work of Mauss, Douglas and Elias, amongst others, Julia Twigg has shown how these tasks are intimately connected with the bodily expressions of values of privacy, autonomy and adulthood. For this reason, personal care is so often conceived of as a nursing activity, despite the fact that the skills required are not in any way medical. The medical model offers a means to negotiate these

boundaries through the restructuring of the social body into the medical body.

The problem which home helps and elderly people alike faced was how to renegotiate these rules of intimacy without the aid of a medical model and the concomitant symbols of technical language, starched uniforms and rules and explanations of hygiene. Their solution was to fall back onto personal relationships, on "particularistic rather than role-specific aspects" (Twigg 1986, p17). The favoured model seemed to be that of the caring relative:

- It's doing things that you'd do for your own mother, isn't it?

- Well, we treat them with a mum attitude, and they look at you as their daughter.

A - When they come out of hospital - strokes and different things - well, it's harder then because they need a lot more help than they've had previously. And they treat you like a daughter really. Like some that's got nobody, they tell you things they wouldn't tell anybody else. If they like you and they take to you, you get along between you. You can get too familiar really with them.

B - What does Freda say about me: 'I treat her like I'd treat one of my daughters'. She'll say that to their Malcolm, 'Oh Shirley will do this and Shirley will do that'.

Elderly people clearly played a role in this process.

- Like one old lady, every week I get an apple and an orange, and at first I kept thinking, "Where the hell are these coming from?" They were just in my bag. And I never always empty my bag, and I got these apples and oranges... Anyway, I found out who was putting them in, and she said, 'You didn't leave them in?' And I said, 'Well I did for a week or two'. 'Oh', she said, 'They're for you', and I felt myself fill up because I thought, 'Hell', it meant like your mum used to when you were little: 'Now that's your apple and your orange for school'. And she's a lovely lady.

On one level, the user's actions reminded the interviewee of things done for her by her mother when she was a child. On another, the

action of gift-giving, and the notion of reciprocity central to it, suggested a process of renegotiation, particularly since reciprocity is usually taken to be a key principle in kin relations.

Gender was, of course, particularly significant in this context, since the skills regarded as necessary to carry out personal tasks are imbued with sex-role stereotyping. As Ungerson has pointed out, women have a virtual monopoly in dealing with taboo aspects of tending such as the management of human excreta and tasks involving touching and nakedness which, when carried out by men, appear to threaten rules of incest. For this reason, home helps became involved with elderly people who had family, it usually being the case, here, that relatives were sons (6) who drew the line at personal care:

- They've not much idea, have they, sometimes? And they won't be bothered, will they? I mean, if it's personal things that they've got to do for their mother - I know they shouldn't get embarrassed because it's their mother - but they do. Or they'll pass it to their wife to do...
- I have an old lady, ninety-two, who had a club foot, she'd had cancer. She has to be put to bed and everything now. She's a bad case at the moment. And she's living in a ground floor flat and her son said to me last Monday, 'They can do what they like to her, they can put her in a home, but I'm bugged if I'm coming in to undress my mother at night, that's not my job'.
- I think that somebody that's poorly, if there's sickness or incontinence, you've got no chance, they just won't come near.

Some home helps drew the line for them:

- And I can understand sons. Like you get them unclothed... well, I'd turn my back against him so's he couldn't see that I was seeing to her when he was there.
- A man can't wash his mother down, like. You can't expect them to do things like that.

On other occasions it was the old person themselves who preferred to turn to home helps rather than to their sons:

- Personal problems - they'll tell you before they tell their own son. Especially hygiene and things like that.

The renegotiation of boundaries to enable the management of taboo tasks was a way to understand the familial quality of home helps' relationships with many elderly people. But how did home helps rationalise their involvement with old people not requiring such intimate personal care?

Again, reasons were rooted in the nature of tasks performed by interviewees. I pointed out above that interviewees reported being increasingly called upon to prepare food for elderly people. Anthropologists have long recognised that in all societies the preparation and serving of food and drink have symbolic significance. In particular, they have drawn attention to the fact that transactions in food act as indicators of social relations. For example, in their examination of the rules governing food and drink in working-class families, Mary Douglas and Michael Nicod (1974), found the domestic menu to be integrally linked to the social structure and the power relations between family members.

(1984)

Hilary Graham^A argues that the organisation of cooking marks out the roles of women within the family. This responsibility is part of looking after and servicing the family. Infact, Graham goes as far as to claim that, in many homes the provision of healthy, nutritious, filling meals lies at the heart of women's family caring role. Amongst those home helps who were responsible for ensuring that elderly people were well fed, it was not surprising, then, that they conceived of their role in familial terms. This was especially true of home helps

who cooked for elderly people, rather than simply preparing snacks, for they were providing 'proper' meals (Graham, 1984). In other words, what mattered here was not the absence of models for public, social production but the strength of the pre-existing informal ones.

- I always do him something hot, though mostly you've only time to do soup or beans, warm a pie something like that. But now and again I'll do him a small bird with all the veg and that, you know, like you do the family roast on Sunday.

Indeed, a number of interviewees were unhappy that they had not the time to prepare "proper" meals, by which they meant fresh meat and vegetables. They expressed worry over the poor nutritional value of the convenience foods which they resorted to cooking.

One woman spoke of *planning daily menus and working out diets* for three of the elderly people whom she visited. Two of these she described as confused and incapable of organising their own eating arrangements. But the third she was accused simply of spoiling. Of significance was the fact that the user in question was a man (7) - "[Men] expect you to think for them" - and that the home help was described as "mothering" him.

ii. Setting for care

The fact that these tasks were performed in elderly people's own homes was, of course, central to their interpretation. Twigg notes how intimate personal care tasks are fully nursing tasks when performed in the classically defining locus of the hospital. This, she argues, is not just a product of dependency, but relates to the ways in which hospitals are total environments. Total environments deny the existence of boundaries of autonomy, privacy and adulthood. (This also helps to explain why personal care is much less of an issue within Part III homes than within the home help service). In turn, the preparation and

serving of food are service activities when carried out in restaurants, or office or school canteens since they operate independently of local structuring and its pressures (Mars and Nicod, 1984). The resources and power which reside in the territorial autonomy of the first environment, and the anonymity which characterises the second were absent in the setting of old people's own homes.

This, in part, explains why few interviewees saw themselves as nurses and cooks-cum-waitresses (with the concomitant detachment). But why then did they give themselves the label of caring relative?

The majority of interviewees and elderly people were working-class people. According to Graham Allan (1979), amongst working-class people, the home remains largely the preserve of kin. Non-kin are rarely entertained in this social setting. Home helps, as non-kin, were threatening these "rules of relevance", in particular because of their intimate knowledge of elderly people's rooms. One way to negotiate the subsequent sense of dissonance felt by both parties, was to conceive of each other as kin:

- You're going into their homes week in week out, it's not surprising you get involved - you become like a daughter.

A - I mean, when I first went I was just given a list to go to and I was feared to death because, you know, you hear some weird stories, don't you, when you're new? And within a week I was comfortable because to them you were like a daughter. And then you learned the characters of them, well I found that... I mean, they're as worried about you going as we are going to them.

B - That's true, yes. And their fears about letting you into their homes. They'll say, "Well, I'm glad I've got somebody like you". But we're all the same really.

Thus, in some cases home helps who were carrying out domestic tasks alone described themselves and were described using kin terms. Their perspective and understanding of the ways in which elderly people's

households functioned was quite different from that of the professional, whose focus is likely to be highly concentrated. Home helps saw elderly people in unguarded moments and had knowledge of how they managed their lives (Dexter and Harbert 1983, p35). Their relationship was more akin to that usually shared by primary kin, especially when conversation was relaxed and reciprocal embracing home helps' own lives.

Finally, there were other moral qualities brought into play through setting and the nature of care-giving at all levels - errand care included - which echoed qualities characterising relationships between kin or "true friends" (Allan 1979, p160). These were qualities of trust and loyalty. Home helps were sources of comfort and support in situations of personal crises.

- Well, let's put it this way, they've got somebody coming into their home. Like this lady I started six years ago and I went into her home. She's got used to me. She trusts me. Because when you go into an old person's home you have to find their pension book for them, you have to go to the bank... everybody's going through all this and there's nothing private at all. I mean, my stroke victim, she never had home help until she had this stroke. I mean, she cried at first for a couple of months after I'd been going. Now she knew me when I was fifteen in any case, cos I used to do her hair, and she said to me she was glad it was me because she'd already known me. But she said, 'I feel as though nothing is private now because I have to ask you to do everything.' I mean, I have to know where her bank books are and everything so that if she forgets, I know where they are.

And this sense of friendship was used to justify home helps taking elderly people into their own homes:

- They become a friend anyway, so you invite them in your home like you would a friend, so I can't really see that being a bad thing. You're not doing it in anybody else's time, only your own, so why is it wrong anyway?

Caring for the Whole Person: A Question of Time and Responsibility

As I stressed before, relationships with old people were individually negotiable. Not all women saw themselves as caring relatives, and of those who did, it was not necessarily with respect to every elderly person whom they visited. But involvement was explained not just in terms of this model. Women also spoke of their role at work as being akin to that of the "good housewife". In this context, what was stressed were other features inherent to the wider setting of the local authority: chiefly, resources and responsibility.

i. Time

Many recent studies have pointed out that increasingly the 'jam' of home help provision is being spread more thinly. Demands for domestic help alone outstrip resources. Interviewees placed a very marked emphasis on the lack of time they had to perform tasks:

- I mean, you can go for a prescription: you have to go to a doctor, wait for a prescription - like *this morning*. I do it three days a week religiously... Even when you're in the doctor's you have to wait, you have to go to the chemist and wait for the prescription to be made up. So if you've an hour-and-a-half for a client, there's half an hour gone easy before you... I mean, you go to a post office, it's an hour gone, but they still expect another hour's work out of you when you get back. And you can't try and tell them that.
- I've got one tomorrow where I'm doing his shopping, all his shopping for the weekend, and I've got to go back and do some work for him. Then he wants his curtains sorting out... so you haven't enough time in two hours to do it, particularly when it gets to the end of the week and the shops are busy. You can go in Tesco and be at the bacon counter ten to fifteen minutes or even longer, well all that time's taken up... And then they ask you if you've been to Blackpool for the day.

Ungerson has described one of the aspects of caring as "time available at short notice and in flexible lumps" (Ungerson 1983a, p64). Cleaning tasks were more or less routine and consumed relatively little time. In

addition to errand tasks, it was the cooking and the "being with" (Graham, 1984, p150) activities which consumed most in terms of time and, for that matter, energy :

A - We don't really have time to sit and chat, very rarely. You have to chat moving about.

B - That's it. If they can move, you'll say, 'Well look, follow me round and we'll have a little talk.'

K - Sometimes you have ear-ache listening.

L - You do, and it makes you tired at times, doesn't it? You could fall asleep, can't you, listening to them... But you never have enough time to talk. They like to reminisce, get out the old photographs - they're those brown ones not the black and white or colour like now - they'd like you to stay all day.

K - This is where the caring comes into it. It's not just the cooking meals, it's giving them your time.

ii. Responsibility

Yet within this context of bounded time, interviewees felt themselves to be given a great deal of responsibility for the welfare of old people, both in terms of charring and caring. As they indicated by their categorisation of clients (outlined above), women cared for people with varied and often quite extensive needs. They highlighted the shared vulnerability of all users:

- And you get a lot of partially-sighted people, and I think it's terrible for them, they can't even see the stoves or anything... I've got two or three who are partially sighted and it must be awful because, if its a dull day, they can't see very well...They get more depressed than anybody else. I think it's terrible.

- There used to be an old lady living in the flats and I used to get her pension, leave it with her. As soon as I'd gone out the door, she'd take the book out, rip it in half, take the money and throw it out of the window.

Women also stressed the fact that they often cared alone:

- You see, some of them don't see anybody. Now my cases, the're all round ninety, they can't get out and if I don't go they see nobody at all...

In some cases, interviewees felt families to off-load responsibilities onto their shoulders:

- Sometimes you're doing things what the family have left you. They sort of give up that responsibility. The more you go, the more they will let you go, it's that type of situation. They'll tend to sit back and say, 'Oh well, that home help's going, she'll see to her. She'll make her dinner, or she'll do that.'

Others claimed to fill the role of neighbours:

- They don't help each other any more. You ask an old one across the landing, I have done, to see that the door is locked maybe at night. 'It's not my problem'. 'She's got a daughter' or 'What are you getting paid for? You're her home help'. And that is gospel that, because I had that last weekend... I think this is where the home help is getting more involved because they have to get more involved because the neighbours won't help.

Whatever the reason, home helps carried a heavy responsibility for the well-being of old people with little time in which to fulfil their caring duties. It was in terms of these factors - singly or in combination - that women explained their unofficial activities. For example, some indicated practical exigencies. Most suffered a shortage of time:

A - Your time is not your own on this job.

B - You can not go home and say, 'I'm finished'. That is definite...I have three very bad clients, three very confused and they're old couples. It is a bit much and the home help organiser is going to try and relieve me of one of them. I mean, I only get two hours for Mr Hoffman. You've got to run and pay his gas bill in your own time because you say, 'I'll do it for you when I'm on the precinct', you know. You're paying Mrs Salter's rent in your own time. You just don't have enough time.

Though insufficiency of other resources also led home helps to break-rules.

- It's like at this meeting last week, we were told we weren't supposed to stand on chairs to do windows. Half of them haven't got ladders. What are you supposed to do?

For other interviewees, involvement arose from a sense of moral obligation, whether it be to listen:

- Well, you've got to be a good listener, haven't you? And you've got to try and help them if they have got a problem, you just can't walk out and say, 'Well, it's nothing to do with me', and go home. I think, 'Oh, that poor soul's sat there, you know, worrying about... might only be a little thing. I mean, an example, my old lady said her chiropodist's not come, 'She said she'd be here at nine o'clock, what shall I do?' That's nothing to you but to them it's a big problem, isn't it? Say they only have half a loaf and think, 'My home help doesn't come 'til next week, will I manage with that?' And that could make them really ill, couldn't it? Just worrying about daft things like that. It's daft to us but to them it's a big problem.

or to lend a hand:

- I mean, my husband has a little moan now and again, 'What do you think it is, the Salvation Army?' I've took curtains down from my own kitchen and took them to people, because they've got nothing.

More often than not, interviewees rationalised their actions in terms of a mixture of the two factors, moral obligations and practical exigencies:

- A - I don't like saying no. Especially when it's somebody elderly, you know they're stuck, you haven't got the time but you're not going to say no.
- B - And if you're going to the market, 'Well', you think, 'it's no problem, I can pick it up'.
- C - But a lot of the times you're not going, are you? But I still won't say no.

Quite often they did things because there was no-one else available:

- I'd been bathing that old lady because there was no-one else coming in. And she was all caked up. I couldn't leave her like that.
- What can you do when some old person's [cutting their nails] and they say, 'Would you mind, I can do this hand but I can't do this hand'. So what can you do? We're told not to do it, but how can you not do it? That's why we are a caring service.

With responsibility came feelings of worry, guilt and concern:

- You feel sorry for them... because they can't do it themselves. If we don't do it, it gets left... and because it depresses them, doesn't it, when they can see things that need doing and they can't do it... When they're sat there all day, looking at it, it's worse.
- A - [Sometimes] it's inconvenient, but on the other hand, if you don't do it, you feel as though, 'Oh, what can I do?'
- B - You feel guilty, don't you? You feel as though you've let them down. I had to go to the organiser with one old lady - she wouldn't turn her electric fire on for worrying about the bills. But I was scared she'd die of hypothermia. But I felt like I'd betrayed her.
- Well, I think it's when you know they're dying of cancer or something like that. Because I've had a couple of 'patients', you know. You can get involved then, especially when you see that the family's not bothering and the condition that their living in.

In general, organisers did not operate a policy of rotating staff since, as interviewees explained, this was believed to make worse problems caused by shortages of time:

- You know what they want from the shops if you go shopping. You know what kind of bread they want and you know exactly what they like. Plus the fact that it helps the home help because you've not got so much mithering because you know what you're doing. Otherwise, when you go in you've got to say, 'Where's the dusters, where's this where's that?' Whereas the houses that you go to week in, week out, you just go and do your job.

But, inevitably, this served to increase women's involvement with elderly people (8):

- I've got an old lady that had a home help for seventeen years, so to me that was like a daughter going in. She still comes now. This home help's retired, she must be seventy herself, and she still comes to see her.

and vice versa:

- They get very confused and very upset if you're taken away for a change. Now if I'm sick, mine go mad if they get a relief while I'm off.
- If I came into yours and you'd been going for a long time, they'd think the world had ended because they think something has gone wrong because somebody else had been sent to them.

In consequence, women felt a responsibility to persist with visits to users, even when they were recognised as being "dirty", "awkward" or "difficult" people:

- You don't know how to handle them, do you. This lady I go to, she'll say to me, 'Don't let anybody see you!' and, 'Don't bang the door!' and, 'Stop shouting!'. I creep around the house so she won't see me or hear me. you know. I don't know what to do with her at all. And this week, when I went, she said, 'There's a bottle of sherry missing'. Last week her purse was missing.
- A - You don't like to keep phoning the office, 'Oh I don't like Mrs Such-a-body', I don't think I've ever done that yet. I might ring up and say 'Well, if you can get somebody will you take me off Mrs Such-a-body, I've had enough', because if you don't you're going to break, or the old person's going to break and that's it, there's your job gone.
- B - Personally I'd rather have a change. I'd rather go to a different one every week, but that wouldn't suit the old people, because they don't like different people going in their house, and you feel bad about it.

The whole situation was exacerbated by the fact that the boundaries of tasks remained largely ill-defined. In theory, this was intended to achieve a flexible service, ensuring that the various and varying needs of elderly people could be met. Certainly women enjoyed autonomy at work: within very broad limits, what, where and when tasks were to be done was left to their discretion and choice. But as Oakley has pointed

out, ideas about the kind of activity housework is may differ quite significantly between individuals (and over time). She cites the findings of Betty Friedan based on her tours of American suburbs in the 1950s, which revealed that, given the same house and the same housewife, the same work could take one or six hours (Oakley, 1974). Hilary Graham writes that "caring is experienced as an unspecific and unspecifiable kind of labour, the contours of which shift constantly". Since it aims "to make cohesive what is often fragmentary and disintergrating", it is only visible when it is not done (Graham 1983, p26). Characterised by "its attention to small chores, errands, work that others constantly undo" (9), and - in this case - the constant needs of elderly people, it is an unending labour. In other words, women felt under pressure to prove that caring was being done. But while duties were not codified or spelt out, it was very difficult for home helps to judge where to draw the line:

- You never really feel as though you've done everything you should have. You're always saying to yourself, 'Next week I'll do this, next week I'll do that... like I'll take down those curtains or clear out that cupboard'. Or you don't know whether or not you should do certain things, 'Should I put Mr Gurney in the bath? What if I fall with him, what will happen?'

and, even where it was drawn, it appeared easy to cross:

- We're not supposed to do that for starters - pay bills on a Saturday - but we do it. If we booked extra for that, and booked overtime, we'd be pulled over by the coals for that. But it's alright if you do it in your own time.

Indeed, by organisers' own admissions, they "turned a blind eye" to most unofficial activities, and even privately condoned them, rationalising and justifying them as evidence of women's caring nature:

- I accept it because they're being a good neighbour and it's their choice what they do in their own time. Home helps who

are divorcees or widows may have no other obligations and enjoy being with the client.

- We do things in our own time, so you can't expect to preach one thing and practice another...People aren't numbers, are they? You've got to accept that it's something they all want to do - it's human nature, isn't it?
- It's very difficult to know how far to go because the type of people who become home helps are the type of people who get involved.

Conclusion

"There's not much point in going if you stick to the rules".

i. A Double Bind

Home help was a convenient job to suit women's family situation. Their wage played an important role as contributing essential income to the family budget. In some cases, it was the sole source of income. With a dependent family to care for, factors like hours and locality took precedence over the nature of the job. The short hours characterising home help work appealed especially to mothers of young children who thereby minimised the need for childcare.

While explaining women's relationship to work in terms of their responsibilities within the family, I do not wish to suggest that they were less committed to their jobs. In her study, Sharpe found that a suitable job, especially with "friendly and flexible" conditions, was of such importance to working mothers that employers often received more hard work and loyalty than the work and pay deserved (Sharpe 1984, p57). Interviewees expressed a comparable conscientiousness. But it was clear too, that the nature of work and related job experiences were

important for women. Indeed, they defended their status vehemently against suggestions that they were simply "skivvies", "dogsbodies", "chars", "cleaners" or "menials", especially when they were so regarded and treated by members of elderly people's family whom interviewees saw as their equals (Morrow, 1983).

Reid and Wormald (1982, pl27) have caricatured women's work by the list of the "ten deadly Cs": catering, cleaning, clerking, cashiering, counter-minding, clothes-making, clothes-washing, coiffure, child-minding and care of the sick. These are jobs which, they argue, involve the direct servicing of people's immediate needs. But, while home helps were involved in human service work, it was not typical of most "people work". It involved care of a personal nature which took place outside the total institution, in the setting of elderly people's own homes. Women used a language and ideology to articulate the public domain which was taken directly from the private domain since, in this instance, activities clearly straddled both. They saw themselves as doing work for as well as to old people, they cared as well as tended.

The paradox for home helps, reflected in the above quote, lay in the fact that their roles at home and at work were so closely related. The first qualified women to undertake the second. The second was constructed in terms of the first. Since they performed these roles simultaneously, women felt locked into a double bind: if they were devalued and found wanting as home helps then they themselves, as 'natural' housewives and carers were found wanting (10). Indeed, describing the intense pressures of the service for women, Meg Bond concluded:

It is my contention that organisers and their home helps take on these huge burdens and fail to acknowledge openly that they are too great because they accept the ideology of housewifery which places a premium upon making do and mending, upon

coping and budgeting, and upon managing within the resources available. A woman would not be a good housewife or mother, or home help or organiser, if she said she could not take responsibility for the areas which have traditionally been seen as her responsibility - housework and the care of society's dependents. To admit that she cannot meet all these demands with the resources available to her would strike at her good womanhood - at the very qualities for which the staff of the service are selected (Bond 1980, p24).

ii. Satisfaction or Exploitation?

So what were the consequences for interviewees who were essentially performing "women's work in a women's world" (Bond 1980, p13) characterised by self-sacrifice and a sense of altruism (Dalley 1988, p15)?

Hilary Graham has argued that services which substitute for informal carers are not seen as "care" since they are believed to lack the qualities of commitment and affection which transform caring-work into a life-work, a job into a duty. Payment underplays the symbolic bonds that hold the caring relationship together (Graham 1983, p29). This was certainly true for some home helps: as I have stressed, by no means did all women conceive of themselves as caring relatives. At the other extreme, there were those who saw their obligations to elderly people as having a moral quality which was over and above that demanded by the job. "Obligations", writes Harris, "cannot be explained solely by sentiment, nor can they be adequately explained without reference to it" (Harris 1983, p13). His comment may have been made in the context of an examination of kin relations, but it seems to apply equally to home helps.

Whatever the nature and degree of involvement or obligation experienced towards elderly people, what was certain was that many home helps did not believe pay to reflect their responsibility (despite a recent upgrading of status to a level commensurate with that of care assistant

plus the concomitant pay rise). Indeed, as Marilyn Porter has noted, women's self-sacrifice for the pay packet is often ignored or assumed as part of her "nature" (Porter 1983, p113). This is not to suggest that women did not enjoy or gain a sense of satisfaction from their work:

- Some old people, it's lovely to go. I look forward to it. I think, [jolly voice] 'Ooh, I'm off on me bike now here'. And they've always got the kettle on when you go in.

Several thought their jobs particularly worthwhile when elderly people confided their problems to them. One interviewee felt she had become a lot more patient and tolerant as a result of looking after elderly people. Another derived much pleasure from doing favours for people, especially when her actions had measurable pay-offs:

- They are things you bring on yourself really, we're not complaining. I take cakes to two of my clients, I mean like you know Nell, because I always bake at weekends, I always take cakes and pies, because she's confused. She's a psychiatric case and I've only been going to her about two months, but she seems to have taken to me fortunately, so she's been alright. Now the warden said they've never gone for such a long spell without being disturbed at nights. She's a lady that gets up and goes out with no clothes on and this sort of thing. Luckily she's taken to me and these little bits of extras bring you closer.

Few felt able to treat the job as a nine-to-five - or eight-to-one - as was more likely to be the case, however. If they did not take work, then they took worries away with them:

- If you're going to a person every week and you're off - either sick or on holidays - you've phoned your organiser and she might have nobody to send, that person could be in a fix and you worry.

In some cases, worries followed them: that is, a number of women reported being bothered by elderly people phoning or even calling on them at home, although organisers advised them not to give out their

addresses or telephone numbers. In this situation, it was possible for women's families to resent their involvement:

- Well quite honestly I wish I'd never given [my number]. I only gave it for emergencies but my husband goes mad, because the men only take so much.

Work was described as both physically and emotionally (11) very tiring. In particular, women emphasised the emotional toll it took. They spoke of a "double burden of worry":

- I've got one lady, she's very forgetful. Now I know her gas wants paying every fortnight, and you can bet your life at least once every six weeks she'll say, 'Leave it', and I'll say, 'No let me take it myself'. Now I know full well she's going to forget. And it's on that fortnightly scheme, you know. Now, if you miss a week with that, they take them off it. They don't allow them any leeway, more or less. So I have to remember then in the back of my mind that she... you've got all that stored up, and then you've got your own things stored up.

One woman had recently rejoined the service after a break of six years:

- It got on top of me. It does. After so long you must have a break because, don't forget, you're with old people all the time, it can be very depressing. When you've got somebody who's doing a lot of crying or a lot of moaning and complaining. And you're the only one they can take it out on. There's no-one else going. And they'll complain to you more than they will to their family.

This home help was taken back on the condition she did not become "too involved" again. Another woman, determined to persist with a particularly difficult elderly woman, described her experiences:

- I was going to one woman and she did drive me round the bend. I ended up on valium, the other home helps did. Oh, she was a horrible, horrible woman. She used to watch you take the dusters out of her bag. And the swearing. Oh god, 'F' and 'B'. And I used to get the window leather out, and it was a patch one, 'You so-and-so thief, my window leather'. Then I was accused of breaking the Hoover. And when it comes to all, she'd had the tools on, and she'd been cleaning behind the chimney, and all the bricks were in it. Then the cord broke in the window, she said I had to put that in. I was out of my mind.

Inevitably home helps faced the death of elderly people, which could be an emotionally stressful experience:

- When I first started on the job, I had an old lady, she was eighty-three, and she had her leg off. And the stupid social worker moved her away from her friends because it wouldn't have been convenient for her - moved her into this flat where she could be so independent [sarcasm]. So they moved this old lady. She didn't have anybody, all her family were all over the country. In fact they moved her into this flat for the convenience of the wheelchair. And it ended up, this particular lady was then not only housebound, but friendless as well. So I fell in love with this lady, and I loved her. And I found her dying and I was ill for a week. But I learned my lesson that I wouldn't love anybody like I loved her.

Finally, women spoke of feeling manipulated and exploited, though they were surprisingly few in number. This may be because, as Rossi (1972) has pointed out, people are often less willing to express ambivalent or negative feelings about roles which feel 'obligatory' than about roles which feel 'optional' (12). Of those who did talk in these terms, most reported being manipulated or taken advantage of by elderly people rather than their employees (perhaps because, in many ways, they saw organisers as being equally involved with elderly people as they were):

- [Organisers] tell you not to do more things, but when you're going in week after week it's such a difficult situation. It's either unpleasantness - if you don't do it, they'll say, 'Oh, she wouldn't do this for me'. And they get together, these old ladies, and they talk and they call you among themselves... And to you they're saying, 'Oh, I don't know what I'd do without you'. But let them get a few together and your name's going round.

though some felt organisers to play a part:

- Well, it's discussed between you and the organiser what hours you want. But you start off with so many hours and as you go on they'll say, 'Can you do a weekend for me because I really need somebody for a breakfast (13)'. And you gradually end up doing more hours. I mean, I've done weekends for nine years now.

This is not to suggest that women felt themselves powerless to resist pressure:

- I was asked - [the organiser] rang me up on Monday and asked me - would I give Aggie a tablet at night. I said, 'No, I'm very sorry'. I'm in there seven mornings a week and I'm not going in seven nights. She's at Ladywell all day, she's got the nurses coming in at night and I think that's the first time I've ever refused to do anything. But I mean, enough's enough. And I'm not supposed to give her [the tablets] of a morning really, it's not my job, but you do it.

The majority appeared to shoulder the blame for manipulation themselves:

- I'm very careful never to do gardens. I did once, I fell for it you know, when you're new sort of thing. And she said about her heart being bad and she dragged this lawnmower out and she said she was going to do it herself. 'Oh', I said 'don't do that love, you're going to have a heart attack. I'll do it then.' And she told the neighbour she paid me for it. Never again would I fall for anything like that.
- Once you start doing that, there's no end to it, is there? It's, 'Will you pay this?', and then 'Will you do something else?'. And then before you know where you are you're working seven days a week, which is damned ridiculous when you're getting paid for five... But you don't like to say no.
- We do these things because we care...We're home helps because we care.

FOOTNOTES

1. My emphasis.
2. The 1980 World Health Organisation distinguishes between 'impairment', 'disability' and 'handicap'. An 'impairment' is defined as "any loss or abnormality of psychological, physiological, or anatomical structure or function" (p27). A 'disability' is "any restriction or lack (resulting from impairment) of ability to perform an activity in the manner or within the range considered normal for a human being" (p28). While 'handicap' is defined as 'a disadvantage for a given individual, resulting from an impairment or a disability, that

limits or prevents the fulfilment of a role that is normal for that individual" (p29).

3. Here, I use the concepts of 'negotiation' and 'transaction' very much in an interactionist sense (Strauss, 1978). The process of negotiation may be explicit, but is more likely to be covert.
4. In Hunt's study, roughly nine-tenths of the men and four-fifths of women receiving home help were non-married and lived alone.
5. I was unable to obtain detailed figures, but in her survey, Hunt found only one tenth of elderly people using home help to have no close relatives alive.
6. Hunt found that elderly people with sons rather than daughters were more likely to get home help (Hunt 1970, p178).
7. Hunt also found that home helps were more likely to be allocated to elderly men living alone than to elderly women (Hunt 1970, p238).
8. Indeed, Latto has observed that in many authorities where home helps are instructed against becoming involved with users, it is not uncommon to have a regular rotation of staff in order to discourage this (Latto 1980, p16).
9. Rich, A., (1980) On Lies, Secrets and Silence, London, Virago quoted by Graham (1983, p26).
10. This was a problem pointed out by Fiona Poland in relation to mothers working as childminders, but it appears to me to apply equally to housewives and mothers working as home helps.
11. ...Home helps carry considerable burdens of stress, anxiety, and even depression. They spend their working lives among people who suffer extreme privation, whose

daily experiences are made wretched by physical pain, depression, and poverty, and who sometimes need to express their bitterness and despair to anyone who will listen. It is no easy task to repond positively in such circumstances, and it is clear that many home helps feel overwhelmed, unsupported, isolated, and despairing (Dexter and Harbert 1983, pl61).

12. Quoted by Fay Fransella and Kay Frost (1977, pl07).
13. The organiser used the expression 'a breakfast' as a short-hand term to refer to a user who required their breakfasts to be prepared for them.

Elderly People

CHAPTER 6: Elderly People as a Survey Sample

Chapters six and seven focus on the elderly people in my study. Chapter six serves as an introductory chapter and is divided into two parts. In the first, I present a profile of the elderly people, taking into consideration household composition, age, accommodation, impairments, mobility, and sources of help. The second part is composed of five pen portraits in which I give detailed pictures of the lives of some of the elderly users of home help as context for the discussion which follows in chapter seven.

A Profile

i. Household composition

I conducted interviews with elderly people at fifty households, five from each of the ten patch areas.

Of these households, ten were composed of married couples, all elderly except for one spouse who was not yet sixty-five.

The majority, thirty-five, consisted of elderly people living on their own. Of these thirty-five elderly people, twenty-four were women and eleven were men. Twenty-one of the twenty-four women living alone were widows, the remaining three had never married, whilst six of the eleven men were widows and four had never married. One man living on his own was still married, but his wife was resident in Part III accommodation.

Of the remaining five households two were made up of siblings living together; in one case two elderly sisters, one widowed and one unmarried, shared a house; in another three unmarried sisters, two elderly, lived together. In the other three households, elderly widows were living with their children: one woman lived with her unmarried daughter and the remaining two women lived with their respective sons.

Of the fifty households the number of people living therein who were classed as being both elderly and in receipt of home help totalled sixty-one.

Table 6.1: Household Composition

<u>Type of Household</u>	<u>No</u>	<u>%</u>
Married couples	10	20
Living alone:		
women	24	48
men	11	22
Living with relative	5	10
	—	—
	50	100

Table 6.2: Marital Status

<u>Marital Status</u>	<u>No</u>	<u>%</u>
Married	20	32.5
Single:		
women	6	10
men	4	6.5
Widowed:		
women	25	41
men	6	10
	—	—
	61	100

ii. Age

The average age of the sixty-one elderly interviewees was eighty. Their age range spanned thirty-two years from the two youngest users aged sixty-five to the oldest user, a ninety-seven year old woman living with her ninety-five year old sister. The majority of elderly people, 44.5%, were in their seventies, 35.5% were aged between eighty and eighty-nine; 11.5% were in their nineties, and 8.5% were aged between sixty-five and sixty-nine.

Table 6.3: Age

<u>Age (in years)</u>	<u>No</u>	<u>%</u>
65 - 69	5	8.5
70 - 74	12	20
75 - 79	15	24.5
80 - 84	15	24.5
85 - 89	7	11
90 - 94	4	6.5
95 +	3	5
	—	—
	61	100

iii. Accommodation

Accommodation was varied. Relatively few elderly people owned their own homes: 20%, or ten out of the fifty households, were owner-occupied.

Rented accommodation accounted for 12%, or six out of the fifty households. Of those rented properties, five were houses leased privately by landlords, one was a bed-sit, one of a number of dwellings purposely built for and leased to elderly people by a local charitable trust.

Thirty-four dwellings, 68% of all accommodation, were council property. These comprised seven houses, three flatlets, and seven highrise flats.

Two of the seven highrise flats were located in tower blocks where a certain percentage of accommodation was specially reserved for old people. Attached to these blocks were facilities for elderly residents, namely communal lounges and laundry rooms. Six more dwellings comprised bungalows purposely built for old people.

Finally, respondents from eleven households lived in local authority provided sheltered housing. Old people from seven households resided in specially designed or converted bungalows grouped on an estate with an alarm system and resident warden. Those from the remaining four households lived in flatlets - one on an estate, two within special units - which had additional facilities, notably dining and laundry rooms and community lounges.

Table 6.4: Accommodation

<u>Type of Accommodation</u>	<u>Households</u>	
	<u>No</u>	<u>%</u>
Own Home	10	20
Rented:		
House	5	10
Bedsit	1	2
Council:		
House	7	14
Flatlet	3	6
Highrise Flat	7	14
Bungalow	6	12
Sheltered Housing:		
Warden-controlled only	7	14
With communal facilities	4	8
	—	—
	50	100

iv. Impairments

In only two cases did elderly people report only one impairment.

Table 6.5: Reported Causes of Impairment

<u>Causes of Impairment</u>	<u>No. of old people affected</u>	<u>% of old people affected</u>
Arthritis/rheumatism	27	44
Stroke	12	20
Heart trouble	10	16
Chest condition	10	16
Falls/broken bones	8	13
Stomach problems	6	10
Ulcerated legs	6	10
Limb amputation	5	8
Pernicious anaemia	4	7
Prostate trouble	3	5
Spasticity	2	3
Hiatus hernia	2	3
Diabetes	1	2
Parkinson's disease	1	2
Cancer	1	2
Rickets	1	2

Table 6.6: Common Impairments in Old People

<u>Impairment</u>	<u>No. of old people affected</u>	<u>% of old people affected</u>
Blind/partially sighted	17	28
Confusion/forgetfulness	9	15
Deaf/hard of hearing	7	11
Limb amputation	4	7
Incontinent (bladder)	3	5
Incontinent (bowel)	3	5
Spasticity	2	3

The vast majority of elderly people had multiple impairments. The most common limiting factor, as in Hunt's survey of the elderly (Hunt, 1978, p. 71) was arthritis and rheumatism, affecting no fewer than 44% of interviewees. One in five, or 20% of elderly people had suffered

strokes, while 13% reported serious falls which had resulted in hospitalisation. A relatively sizeable number of elderly people also reported having heart trouble, 16%, and chest/breathing conditions, 16%. Asthma and bronchitis were the main causes of the latter conditions. One in ten elderly people experienced 'stomach' problems: ulcers, gastroenteritis and, in one case, ileus (requiring an ileostomy) lay at the root of these troubles. An equal percentage of old people had ulcerated legs. Four interviewees, 7%, had pernicious anaemia and three more, 5%, suffered prostrate trouble. Other individual sources of impairment included hiatus hernias, diabetes, Parkinson's disease, cancer (of the throat) and rickets.

Deterioration of the sensory organs was common. Seventeen, or 28%, of old people were either blind or partially sighted, commonly a result of cataracts. Seven, or 11%, described themselves as being deaf or hard of hearing.

Nine elderly people suffered confusion or forgetfulness, though the extent of confusion varied widely amongst this 15%. For example, one partially sighted elderly woman described herself as 'forgetful' because she found it increasingly difficult to remember where she had left things such as a pair of scissors or a pen which she had been using only a moment before. At the other extreme, three elderly women to whom I paid visits appeared to be severely confused. All had lost the sense of passage of time: one, living on her own, was even confused about the basic lay-out of her home.

Four elderly people were amputees, two more were spastics.

In general, incontinence appeared not to be a frequent problem. Only three elderly people described themselves as being occasionally incontinent of the bladder, and three occasionally of the bowel (one was

incontinent of both). Two of the three people who experienced bladder incontinence were elderly women disabled with arthritis. Both took diuretics for water retention and both explained their occasional loss of control as being due to an inability to reach toilet facilities quickly enough (1).

The list of impairments given above does not give the fully story, however. Elderly people also spoke of health problems which, if not a direct cause of disability, certainly had ^{affected} or still did ~~affect~~ their well-being in a significant way. For example, two elderly men had experienced notable weight-loss as a result of illness: the first had contracted jaundice, while the second had suffered from gall stones. Both interviewees were finding it difficult to regain weight and strength. Two clients regularly experienced bad migraines, while as many as ten out of the sixty-one interviewees, 16%, spoke of suffering from depression, tension/hypertension or nerves. An equal number again reported taking tablets to combat water-retention.

v. Mobility

Observations concerning mobility apply to the situation at the time of the most recent interviews with elderly people. At this time eight elderly people - all women - would have been effectively bedbound without the help of others. Two had spouses who were able to help, another lived with her daughter. The remaining five, living on their own, relied on the combined help of the home help and visiting nurses. Two of these eight elderly women actually regularly got out of the house. One was collected and taken by ambulance five days a week (Monday to Friday) to a day hospital. Another attended a nearby day-centre three days a week to which she was pushed in her wheelchair

by a volunteer helper at the centre. Her daughter also took her out regularly in the chair.

Over half of all interviewees, an astonishing 52%, were more or less permanently housebound. Some said they were taken out in a car once or twice a year - usually on special occasions such as birthdays or Christmas - or were taken by ambulance to hospital for six-monthly or annual checkups, but they numbered very few. (One elderly woman claimed to be housebound but the home help reported having seen her outside only the week previously.) Six elderly people, again all women, left their homes only with assistance. Some were taken out in cars by relatives or accompanied to community lounges by friends. One used a local 'dial-a-ride' scheme set up for old people (the equivalent of a taxi-service for the elderly) to visit her daughter. Two women, who had both lost their sight, were taken by special transport to nearby day centres which held activities for the blind.

Of the sixteen elderly people, 26%, who were ambulant, that is who went outside by themselves, only two, both elderly men, were steady on their feet (though they reported having to take things easy since one suffered pain from an inflamed prostate gland, while the second had a heart condition). Subsequently, six of the sixteen left their homes simply to go as far as their neighbours' homes or perhaps to a nearby bus-stop. Only ten elderly people out of the sixty-one, or 16%, visited the shops and could only then manage small amounts of shopping.

Table 6.7: Mobility of Elderly People (without assistance)

	<u>No</u>	<u>%</u>
Bedbound	8	13
Housebound	37	61
Able to go outside	16	26

vi. Sources of helpa. Meals services

Twenty-one interviewees made use of some sort of meals service. Fourteen elderly people, 23%, received meals-on-wheels. Two, 3%, received meals-'on legs' (2), while another walked each day to a nearby day centre for his meal. All those who lived in sheltered accommodation with meals facilities made regular use of them.

Of those to whom meals were delivered, all lived alone with the exception of one elderly woman who lived with her son. Excluding this interviewee, the number of men and women who had meals delivered were roughly equal: they numbered, respectively, seven and eight, or 11% and 13% of the total sample. When treated as percentages of the number of men living alone compared to women living alone, the figures show a different picture, however. For, while 64%, seven out of eleven, of men living alone received meals-on-wheels, only 33%, or eight out of twenty-four of women living alone, had meals delivered.

On average, those having meals-on-wheels received them on four days each week (the maximum provision is five out of every seven days).

b. Nursing services

Nursing services were used by just under half, twenty-seven or 44%, of all interviewees. The nature of assistance took three forms; nursing auxiliaries assisted elderly people in bathing or in getting in and/or out of bed, and district nurses provided medical assistance (commonly, to dress ulcers, administer injections or eyedrops, dispense medicine or to check and/or deliver repeat prescriptions).

Nine, or 15%, of the interviewees reported receiving visits from district nurses. Twenty-one elderly people, 34%, of the total were helped to bath by auxiliaries, six on a weekly basis, fifteen on a fortnightly basis. (Two more interviewees were bathed at day centres.) Three elderly women, 5%, were given assistance in getting in and/or out of bed. At the time of interviewing, ten elderly people, 16%, were regularly receiving two forms of assistance, though only one person required all three forms.

c. Chiropodists

A relatively large number of elderly people also reported receiving professional help with footcare. Chiropodists called at twenty, or 40%, of the fifty households. Three interviewees visited chiropodists in private practices. Two more saw chiropodists at day centres, while one elderly woman had her feet attended to by a hospital chiropodist. Two elderly people were waiting for home visits to be arranged.

d. Laundry service

In collaboration with one of the City's hospitals, Salford Social Services offer a special laundry service intended chiefly for those living in private accommodation without washing facilities (especially

where incontinence is a problem). Two households reported making use of the laundry service.

e. Telephones

Three-fifths of households, 60%, had telephones compared with just over two-fifths, 44%, in Hunt's study (Hunt, 1978, p. 105). Those elderly people within sheltered accommodation had easy access to telephones, while members of a third household reported being able to use a neighbour's phone should the need arise.

f. Home help

On the basis of the data I managed to obtain, the average elderly person had been receiving home help for six years, was visited by just one home help on two days per week, each visit providing a total of two hours help, typically with domestic and errand activities.

Behind this summary lies a much more complex and complicated picture, however. To begin with, in as many as twenty-one, or 42%, of cases, I failed to obtain a record of the length of time for which home help had been provided (3). Of those households where an accurate record was available, the period over which home help had been provided varied from less than a year (this was the case of a new referral) to, at the other extreme, seventeen years.

The frequency of home help visits varied from fortnightly calls to one household to twice-daily visits seven days a week made to two other households. The majority of households, thirty-two or 64%, received twice weekly visits. While 30% of households, fifteen in total, were visited three to four times a week.

Table 6.8: SOURCE AND FREQUENCY OF OUTSIDE HELP WITH SOME ROUTINE PRACTICAL ACTIVITIES (%)

<u>Category and nature of activity</u>	<u>Sources of Outside Help (by Household)</u>								
	<u>Home Help</u>			<u>Relative*</u>			<u>Neighbour/friend</u>		
	Daily	Regularly	Occasionally	Daily	Regularly	Occasionally	Daily	Regularly	Occasionally
<u>Domestic</u>									
Cleaning	- 98	+2		- 2	-		-	-	2
Washing	- 70	-		- 10	-		-	4	2
<u>Errand</u>									
Shopping	- 74	2		- 18	-		- 12	4	
Pension	- 58	6		- 6	2		- 8	-	
Bills	- 56	6		- 8	2		- 8	-	
<u>Personal</u>									
Washing/Bathing	4	10	-	-	4	2	-	2	-
Dressing	4	6	2	-	-	2	-	-	-
Meals	18	18	2	-	8	2	-	2	2

Key * excluding spouse or other member of household
 # eg. warden or paid help
 + help received fortnightly
 ° shopping delivered by local grocers

The number of hours of help provided to each household varied concomitantly from two hours every fortnight to approximately twelve hours per week (again, I did not always obtain exact figures of the number of hours help received per household per week).

The vast majority of households, forty-four or 82%, received assistance from only one home help, including three cases where weekend cover was also given. Alternative arrangements did exist, however. With respect to three households assistance was provided by two home helps. In two more households, one home help made regular week-day visits, but additional weekend cover was provided on a rota basis. In one final case, two home helps provided week-day assistance, while weekend cover was provided on a rota basis.

It was difficult to draw up an accurate detailed profile of the weekly support received by each household. In many cases, home helps provided help unofficially. Moreover, the amount of assistance provided by others - relatives, friends and neighbours - often varied from week to week, as indeed, did the needs of elderly people. Nevertheless, Table 6.8 represents a rough analysis of the source and frequency of help received by each household with some common practical tasks. All sources of help come from outside the family, that is the table does not include help given by spouses or other members of the household (4). Without exception, the term 'other' referred to either a warden or a paid help. Help received 'regularly' meant assistance with an activity was given at least once a week.

The table clearly shows that home helps were the main source of regular practical help. With respect to domestic tasks, all bar one household received regular weekly assistance with cleaning activities from the home help service. In the one exception to the rule, help was received

fortnightly. Thirty-five, or 70%, of households received help with laundry. After cleaning the activity with which interviewees required most assistance was shopping. Thirty seven households, 74%, received regular help with this task. Two more households received occasional help. Pensions were collected and bills paid by home helps for the members of well over half of all households.

In relation to domestic and errand care, personal care was received by fewer households, but it was the only one of the categories to be supplied on a daily basis. Daily help was received in two households with washing and in two with dressing, and in nine households home helps prepared meals. Regular assistance was provided to five households with washing/bathing, three with dressing and nine with the preparation of meals. In addition, elderly people from two households reported receiving occasional help with dressing and, from two more, with the preparation of meals.

Assistance with activities from one category alone was provided by home helps to 18% of households (in all cases the category was of domestic activities), with activities from at least two categories to 50% of households and with activities from all three categories to 32% of households. The most common arrangement was where help was provided in relation to a combination of domestic and errand tasks: nineteen households, 38%, were so situated.

g. Relatives, friends, neighbours and others

No households reported receiving help on a daily basis from relatives, friends, neighbours or others outside the household.

The second major source of assistance after home helps, perhaps as expected, proved to be relatives. However, in the case of only one

household did a relative give regular assistance with cleaning. Where they did help relatives most commonly assisted with shopping and, after that with washing, closely followed by the paying of bills and the cooking of meals, and, lastly, the collecting of pensions. The percentages of households receiving such help on a regular basis were 18, 10, 8 and 6 respectively. Relatives also regularly helped elderly people to wash/bath in two of the fifty households. Individual households reported receiving occasional help from relatives with the collection of pensions, the payment of bills, washing/bathing, dressing and cooking.

As with relatives, where neighbours and friends provided assistance it was most commonly with errand activities. Six households, 12%, received regular and two, or 4%, occasional help with shopping, while for 4% or 8% of households neighbours/friends regularly collected pensions and, for an equal number again, regularly paid bills. With respect to two households, 4%, neighbours helped with the laundry and members of two individual households received regular assistance with bathing and with the preparation of meals respectively. Three separate households received occasional help from neighbours/friends, one with shopping, another with laundry and the third with meals.

It is my guess that relatives especially, but also neighbours and friends, provided a greater amount of occasional assistance than the figures suggest. The very nature of occasional help means that it is often either unintentionally 'taken for granted' or not seen and therefore would not have been reported.

Finally, two elderly women employed paid helps; one for assistance with laundry only, the other for assistance with laundry, shopping, pension, bills, washing, dressing and meals. In two households pensions were

collected and bills paid by the warden. One elderly woman had the bulk of her shopping delivered by the local grocer.

FOOTNOTES

1. It should be noted, however, that incidence of incontinence may have been higher than the reported figure. My conversations with home helps suggests that this was so. Old people may have kept their experience of the problem hidden for fear of having home help withdrawn or of being admitted to hospital or a home (Sheldon as cited by Wright 1985, p. 42).
2. Some day centres offering a meals service employ volunteers to deliver dinners on foot to elderly people living nearby.
3. In many instances, date of commencement of home help was not recorded in files, and elderly people reported being unable to provide a rough estimate.
4. The table does not include nursing and meals services, which are discussed above.

Details of the interests and perspectives' of the elderly people interviewed are given in the next chapter. Below I present five more-detailed pen portraits as means of an introduction. I have attempted to convey the diversity of elderly people's biographies. In all cases, names have been changed to preserve anonymity.

Pen Portraits

1. Mr Eric Abbott

Mr Abbott is eighty-two. He first applied for home help as long ago as 1969, when his wife fell ill and had to be cared for. She died the following year leaving Mr Abbott a widow after forty years of marriage. At the time of her death, Mr Abbott himself was recovering in hospital from an operation on his prostate gland. He had suffered from prostatism for nearly twenty years. When he was discharged from hospital the home help continued to call, Mr Abbot having taken over his wife's position as 'client'.

In 1978, Mr Abbott suffered a heart attack:

Doctor said, "You've had a heart attack". I said, "I thought it were indigestion". I'd been taking tablets all day for indigestion! It turned out to be a very serious heart attack. I was thirteen stone five when I went into hospital and ten stone seven when I came out.

He was advised against climbing stairs which was becoming increasingly difficult for him anyway due to the combined effects of arthritis and rheumatism. Subsequently a social worker secured him a place in sheltered housing and he has received home help regularly since that date.

Mr Abbott's flat is small and crammed with the heavy dusty furniture which he insisted on bringing with him from his old home. But the living-room is warm and cosy. Sunlight floods in through a large picture window at which Mr Abbott often sits and watches passers-by on the way to the pub, the shops or to church. From it he can see the street where he was born. He speaks with great fondness of the neighbourhood where he has lived all his life: "I'm champion with this... I think it's a lovely place here".

Within the flat, Mr Abbott claims to "shuffle about" in his slippers, using the furniture or his walking stick for support. He has a zimmer frame which he sometimes uses when he goes out, though these occasions are now rare: "I can't trust my legs any more and any pressure on my joints is painful. Wearing new shoes is agony". Mr Abbott would like to go out more: he enjoys the tea mornings and the trips to Blackpool which the warden arranges from time to time. But he is strongly against the idea of attending a day centre:

I went once. See them that was in permanently - it makes me sick to see them. One woman in front of me, she was blind and she had to search for food with her fingers, it was awful.

Mr Abbott receives regular monthly visits from a chiropodist who brings pads to support his feet - he has dropped metatarsal arches - and offers general advice on foot care. Twice a year he is collected and taken by ambulance to the hospital "for a check up". Mr Abbott is very aware of his general health and follows the instructions of the doctors to avoid too much fat and sugar in his diet, though he admitted to "a liking" for a tea-cake for his supper. "I'm in very good shape for my age. Champion the doctor said. He said I'm fine really only for my legs". Despite a recent groin strain, he continues to struggle into his high

two-mattressed bed each evening. "I'm not sleeping in a chair. I'll go to the same bed that I've slept in for over fifty years". He described his "special technique" for getting into bed: "I lean back and then roll over onto my side, dragging my legs with me." He uses a 'pick-up', or helping hand, to pull off his trousers. The whole bedtime process, including undressing and putting on pyjamas cannot be rushed but must be performed in small stages with rests in between. Mr Abbott retires at half-past-nine each evening, he is rarely in bed before eleven o'clock.

Having a bath takes just as long. Mr Abbott has two special bath seats to help him.

I have a bath once a month and wash me feet every three days and that's it - the man next door said I should ask for help, but I'm not dirty. I'd sooner do it on my own - I can manage on them seats ..//.. As long as I can I want to do me own. When I can't the warden will come and help me, or someone else. I wouldn't mind anyone if I had to have it. But as long as I don't, I prefer to help myself.

Indeed, Mr Abbott does as much as he can in the house - prepares simple snacks, washes dishes, dusts here and there. He needs someone to clean and shop but his approach towards home help is largely functional; this was reflected in his response to my query about how he regarded his home help: "She does all she needs to in the time." In fact, Mr Abbott seemed generally quite puzzled as to my interest in the home help service. He answered questions in a very perfunctory manner and was much keener to talk about other areas of his life.

One of these was his family. He referred very often and very fondly to his son Ronald, an only child, who lives in America with his wife and two teenage children. They keep in touch by means of letters and phone calls and in the year prior to my visit, Ronald had visited his father

in Salford. According to Mr Abbott, Ronald had trained and practised variously as an architect, solicitor, real-estate agent and insurance broker. Whatever the reality, snapshots he produced from his visit to America ten years earlier depicted a large house, cars and a swimming pool and suggested a comfortable life-style. Ronald would like Mr Abbott to emigrate to live with him, "He'd do owt for me, that lad would ... I wouldn't have to pay anything to go and he says he's got a house for me." But although he misses his son greatly, Mr Abbott prefers ultimately to remain where he 'belongs': "I've always lived here, all my friends are here."

Mr Abbott's list of friends - "I've got plenty of friends" - is, in fact, composed largely of his neighbours on the housing estate. However, since most, like Mr Abbott, are more-or-less housebound, visits are rare though he did comment:

Everybody wants to know where I am. I'm not going out - I'm missed.

Apart from the home helps' twice-weekly visits, the only other regular visitor is the warden. She calls at least twice a week to check on Mr Abbott and he admitted to the "great comfort" he got from knowing she was there if he needed her. Yet Mr Abbott is not lonely: "I've got all my music, you see."

Indeed, music is the great passion of Mr Abbott's life. His day has a definite routine which revolves around music. The first thing Mr Abbott does on waking is to switch on the radio next to his bed. In the living-room there is a stereo on which he plays records most evenings. But his 'pride and joy' is his piano. Each day after dinner and before setting out his breakfast things for the following morning ("health permitting") he plays a selection of hymns and various other pieces.

Recollections of the past were largely stories of Mr Abbott's musical career. He spoke of the many years over which he had played the organ at his church, of leading the choir and of giving private piano lessons. He recalled fond memories of concerts he had been to, of playing in the bandstand at Bournemouth and of running local dance bands. And he told, with obvious pride, both of a recent occasion when he was asked by the vicar to play at an important church event, and of a chance meeting with an ex-choirboy, now a grown married man with children, who had remembered being taught by Mr Abbott. He even spoke of his working life in terms of the relationship it had held to his musical ambitions. For example, as a miner, Mr Abbott was involved in "hard, physical" labour. Yet he would return home from a full day's work at the pit and practice the scales for up to five hours in order to pass the exams.

Indeed, it is in relation to music that Mr Abbott judges his health and happiness. He dismisses the idea of loneliness, but claims to "miss having an audience to play to". If his health frustrates him it is when his frozen shoulder or arthritic fingers prevent him from playing the piano, or, more frequently, from playing as well as he would like to:

As long as I have music, I'll be happy.

2. Mrs Edith and Mr Frank Harris

Mr and Mrs Harris live in their own home on a small housing estate. Mr Harris is eighty years old, Mrs Harris is seventy-five.

Mr Harris, Frank, is rather unsteady on his feet and has to use a stick. He cannot remain standing for very long and can only manage to walk short distances in comfort. On the (increasingly) rare occasions when he feels fit enough to do so, Mr Harris catches a bus to the shopping

centre a mile away, but this is as far as he ventures on his own. At the time of my second and third visits to the Harris household, Mr Harris, was in hospital recovering from an emergency operation on his prostate gland.

Mrs Harris, Edith, has severe arthritis in her spine, knees, and legs and suffers constant pain. Like her husband she relies on a stick for support. She wears a surgical corset without which she is unable to walk. She has had arthritis for a number of years, but her condition was worsened following two accidents. In the first, nine years ago, Edith tripped over a mat breaking her hip. Two years later she fell again, breaking her knee and her right arm.

I just turned in the house and fell. My bones are chalky. I broke my right arm and I can't do things with it now.

As a result of her pain and discomfort, Edith finds it difficult to rest. She estimated that some nights she only gets one or two hours sleep. Edith also suffers from chronic indigestion. For over ten years, she took a mild tranquilliser (Librium) to calm her "nervous stomach". Three years ago her long-standing doctor retired and his replacement stopped the prescription. She now takes "bottled medicine" (kaolin and morphine) instead. The same doctor has also diagnosed the recent bouts of breathlessness which Edith has experienced as asthma attacks.

I always used to think it was bronchitis and that just lately it was getting worse, that's all.

However, she continues to smoke, despite being advised to give up.

In general, Edith describes her state of health as being poor:

It's not so good. I've only got to go in there [kitchen] and make a sandwich, my back starts ... When I'm on my feet my spine hurts...//...We've been lucky with the house and managing on money. But health - that's the only thing, my health.

However, she went on to add:

I'm very grateful for having intact mental faculties. I'd rather my body go than my mind.

This does not mean that Edith has "given in" to her disabilities: "I don't grumble. I never tell Frank if anything's wrong." On the contrary, she describes herself as "fiercely independent" and stressed more than once a determination not to become confined to a wheelchair. She would "put up with" assistance with personal care but only if absolutely necessary. Therefore, despite the effort involved, she insists on dressing and undressing herself. Unable to climb into the bath, she 'sponges herself down' instead: "Put's me out, but still, I've got all day to get over it." Similarly she refuses to make use of the chiropody service but attends to her feet herself, concentrating on one foot on one morning and the other foot the next.

Moreover, Edith continues to cook all the main meals - "I'm a meat and two veg person with a roast on Sundays" - though has to sit down and rest frequently in the course of their preparation. Frank fetches their breakfast and tea. Despite praising hospital food which she thought was "marvellous", Edith will not entertain the idea of meals-on-wheels: "I like my own cooking, or I'd teach him [Frank]. He'd do it if I told him what to do."

Perhaps the most exhausting activity Edith faces is climbing the stairs each time she wants to go to the toilet. She must haul herself up, step by step, by clinging onto the bannister rail.

It gets me down. I need a toilet downstairs. But I won't have a commode. I'd feel if I had a commode I was on my way out. I would rather struggle, I feel the effort does me good.

If Edith is adamant about anything, however, it is her intention to stay put in the house she has shared with her husband for nearly twenty-two years. She strongly resists the suggestion that she move to a bungalow in Haywood where her daughter lives. Edith is fond of her home and she likes the area but above all she claims she would miss her neighbours. The actual physical setting of the house - it sits snugly in the bow of a small cul-de-sac commanding a view of the other houses in the street - means that Edith is able to see people coming and going on their daily activities. But Edith also described the strong network of support which she and her husband enjoy. She explained: "The house was new when we moved in and we all moved in together - that's why we're so neighbourly."

Indeed, the Harrises seem able to use the term 'neighbour' in the fullest sense of its meaning. Although Mr Harris collects their pension, their bills are often paid by one of the neighbours. Doreen "across the way" fetches the weekend joint of meat from the butchers and, once-a-fortnight, perms and sets Edith's hair. Elsie fetches her cigarettes and Brenda, who lives next door, calls at least twice a week and helps with extra items of shopping or baking. Edith's friendship with Eileen - she lives "in the bungalow at the back" - actually dates back to their childhood when they used to go to church together. Now a widow, Eileen often pops in with books or magazines, or, when in season, home grown rhubarb from her garden. All "bob in regularly for a chat": "They say I'm a good listener so they bring their troubles." Edith was particularly appreciative of her neighbours' help and concern while her husband was in hospital:

They're all bobbing in while Frank's in hospital. "Get on the phone if you want anything and don't do this, don't do that ... I can phone for Doreen because she's nearly always at home.

As for interests, Edith is happy knitting in front of the television - "TV's company and I wouldn't like to be without" - or reading - "Jackie Collins, Catherine Cookson and Mills and Boon romances about nurses and doctors". She wrinkled her nose at the idea of visiting a day centre: "Not an old people's club, I'd rather be with youngsters around here." She does not mind Frank going to "his club" so long as she's "got a cigarette and a drink" at home. But Edith did admit to feeling lonely while Frank was away.

I do [feel lonely] while Frank's in hospital at night time. I don't like going to bed, turning everything off, locking up, and filling up my hot water bottle ... I'm glad Brenda's been coming round.

Edith does what she can for her neighbours in return for their help. For example, she quite often looks after the young daughter of one neighbour while she goes out to shop. She also keeps spare sets of keys and joked, 'I think all I'm living for is to have my neighbours keys'. While she is surrounded by friends and neighbours, Edith is happy in her home. She fears that by moving house - especially to an old persons' bungalow - she would not only lose this important network but almost certainly would not be able to build up another, especially one so close-knit.

Old people in general could do with better neighbours to help. Old living amongst old - it's especially difficult for them. There's no-one to help.

Frank equally stressed the importance of neighbours and friends in particular with respect to his social life and hobbies. He is "a

home-loving person": he has a pet budgerigar, Nickie, who he enjoys making a fuss of. But he also likes to go out and twice a week a friend who lives in the next street drives him to "the club". Gardening is a life-long hobby. The Harrises have a small area of land at the front and back of the house in which Frank "potters about". However, he cannot manage tasks which require strenuous effort. So Elsie's husband mows the lawn and helps out with any pruning, digging and general tidying which needs to be done.

Apart from their neighbours, the other major source of help for the Harrises is their home help Mrs Lee. Mrs Lee, Cathy, calls twice-a-week and provides a total of five hours help in all. Edith stated:

I'm lucky - most are only getting two-and-a-half hours a week. I'm not sure if Mrs Standley (the organiser) knows how many hours I'm getting, but I need it.

The Harrises were referred for home help by the hospital physiotherapist who treated Edith following her second fall. Although Frank "thinks the world of Cathy" and "wouldn't be without her", he was very resistant to the idea of help when it was first proposed. Edith commented:

Frank refused home help in the beginning. A lot of men are like that - they don't like having home help ... they don't like another woman in the house ../.. The only thing he doesn't like now is getting up early on the mornings she comes!

Edith, on the other hand, has been "very pleased" with home help from first receiving it:

It didn't bother me. I didn't mind as long as someone was coming to do something for me ../.. I didn't expect it. I was just very grateful for it ../.. And they're so nice when they come in your house, they're so happy. If we were cut down I couldn't do much about it, could I? But I wouldn't be able to do a thing. This house would get dirty. I think it's marvellous how they can clean it in such a short time. It

used to take me a week to do it, I wonder what I used to do with my time?

Every Wednesday Cathy cleans upstairs and changes the bedding. She "tickles" (tidies and does light cleaning) downstairs in the living room and kitchen, and washes the sheets and other large items of laundry which Frank cannot manage on his own. On Fridays Cathy "bottoms" (cleans thoroughly) downstairs and shops.

I think Friday is a good day because you get all your cleaning and shopping done for the weekend, don't you?

Cathy is the Harrises' second regular home help. The first, Dora, visited for four years up until her retirement. Edith described her as a "good friend" but, compared to Cathy, she was "very slow and not a thorough cleaner". Of Cathy, Edith claimed:

I've got the best home help there is. Some talk, now Cathy doesn't. She talks while she cleans. She's really thorough. She only sits down for about five minutes - she prefers to talk while she's working. She'll put a tape on and sing while she's doing - oh, she's good company. But five minutes is her limit that's all - she's working all the time when she's working.

She went on to add:

Cathy sees for herself what needs to be done and just gets on with it... I make a shopping list, give her the money and that's it.

She also pointed out the "added advantages" of having a home help:

Cathy saves me money. I was always tempted when shopping to buy new things to try.

But Edith praised Cathy for more than just her practical skills. She also stressed how "understanding and caring" she was. Edith gave

examples of the "little extras" Cathy did: "She takes my knitting home to finish it off, do the hard bits and the details and such". While Frank was in hospital, she prepared Edith's breakfast on the mornings when she called. In fact, Edith described Cathy as being "nearly one of the family".

I think that's why my daughter doesn't bother so much. She knows I'm alright - I've got my home help and my neighbours, though if I was ill she'd be here in a shot, she'd visit in hospital even though she comes from a long way.

Edith appeared to imply that she would like to see more of her daughter. Yet she is reluctant to place demands on her daughter, Joyce, who works full time. The reason lies partly in her own exhaustive experiences of caring for her senile father and later, her sister, when she was dying of cancer. She enjoys weekend visits from Joyce and her grandson, Simon. But otherwise, she prefers to remain independent:

I've always been very independent - too independent - that is, doing for yourself what you can without others doing it. That's why I don't get on with my son-in-law - I resent him trying to help me out of the car, for example ... I don't like people fussing or asking people favours. I think that's being independent, isn't it?

At one point in our conversation, Edith did note that she felt less useful as she got older:

I can't do work. I sometimes wonder why we carry on living when we're no use to anyone.

But it was just a brief glimpse of a crack in the armour, for she quickly went on to add:

It's only because of my arthritis, life's not bad otherwise. It could be a lot worse.

3. Mrs Kitty Scott

Mrs Scott - Kitty, as she insists on being addressed - is sixty-nine. She was born in Seedley, Salford. When she was eighteen she and her family went to live in Essex where her father had been offered a job. Two years later and, once again unemployed, her father moved the family back to Salford, this time to lodgings in Weaste. Kitty has remained within the district ever since. She moved to her current address, on the first floor of a high-rise block of flats, over nine years ago when the house she had occupied since her marriage forty-seven years ago was demolished. She was "heartbroken" at having to leave her old home and was the last to leave the street.

In practical terms, the major reason for her reluctance to the rehousing scheme was her blindness. Kitty first began to lose her sight when she was twelve years old. Doctors eventually diagnosed glaucoma, but it was too late to arrest the progress of the condition and seventeen years ago she was registered blind. She has never really seen her children, being almost totally blind when they were born. Moving to a new flat meant Kitty had to learn a whole new lay-out of rooms, furniture and household amenities. The upheaval was all the more daunting since she was living on her own. Widowed in 1945 after only eight-and-a-half years of marriage, she had never remarried. Her sons had both moved out of Salford and had families and homes of their own. However, Kitty claims she "had no choice but to get on with things":

It was like when my husband died. He wasn't called up in the war because they needed him on the railways, where he worked. I was so relieved. We survived the blitz and then he went and got himself killed ... he was on the track, holding the chain waiting to link up the two carriages and he can't have been concentrating because, next thing, he was crushed between the buffers of the two carriages. I was left to bring up two young boys on my own. I got on with the flat like I got on with that.

In general, Kitty describes her flat as "not bad", "It's handy being all on one level and at least they put me on the first floor". She finds it difficult to heat in winter, however, and would prefer sliding, rather than hinged doors, "I forget to prop them open, then I walk into them"

Kitty similarly describes her general health as being "not bad". Seven years ago she suffered tracheitis (inflammation of the trachea) which threatened her voice. She now speaks in a sort of high-pitched croak and has to guard against colds which, if they settle on her chest, render her temporarily voiceless. She is also aware that the rheumatoid in her hands and arms is growing worse. She was stricken with rheumatic fever when she was five years old and has suffered twinges of pain in her left shoulder ever since:

Now my knuckles are swelling and going bent. I find gripping difficult. Undoing bottle tops is getting harder and those childproof tops are impossible. I cried for an hour over a top the other week ... it's not the kind that cripples or pains, but it can ache.

Despite this, Kitty needs no help bathing, dressing or cooking. She eats a largely vegetarian diet which includes plenty of raw vegetables and fruit. She enjoys doing all her own housework and keeps her flat immaculately clean: "when you can't see, you have to have method."

The only assistance of a domestic nature which Kitty's home help, Valerie, gives is to "check that everything is in order". For example, she makes sure that the toilet and the oven have been scrubbed thoroughly. Otherwise, she provides help of an entirely personal kind. In fact, Valerie plays a vital role in Kitty's life in maintaining her contact with the outside world. Each Tuesday, she goes with Kitty to collect her pension, to pay any outstanding bills, and to buy food for

Kitty's cat, Oscar. On Friday's they fetch the rest of Kitty's shopping:

I think Valerie thinks she should stay in more and clean, but I say "Oh come on, let's go out". It's the highlight of my week.

Kitty also relies on Valerie to help her to choose her clothes and to read her bills and letters:

I worry when I get a letter with a little glass window in it. Sometimes I have to wait for four days before Valerie comes and can tell me what it's about.

Kitty was first referred to the Service by her GP following the birth of her second son and for a couple of months was given weekly help with housework and shopping. Thereafter, she managed with help from her neighbours and, when they were old enough, her children. "I was very independent. I used to do all the decorating myself including white-washing the ceilings". She next sought assistance from social services fourteen years ago when her second son left home to get married and has never been without help since. She estimated that, over the years, she must have had at least twenty regular home helps and "dozens" of temporaries. She commented:

I've never, ever had one I could complain about. ..//.. They do a lot of shopping and walking about. I don't know how their legs don't drop off. We see other home helps when we're out and they stop for a chat. They're a smashing lot. They're all nice.

Knowing from an early age that she was going blind, Kitty was always aware of the inevitability of needing help. But she indicated that she still found it difficult to have to rely on others: "I'm only human. You wouldn't be human if you didn't." She spoke of depending on Valerie though she did not cast herself in the role of "burden": "No, that's

what she comes for, isn't it?" In fact, Kitty described her relationships with her home helps as being "more one of friendship than anything else". She went on to add:

If I was ill, I wouldn't mind them coming every day - who wouldn't - just for a hot drink, to feed the cat and check on you, you know... But I can't be greedy because there's worse cases than me. I'm very satisfied generally.

Kitty would like help with the "bigger jobs", such as decorating, which lie outside the range of tasks offered by the domiciliary services.

I think it matters more to me because I'm blind, because I worry about how shabby the flat might look.

Her sons and their families - she has two granddaughters and two grandsons - visit "as often as they can" but "they have their own families and homes to look after". One son lives in Derbyshire and is a long-distance lorry driver responsible for his own wagons. The other lives in Stockport and does shift work for British Rail. Their wives both work full-time. On average, they visit once-a-fortnight and once-a-month respectively, and every six weeks or so they take Kitty out in the car or for a meal. She describes her relationship with them as very close and loving, and Kitty is obviously very fond of her grandchildren. She showed me the biscuit barrel full of chocolate bars which she keeps stocked up for their visits. (Indeed, I was treated from this barrel.) Asked if she would like to see more of her sons and their families Kitty simply replied:

Well, would they like to see more of me? They come when they can and are very good to me, you know - but they work.

Kitty's other relations include a cousin in Rochdale and a niece who lives in Brighton. The niece has a teenage son who is a Down's Syndrome child and who needs constant care. For this reason, her trips to Salford are very infrequent. At the same time, Kitty is reluctant to respond to her niece's invitation to visit her home because of the extra work it would generate for her.

Kitty denies suggestions of loneliness, however. She has a wide circle of friends whom she has met through the weekly social evenings for the blind held at a nearby community centre, and through a local group for the blind, the 'Stick Tappers and Shufflers Club.' She is collected and driven to these meetings by volunteers from the centre. Kitty also holds a position on the committee of Salford's 'talking paper' for the visually impaired. However, a lot of her friends, like Kitty, live alone or are housebound and they are subsequently prevented from exchanging visits. Instead, when she is not listening to talking cassettes or to the radio or television - she has been unable to read Braille since she burnt her fingertips while cooking - Kitty spends a lot of time talking on the phone to these friends. In fact, she described her phone (for which the rental is paid by the social services as one of their services for the blind) as her "lifeline":

When I want someone to talk to I phone anyone suitable. I phone the first one who comes into my head and I do that very often. I say, "Come on, talk to me. I'm feeling mouldy today."

For, although not lonely Kitty can feel isolated. She makes light of her disability, joking about muddling up tins of strawberries for soup, yet it can frustrate her. On the occasion of one visit, Kitty was waiting for the doctor to call following an attack of breathlessness.

She felt listless and weepy. She commented then of her isolation in the face of the double bind of claustrophobia and agrophobia:

Now, that's my trouble. I can't get out much ... I get browned off because I can't go out by myself, especially when it's nice weather. I'd love to go down and have my own chair and just sit in the sun, but I'm afraid even to go down the stairs on my own. People aren't neighbourly in the flats. I feel like I'm alone in a small box with the lid just above my head. Yet I can sometimes get lost in my own flat if I turn round quickly.

When she is in this mood, the home help service and even her family come under attack:

They haven't time. I love 'mooching around'. They take you out for what you need, but I want to browse. The family can't understand my feelings. They try to buy me off with a couple of quid.

When she is in this mood, she dreams of visiting the Middle East, Egypt, Turkey and Burma.

People ask me why I want to travel. "You can't see anything" ... I'd appreciate the atmosphere. We went on a trip to the wildlife park once and it was wonderful just listening to the cries of all the animals.

When she is in this mood, her flat becomes her "prison".

4. Mr Roy and Mrs Lilly Maquire

Mr and Mrs Maquire are aged seventy-three and seventy-four respectively. They live on the outskirts of Salford.

I first met the Maquires as new referrals to the home help services. I paid two return visits to them, two and twelve months after our initial meeting. At the assessment interview, Mr Maquire, dressed in a shirt

and jacket, looked very trim and showed no signs of the heart condition or gastric upsets which trouble him. Mrs Maquire, on the other hand, I had judged to be older than her seventy-four years. She was curled up on the settee under a blanket. The deep crimson of the furnishing fabric emphasised the yellowness of her skin which was criss-crossed with deep lines. She looked painfully thin, and stared at everyone with a fixed, seemingly uncomprehending gaze.

The Maquires had been referred for help by a social services welfare officer after Mrs Maquire had suffered a stroke. The stroke had left her without the use of her legs, her right arm and with loss of speech. She had been out of hospital less than a week but it was obvious that Mr Maquire was finding it difficult to cope. Above all, he was clearly emotionally shocked by what had happened. He repeatedly expressed his disbelief, addressing his wife as though she were now an object rather than a person:

I can't believe it. We've been married for over fifty years. One minute she was fine and then ... Look at her, she can't do anything. I can't believe it, just look at her.

In practical terms, the Maquires' daughter, Sheila, was doing all she could to help but since she worked night shifts at a local factory and had two children to look after, her contributions were limited mainly to the weekends. Mr Maquire needed help during the week with domestic tasks. He also needed someone to look after his wife while he went out on errands - to the shops or the post-office.

The Maquires were assessed as an urgent case and immediately began to receive weekly home help visits. Within two months, they had moved into sheltered accommodation. At this stage, Mrs Maquire was able to sit up in a chair, she had regained some feeling in her legs, and was attending

physiotherapy and speech classes. A nurse was calling once a week to bath Mrs Maquire and the home help organiser's help had been requested in arranging for a chiropodist to attend to her feet. Mr Maquire missed his neighbours greatly though he declared that it was still "early days" and hoped to establish some sort of relationship with his new neighbours.

Mrs Maquire now looks a lot better. She is not, and indeed never will be, recognisable as the smiling woman standing arm-in-arm with her husband in the photographs taken at their fiftieth wedding anniversary celebrations two years ago. However, she has regained some weight and can stand up and sit down unaided. Her mobility, but above all her speech, remain permanently severely limited. With respect to the former, she has been provided with a wheelchair, though she depends, of course, on someone to push her. As regards communication, Mrs Maquire has a 'word-and-picture' chart to indicate basic requirements. Mr Maquire claims, however, that he has learned to understand or anticipate most of her needs or desires.

Stressful situations, as for example those occasions when Mrs Maquire does not reach the toilet in time, are occurring far less frequently. Mr Maquire also claims that he has come to terms far more with the consequences of his wife's stroke. For example, he noted:

I dress and undress the wife. I even have to pull down her garments when she goes to the toilet. I don't mind doing it now ... It bothered me at first, sex too, but it's no trouble now. I'm past it. I'm her husband and it's the way of life with us.

Nevertheless, Mr Maquire still speaks often of his wife as though Mrs Maquire is not present. He rarely addresses her directly and when he does it is in a loud and deliberate manner which suggests she cannot

understand him. He is frustrated that he can no longer hold a conversation with her, "she just talks gibberish", but more so that she has failed to regain the use of her arm and legs. He made Mrs Maquire struggle to stand up to demonstrate the degree of her disabilities. At one point (and much to my distress), he even reduced Mrs Maquire to tears by repeatedly lifting up her arm and letting it drop to prove that it was "completely dead - as useful as a lump of wood".

Mr Maquire is clearly experiencing practical difficulties learning new tasks, a problem compounded by the fact that he finds it hard to accept the concomitant change in his role. For example, he related the following observations on the subject of cooking in a tone both of exasperation and resentment:

I make snacks but I always burn it, I make a mess of it. I've never been taught, never been shown. I didn't make one meal when married to this girl - never needed to ../.. I'd never made a slice of toast or brewed a pot of tea even.

Neither is Mr Maquire happy with their warden-controlled flat. The flat backs onto a park. A public footpath linking the park with the street runs down the right-hand side of the flat. As a consequence, children are "tearing up and down all day long". Mr Maquire has asked that the low railings separating the path from his garden be replaced by sturdy fencing, though he is not confident that the council will take notice of his request. The garden is his "passion", but Mr Maquire feels he has not been able to do it up as he would like because of fear of vandalism. In fact, he claims that all the elderly residents of the sheltered housing unit fear the older youths:

The children in the area don't respect the old people. It's the attitude of their parents - they have no respect. It's 'Oh go on with you, you should be dead - give us a chance' or, when you're crossing the road, 'Oh go on, get knocked down - one less for Maggie.'

While appreciative of the support and reassurance offered by the presence of a warden, Mr Maguire believes problems to be worsened by the sheltered housing scheme:

I think it's a bad way. They've organised this area - all old people in a clutter together. They should be put in with younger ones. In a den like this you need extra labour ... Fancy forming a big den like this of over-seventies. They've got arthritis, can't walk, can't do things, etc. What the idea is of a big den like this I don't know. The kids seem them all lumped together, they think all old people are useless.

He went on to cite the specific example of his immediate neighbours:

Only time I see next-door going out is for a loaf of bread. They're prisoners. Nobody comes to take them out. They like to go out - some can go out for a bit of a walk - but nobody comes really to make a fuss of them or 'owt like that.

Mr Maguire is wary of offering help to his new neighbours. He feels he cannot afford to become "involved" since caring for Mrs Maguire is "a full-time job". At the same time, neither does he want "busybody neighbours who try to do everything for you" intruding in his life: "Your life's not your own if you get people like that". But he does miss his old neighbours left behind when the Maguires moved to their flat, and he described the things he had done for them:

I miss living at Mellowdew Road ... I used to do so much, especially for the neighbours. I made the man across the road a table when his mother died. I liked to help the neighbours. I got on very well with them. I'd never have left it normally ... I'd have ended my life there.

None of these former neighbours now visit the Maguires, however. Mrs Maguire's sister, who lived in the next street, helped the Maguires by cooking meals for example, when Mrs Maguire first came out of hospital. But, older than Mrs Maguire, she is quite frail and can only manage the

journey to their new house about once a month. Mr Maguire has a brother living in Salford but they do not maintain contact. Mr Maguire feels his brother "probably doesn't want to know":

The truth is he can't face the wife's condition. Some people have the idea that if you've got a bit of sickness, you've got to drag your family in, but you can't and anyway, he's got his own family to look after.

Other than their respective siblings, the Maguires' kin comprise their son and daughter and their respective families. Since their son lives in Australia - he emigrated over ten years ago - this effectively leaves Sheila as the Maguires' only regular visitor.

Sheila calls every weekend, usually on Saturday and Sunday. She washes (using her own machine) and shops for her parents and, according to Mr Maguire, makes sure they have "three good meals" a week. (Sometimes she cooks at the Maguires' flat, othertimes she brings pre-cooked dinners with her. Mr Maguire often collects meals on his regular visits to Sheila's home.) Although a bath nurse continues to call, Sheila still occasionally baths Mrs Maguire, if she has enough time. Aside from being frightened of slipping with his wife, this is another task with which Mr Maguire does not help with because it is "part of a woman's role". She and the nurse also style Mrs Maguire's hair for her. (Mr Maguire gives it a "quick comb" every day.)

The sheltered housing unit where the Maguires now live is only a couple of streets away from their daughter's home. Mr Maguire is thus able to call every other day, though his visits are brief, again because he does not like to leave Mrs Maguire or, for that matter, the house for too long. He does not take his wife with him, however, because, as he explained:

It takes too long to put her in the chair and push her. It takes three-quarters of an hour just to get her there, when I get there and back in quarter-of-an-hour/twenty minutes. And the effort makes me feel too sick.

Mr Maguire claims of their relationship with their daughter, that it "couldn't be better". He hinted that he and his wife would like to see more of her, but went on to stress:

I think she's doing the best she can. You can't push her ... she gives us all the best she can ... she's got a lovely home, she puts her heart and soul in it and she doesn't do anything else.

Similarly, of his two teenage grandchildren who "pop in" occasionally, Mr Maguire commented:

You can't dictate and tell them what they should and shouldn't do, they've got their life to live.

The only other regular visitor to the Maguires' home is their home help, Sally. Sally has been home help to the Maguires since their referral, continuing to visit them even after their move. Her work consists mainly of domestic tasks - vacuuming, dusting, cleaning the bathroom and kitchen, light washing. She also shops if necessary. The two hour visits she pays each week enable Mr Maguire to fetch shopping or to do some gardening without having to worry about Mrs Maguire:

I just let her in and bugger off out in the back garden or to the shops and when I finish, the bloody house is tidy.

Prior to being referred to the service, Mr Maguire had not known of the existence of home helps: "I didn't know there were such people about - we were both healthy enough, we didn't bother with things like that".

Yet he has no objections to receiving help; on the contrary, he suggested that given the situation he deserved help. In his own words:

I believe in letting a man get on with a man's job. A man's not brought up to it - he only tackles 'owt like that, when there's sickness when he's got to do it. So the house is here when she wants it. She's got the freedom of the house when she comes. I don't dictate to her, she just has her duties, that's all I say ... I'm a man, it's only natural - I was a sergeant in the army. I didn't do these duties. It's the way I've been brought up to believe in these things ... It's not a man's job.

Not suprisingly, Mr Maguire rejected the idea of male home helps:

Well, it's a woman's job - putting it bluntly. I can't see - things she does - I can't see a man doing it. No, I wouldn't take it away from a woman. If a man had to come here and a woman, not knowing how good they are, I'd pick the woman first. It's all small stuff, but they're on the go all the time. They've more ideas on setting things out - this goes here and that goes there. It wants a woman's touch, tidying the things up. The arrangement of a home, with a woman, is far superior to a man.

He thus praised Sally largely in terms of the quality of her work, particularly as he stressed, in light of the fact that she has so little time in which to complete tasks.

The home help is good, very, very good. I class her as no. 1. There's nothing that's any trouble to her. She could do with a bit more time to fit things in but I've been satisfied with what I've got. The place is back to normal after she's been. She starts each week in a different room and works her way through the house. She cleans the whole house. I should imagine she tackles her work here as she does her own home ... She won't drink or 'owt like that while she's working. I make a pot of tea, but she has it while she's working.

He compared Sally to his daughter but it was to highlight her altruistic nature rather than indicating any sense of closeness on his part.

Well, she's not bombastic, she's very easy going. She's more like my own daughter and there's nobody better than her.

He told of how she "enlightened" him on certain subjects, for example she explained recipes and methods to him when he was first learning to cook. He spoke of the times he and his wife get up late when Sally will voluntarily prepare a cooked breakfast for them while he dresses Mrs Maguire. And he also revealed the fact that Sally does errands for the Maguires in her own time: for example, she often runs to the shop for a loaf of bread, etc, when her shift is officially over. Or she drops in shopping on her way to another elderly person's house. He would like more visits, but he acknowledged the limited availability of help: "Depends how the girl's situated because it means pushing someone else out." He added, "What you can get and do get - it's always welcome, I'm always thankful."

Despite his gratitude for help, Mr Maguire's general attitude is one of bitterness and resignation to his changed way of life:

You can't have your cake and eat it ... I didn't think it would come to this. I was as happy as blazes, always going out to dances - I bought the Ritz on my dancing entrance fees. I was the king of the tango ... I miss all my friends, I used to have a lot of friends. And so does she, she misses her bingo-wallahs. They used to go all over Salford playing. Fifty years married - but it's hard when it has to end like this. Your fun comes to an end and it's terrifying knowing that that end has come.

He rejected the idea of going to the local day centre:

They're not our life - they're not the kind of life we live. They're for cadging - cadging meetings. People are always on the want - subscriptions for this and that - and I can't be doing with that. They wanted her (Mrs Maguire) there for bingo because she'd spend a quid at a time but she just sat there like a stuffed dummy. She couldn't play bingo - she couldn't join in. She can't speak.

He still enjoys gardening and took me round the small plot of land at the back of the house to show me how he would like to plant it, but he even spoke in negative terms of this life-long hobby:

Energy's not in question - you make your own energy. It's fitness - it can hit you slow or quick. It's nasty if you get hit sudden - like with her (Mrs Maguire) it was one big clout and finish. I'm going slowly. Gardening's getting too much for me now.

Mr Maguire claimed his outlook on life was now to "look for the worst":

As you get older it can't get better, you expect the worst.

5. Mrs Doris Wareing

Mrs Wareing, Doris, is aged seventy-six. She was widowed four years ago, just before her fiftieth wedding anniversary. She lives alone downstairs in the two-bedroomed council-rented house which she has occupied for the past thirty-three years.

Doris was originally born in Pendleton and after leaving school at twelve worked as a weaver in Walkden. When she married, she and her husband moved across to the other side of the city to be near Mr Wareing's place of employment. Doris left the mill to become a full-time housewife.

It was while standing at the looms five days a week that Doris first noticed signs of the arthritic condition which now cripples her. She was only twenty-one but at the end of her weekly shifts her legs ached badly and the doctor advised her to avoid being on her feet for long periods without rest. After leaving the mill, the condition abated until Doris reached her forties, when once again she began to intermittently experience pain in her knees. The pain has been constant for nearly fourteen years and at times has become so severe that Doris has been hospitalised as a result.

Doris is now effectively housebound and, without the help of others, would be bedbound. She has not been outside the house for six years except to visit hospital. She cannot dress herself and getting in and out of bed without help is a mammoth task. Similarly, ^{although} she can manage to walk with the aid of a zimmer frame, it takes a painful fifteen minutes just to get from one room to another. The knuckles and joints of her hands are still so badly swollen that she has had to take off her wedding ring. Despite a recent operation to straighten her fingers, which were closing into a "claw", she is losing her ability to grip things with her left hand. The joints in her feet are also swollen and disformed so that Doris has to wear surgical boots. The pain she suffers is compounded by poor circulation which leaves her legs "black and blue". Additionally, Doris has cataracts on both her eyes and can barely see to read or watch the television. Nine years ago she was taken into hospital for an operation on a bowel ulcer which was causing extreme discomfort and constant diarrhoea. Doris still suffers what she describes as a "nervous tummy". For this reason, as well as the fact that she cannot manipulate eating utensils very well, Doris cannot have "knife and fork" meals: her food must be "smashed up" and she eats it with a spoon. While she was in hospital on the above occasion, Doris was diagnosed as having pernicious anaemia. Doctors also treated her for acute water retention. Finally, Doris finds it hard to sleep at night and regularly experiences bad migraine attacks, both of which she attributes to nerves.

The table-top crowded with medicines and medication is both a shocking testament and a constant reminder of Doris' bad health. Included among the various bottles and boxes are steroids to counteract the wasting effects of arthritis on her muscles (ironically the steroids make Doris' skin look very smooth and clear, giving her the outward appearance of

general well-being); cream to apply to her legs and feet to aid circulation (there are also strips of lint and bandages to dress the sores which sometimes develop on her legs, usually in winter); iron tablets and folic acid to treat the anaemia (for which she also receives a monthly injection from her doctor); diuretics; sleeping tablets and two sorts of painkillers, one for the arthritic pain she suffers, the other for her migraine. Doris described herself as "working the tablets in by degrees". She relies most, she claims, on the Ativan tablets, tranquillisers which she obtains on a repeat prescription. She smiled when the home help joked that these pills were

...for when she feels like an orgy - she takes one of them and she calms down.

but Doris stressed, more than once, how she "couldn't do without them":

I'm sat here all day looking at four walls, that's why I need Ativan. I'd go mental otherwise. My brain's alright - in fact, it's too quick, too active. My brain and my nails are the best part. But my nerves are terrible ... I worry, worry, worry, worry, worry - that's the trouble.

One of Doris's worries is finding herself without help, "Touch wood, I'm one of the lucky ones - I have a lot done for me and some don't." Doris receives regular, if infrequent, assessment visits from both a social worker and a health visitor. A private chiropodist comes to attend to her feet, "He understands my feet". Every three weeks a hairdresser washes and sets her hair. A nurse calls once a week to give her a thorough bed-bath (there is no bath downstairs, and climbing stairs is impossible for Doris) and an auxiliary nurse helps Doris to undress and get into bed each evening.

Much to her distress, Doris's marriage produced no children. She said she would have liked a daughter to care for her in her old age but

described herself as a "barren woman". Her only blood-relative is an older sister who lives in Australia and with whom Doris has minimal contact. They exchange greeting cards and Doris's niece phones once or twice a year. Doris explained that her sister, too, was very frail. She lives in a "granny flat" and is cared for by her daughter - an arrangement which Doris envies greatly.

Doris does, however, have four sisters-in-law by her marriage to her late husband and remains quite close to two of them. The younger, Joy, used to take Doris out in the car until the process of getting out of and into the vehicle became "more like punishment than pleasure". She visits as often as she can but most of her time is taken caring for her daughter-in-law who has multiple sclerosis: "She must come first, I come second". Moreover, Joy has angina and must be careful not to over-exert herself. Her other sister-in-law, Alice, calls every Saturday but, like Doris, she is in her seventies and is also restricted in the amount of help she can give. However, Alice's husband lends a hand by tending Doris's small garden. He also deals with any correspondence which crops up and at Christmas he writes out her Christmas cards and addresses the envelopes. Moreover, he has offered to push her in the wheelchair, should she ever want to go out. Doris did indeed express a "great longing to feel the sun and see the flowers" but she maintained that such an outing would be too much for both her and Alice's husband:

He would find it very hard to negotiate the steps - he's over seventy now. I'd worry about wanting to go to the toilet - and it's strange because I can't see people properly ... I'd never want to come back once I was out.

The remaining two sisters-in-law do not visit. Neither lives locally and Doris pointed out that it was unfair to expect them to travel long distances on the bus. However, later she claimed that they simply

"don't seem to bother". Like her neighbours, Doris felt that they "didn't want to know or get involved". At an early interview she commented:

I think my neighbours are really mean. She [the next-door neighbour] won't knock on my door and have a chat - I wouldn't want her to anyway, she's such a madam. Even though they know my condition, they leave the milk on the doorstep. The woman at number two is a home help herself, but she never calls.

Ironically, shortly after this occasion Doris was forced to revise her opinion of her next-door neighbour when she began to "bob in" two nights a week to check on her well-being:

She just started after six years of being a neighbour. I don't know what prompted it - unless my sister-in-law asked her to keep an eye on me - but I'm very grateful.

Doris' major sources of assistance are her two home helps, Susan and Edna. Susan, Mrs Pearson, is employed by Salford Social Services. She calls five days a week, Monday to Friday, providing a total of seven hours help. Doris's day begins each morning when Susan arrives between 8.30am and 9.00am to help her to get up (though she has usually been lying awake since 6.00am or 7.00am). Susan lets herself in with her own key. While Doris is still in bed, she washes her hands and face and combs her hair. Then she helps her to dress, including lacing up her corsets, and guides her to the toilet.

Doris is not able to manoeuvre both herself and her zimmer frame into the narrow cubicle which houses her toilet, besides which she fears slipping and falling on the cold stone floor. She therefore only uses the toilet when Susan, Edna or a nurse is there to assist her. Due to the effect of the diuretics, Doris needs to pass water frequently and urgently. So throughout the day she sits on her chair commode (ie. a

commode that doubles as a chair) in the kitchen (she has a second commode by her bedside and wears incontinence pads at night in case of "accidents").

Once installed in the kitchen, in front of the gas fire, Doris eats the breakfast that Susan has prepared - branflakes, bread and jam and a hot drink. Susan leaves sandwiches for her lunch and a flask of tea, and ensures that there is always a "treat" in the fridge - jelly or an egg custard for example - in case Doris feels "peckish". On the table at which Doris sits, she also sets out her various medicines, her radio, a magazine or 'newspaper' (since Doris cannot really see to read she mostly looks at the pictures instead) and a box of tissues. Before she leaves, she feeds Billy, Doris's cat, and plugs in the television.

Twice a week, on Wednesdays and Fridays, Susan stays for an extra hour to clean, change the sheets and to do Doris's washing. If necessary, and if she has time - Doris noted that she barely had time to fit in all the domestic tasks without added errands - she also fetches odd groceries from the corner shop, and cleans out Billy's litter tray.

With the attendance allowance she receives, subsidised by an amount from her pension, Doris also employs a 'paid friend', Edna: "She's fifty-seven and getting on, but she'd do anything for you." Edna calls at the weekends to take over from Susan, "We three have a good rota sorted out." She also brings Doris a cooked dinner every evening and leaves biscuits and a flask of tea, coffee, or cocoa for her supper: "To be blunt, meals-on-wheels look like something the dog's thrown up". She does the bulk of her shopping, some washing, collects her pension and prescriptions and pays her bills. Edna's husband - "He's one in a million" - often lends an (unpaid) hand too, for example, by emptying Doris's commode.

Doris and her husband were first referred to the home help service by a hospital social worker following a serious deterioration in Doris's health. Although frail and infirm himself, Mr Wareing used to do basic cleaning tasks such as vacuuming and dusting: "I would sit and watch him and tell him if he missed a bit". The amount of hours they received as increased after the operation to her bowel and, again, subsequent to the death of Mr Wareing.

Susan has been visiting Doris since this occasion. Her mild joking:

She [Doris] is getting so bad that soon I'm going to have to put her on roller skates and drag her along.

suggests that their's is not a strictly formal relationship. Indeed, Doris claimed they were "very close". The needs occasioned by her physical state of health mean that a high level of intimacy between the two women is inevitable. They demonstrated the procedure for getting Doris out of bed, for example. Susan explained:

We just have everything worked out to a pattern. The home help in this circumstance has to be a regular one. I'm still learning things, little things like that - like lifting her out of bed. I've only just learnt how to do that by pulling her up by her nightie ... You have to be very careful about what you're doing with her. People don't realise how bad she is. It's sore as well as painful you see.

Doris stressed the trust she placed in Susan to look after her emotional well-being. She explained:

I have to have a system, if I don't have a system, I'm no good. If things aren't running smooth, I get in a panic. I've always been very methodical.

And again,

I'm very efficient. If things aren't my way I get very upset with me nerves and I'll struggle to put them my way no matter what happens.

She provided an example: By her bedside she has two lamps. The second is a "backup" in case the first lamp fails to work during the night. Doris needs to see to use the commode. She also needs the reassurance of a light if she wakes from one of the terrifying nightmares she often has. She fears she would fall if she tried to reach the lightswitch on the wall. As part of her daily routine Susan checks that both lamps are working. (Edna double-checks them in the evening.) "She understands that I worry myself to death otherwise." Similarly, Doris relies on Susan to cut up the large pills which she finds difficult to swallow and to leave glasses of water to wash them down: "I haven't the strength to smash up the tablets and I wouldn't be able to carry a glass of water with the zimmer. It would drop everywhere."

In both practical and emotional terms, then, it is particularly important that Doris has a 'regular' home help, with whom she can build up a routine. She finds it very stressful when, for whatever reason, a temporary home help has to be sent.

More generally, Doris pointed out that Susan also respects her need to have the house "spic and span". In her words:

I've always been very houseproud. I never had any hobbies and after I married I didn't work. So all I ever thought about was my home.

And,

If there's a cobweb hanging down from the ceiling or a speck of dust on the floor I have all day to sit and stare at it and worry about it.

In this context, she defined home helps in general:

The way they run their own home and family, they'll do for you, that's how I see them.

Despite their closeness, Doris claims that she cannot class Susan or Edna as a friend, per se. Both are "much younger" than she is, and neither has the time to "sit and chat over a cuppa like friends do", though Doris did add that she "wouldn't like to see the house dirty while they're sitting there not doing anything".

Part of her "problem", she claims, is that she finds it impossible to come to terms with needing help. She cried as she revealed that having to rely on others was "the furthest thought in her head as a young girl".

I never wanted to grow old ... If truth be told, it's very difficult ... I don't like having to receive care. I don't like being a handicap ..//.. In my position you have to hold a candle to the devil, you have no choice in getting help. But because you receive it you're expected to keep your mouth shut and it's very difficult. I bark out of frustration at not being able to do things for myself ... I can't do anything. I can't read, I can't write. I can't even go to the toilet on my own.

Above all, however, Doris suffers from acute loneliness. She misses her husband deeply. She has a phone (in fact, because of her physical disabilities and in case of emergencies, she has two, one in the kitchen, one by her bedside) but according to Doris, "it's not the same". It is the comfort of having someone physically present which Doris misses.

In both respects, loneliness and dependence, she feels that none of her visitors whether nurses, home helps, in-laws or even the three or four "friends" of her own age who drop in each week, really understand her situation:

A relief home help sent me a card saying: 'To a very courageous woman'. But no-one sees the half of it -- the struggle when I'm alone and the depression. You want to be a fly on the wall. I seem happy, but when I'm alone ... I pray for the rut to end ..//.. If you've got a pair of legs you're alright ... I've got nothing to do and all day to do it in and that's when I start rambling ..//.. You're in a very funny position, it's very frustrating. You're just sitting here

pondering what to do. You see, there's nothing I can do. I just sit and watch the clock all day. I nod off and then wake up and think "there's only quarter-of-an-hour gone" ..//.. You dwell on things, for example, I worry about having to leave my back door unlocked. I worry about next summer, the step down to the door and being unable to manage it. I'll be shut in in the hot weather. People accuse you of crossing your bridges. They tell you to "take a day at a time" ... people don't realise, they don't understand. It's a terrible thing growing old when you've got nobody.

Days pass when between Susan's departure in the morning and Edna's arrival with her tea, Doris does not see a soul. She is more or less confined to the kitchen. Even the television affords little pleasure since Doris fears that by watching it all day she will just get "deeper into the rut". At night she is effectively "imprisoned" in her house. The nurse must lock the door behind her when she leaves since Doris cannot turn the key (she minds being locked in less than leaving the door unlocked). Doris therefore receives no evening visitors. The long summer evenings are the worst, when the nurse may arrive as early as 7.00pm to put Doris to bed. She cannot sleep while it is still light and she only has the radio for entertainment. Then Doris lies in bed listening with envy to the children playing in the streets outside and hoping that she will not need to struggle to the commode.

Once a year, at Christmas, Doris's sister-in-law Alice stays at the house for three nights (from Christmas Eve to the day after Boxing Day): "It's smashing, absolutely smashing to have someone in the house." Otherwise, Doris just has Billy, her big black tom cat, to keep her company in the evenings: "The cat's my life. If he dies, I die too."

Only one thing makes Doris glad to live at home and that is the thought of entering a home or a hospital. Yet Doris suggested that this possibility was growing rapidly into an inevitability as her manual skills diminished, ^{and} while supporters like Alice's husband find it increasingly difficult to help as a result of their own frailty. She

did not see this move as one which would provide her with company, but rather one which would rob her of her autonomy.

You can't give up though otherwise you'd be in an asylum. But, much as you don't want to, there'll be a time when you have to ... I dread being put in a home ... If I'm not allowed to be methodical and to sort out my own affairs, I'm lost.

In the light of this belief, Doris professed not to want "many more birthdays":

I don't see why I should suffer.

CHAPTER 7: Elderly People and Home Help

I noted in the introduction to my thesis the growing body of studies concerned with the experiences of the carers of elderly people. With the exception of Brody (1982) and Evers (1985), few have set out to analyse the perspectives of the cared for-(1). As Evers points out, "by focussing solely on the concerns of the carers, they relegate the cared-for to the status of objects" (Evers 1983, p33). In the next part of my thesis I attempt to elucidate the situation of the elderly people in the study. The question I want to ask is, how did people experience their role as elderly users of home help? What were the social, psychological, ideological, material and historical factors which helped to shape how they perceived their needs and how they felt about using help, about the help itself, and about their relationships with the carers who provided that help?

Conversations with elderly people were characterised by their diversity: some elderly people, especially those who were confused, found it difficult to sustain conversation for long periods of time (2). On the other hand, in many more cases, like Sue Wise (1987, p68) I found that getting people to stop talking was harder. The isolation of elderly people no doubt played an important part here. Most people had specific memories, fears, desires, grievances or problems they wanted to relate to or talk over with me. In this chapter, I have organised discussion under headings which explore a number of the shared aspects of elderly users' lives. Inevitably, the headings are highly selective, but I

hope to have reflected the diversity of feelings and interests to as wide an extent as possible.

Reasons for Using Home Help

In finding out about why elderly people used home help, almost without exception men and women defined their reasons in terms of health and mobility. By far the commonest limiting condition, as indicated in the previous chapter, was arthritis or rheumatism, though the majority of elderly people cited other impairments or ailments.

Taken at face value, it might have been easy for me to assume - as it is popularly believed - that the majority of elderly users of home help were beset by serious health problems, causing them to be emotionally distraught (Hendricks and Hendricks, 1977). Two qualifications need to be made, however. Firstly, given that elderly people were assessed and allocated home help principally on the basis of health [appendix C, doc 6] and measurements of incapacity [appendix C, doc 11], it was, perhaps, not surprising that their initial responses to my questions were couched in terms of impairments. In fact, two elderly people had been receiving home help for some time prior to becoming sixty-five due to disabilities. Secondly, as conversation progressed, it was clear that, while old people shared common disabilities, differences in health attitudes reflected very individual accommodations to bodily changes. As Shanas points out, an individual's assessment of her/his health in old age, as in youth and in middle age, "is based upon various factors, some of which may be quite separate from medically verified conditions" (Shanas 1968, p49). The following examples illustrated the idiosyncratic self-assessment of health (3).

Mr Dyson was eighty years old. Four years previously he had successfully undergone treatment for cancer of the throat,

but his illness had left him very thin. He described himself as a "very sick old man", claiming that the slightest exertion made him breathless.

Mr Dyson lived with his seventy-seven year old wife. She had nursed Mr Dyson through his illness. However, since then she herself had experienced a marked decline in her health. She had become very unsteady on her feet and was suffering from senile dementia. In recent months she had taken increasingly to her bed. According to the Dyson's home help, Mr Dyson had reacted to his wife's behaviour in a "tit for tat" manner by refusing to move from his chair in front of the fire, though he was perfectly able. He now slept in the chair at night, and would not leave it even to use the downstairs toilet, but instead, urinated on the carpet and defecated into his trousers or onto scraps of paper which he discarded in a bin nearby. He changed his clothes once a week when the nurse came to bath him. He was still mentally alert, but claimed to be "too ill and old to do anything."

Miss Bagley was aged eighty-three and lived alone. She had never married, spending most of her working life nursing her sick mother. She was generally very frail and infirm, but reported no specific physical impairments. At the time of the interview Miss Bagley had only recently returned from spending two weeks in hospital. She was admitted for rehabilitation following a fall which had left her incontinent and unsteady on her feet. In hospital she was given a zimmer frame, her incontinence was checked and she was encouraged to practice simple tasks such as making a cup of tea and a snack, or doing the dusting. However, discharged from hospital and back at home on her own, Miss Bagley became frightened that she would fall again and took to her bed. When I visited her, nurses were calling twice-a-day to help her in and out of bed and to get dressed and undressed. Twice-a-week, she attended a day hospital, otherwise calls were paid on a daily basis, Saturdays and Sundays included, by one of two home helps. Miss Bagley described her health as being "very poor": "I couldn't cope without help", though her home helps claimed that she was physically capable of managing by herself many of the tasks with which they gave her assistance.

Miss Ryder was also eighty-three years old and, like Miss Bagley, lived alone in her own home. Before retiring at sixty, Miss Ryder taught domestic science to physically and mentally handicapped children. She boasted that she had never taken a day off due to sickness. Now she described herself as "limited" by a combination of the effects of acute pernicious anaemia - which had hospitalised her for a total of five weeks the previous year - and the discomfort, often severe, caused by a hiatus hernia. She felt the cold very easily and had to "wrap up well at all times". Although she could only manage to eat very small amounts, she swore by a good diet and refused to buy pre-packed food or food which contained preservatives: "I cook and eat for health". She performed what light housework tasks she could including dusting and handwashing small items of laundry. Once-a-week she attended

a "Mothers and Others" club held at the local church which she reached by bus or by taxi, if the weather was bad or she felt unsteady on her feet. Miss Ryder commented, "I don't exactly enjoy good health, but it's probably reasonable for my age".

Mr Crossfield was ninety-three years old and a widower. He lived alone. Several years ago Mr Crossfield was admitted to hospital after a serious blockage of the bowel was diagnosed. His weight dropped from ten to eight-and-a-half stones and he had never regained the difference. He was still suffering pain as a result of the condition. While in hospital he was also treated for chronic bronchitis. Together these conditions had put a great strain on Mr Crossfield's heart, necessitating a "daily dosage of heart tablets". Additionally, Mr Crossfield took painkillers, and diuretics to reduce swelling in his legs caused by water retention. Being so frail, he was very susceptible to infections and, under the doctor's instructions, had to keep the house heated at a constant temperature of seventy degrees. He claimed the best way to keep warm was to stay in bed, so he rarely rose before midday (thus doing, he also spent as little time as necessary on his feet, thereby minimising the swelling in his legs). He was unable to walk without the aid of a stick and relied increasingly on his zimmer frame to "shuffle about the house". A slope had been constructed from the back-door of the house into the garden, since Mr Crossfield found it difficult to negotiate steps. However, he reported going outside only in summer when the weather was warm, and even then he ventured no further than the garden bench.

The district nurse called once-a-month to deliver repeat prescriptions and to check on Mr Crossfield's general health. However, he refused to be bathed by an auxiliary nurse, preferring to "wash down" in front of the fire. He also struggled to dress himself and to cook his own meals - usually simple snacks. Mr Crossfield claimed he would like a new pair of legs. He also commented, "Being skinny narks me". However, despite the facts of his medical history, Mr Crossfield described himself as being "pretty fit".

Very often, then, old people's actual impairments counted for far less than the attitude adopted towards them. Clare Wenger's study similarly illustrated the idiosyncratic nature of self-assessment (4). But she found self-assessment to be largely optimistic and, like Williamson et al, she concluded that there seemed to be a high level of acceptance of physical restriction as a natural consequence of the ageing process (Williamson et al 1978; Wenger 1984).

As the case studies above indicate, amongst users of the home help service I found cases of negative as well as positive and realistic assessments of health. That is, extreme though it may have been, the case of Mr Dyson was an example of a very negative self-assessment of health. Miss Bagley likewise saw her health as being poor. While both old people were undeniably quite frail, service providers suggested they were less feeble than they claimed to be. Miss Ryder on the other hand, appeared to give a reasonable assessment of her health, while Mr Crossfield, obviously in poor health, described himself as being fit.

Ethel Shanas recognised these three general responses in the cross-national survey and labelled elderly people accordingly as health "pessimists", health "realists" and health "optimists" (5). One reason Shanas put forward to account for the generally optimistic assessment of their health by old people in this country was the national norms relating to styles of behaviour: that is, British people were expected to be patient, polite and non-complaining (Shanas et al 1968, p68). From the data she was unable, however, to determine why, among old people with apparently the same degree of impairment, some said they were sick and others said they were well.

My research on the experiences of old people using home help suggested that two themes relating to dependency were of primary importance: firstly, the context of old age itself; and secondly, passivity and activity in relation to control over daily life. These were, as I hope to show, interrelated.

The Context of Old Age and Control

...the objective, sacred pain of old age is of another order than the subjective, profane pain of aging... Aging is much

more a social judgement than a biological eventuality (Sontag 1972, p29- 33).

Age was used, in a strictly objective and chronological respect, as a significant marker for categorising users of home help. New referrals aged sixty-five and over were automatically classed as 'elderly'. 'Chronic sick' users - by definition, those aged under sixty-five - became elderly users on their sixty-fifth birthdays. Policy-makers justify the classification as a necessary mechanism for targeting provision.

But, as I indicated above, old age tends to be viewed more frequently from a subjective, and usually stigmatising perspective (cf Hendricks and Hendricks, 1978). It is common to assume that old age inevitably brings ill-health and loneliness. Ageing is held to be synonymous not only with physical but also with mental deterioration. Current ideas about retirement have strengthened working-class ideas that ageing is "beyond control", that people are "used up" once a certain chronological point is reached (Bornat et al 1985, p19). Old people are often conceived of as "burdens" and old age as a "problem" (Macintyre 1977, p189). Older women suffer the double burden of ageism and sexism (Sontag, 1978; Macdonald with Rich, 1984). "Ageing", writes Cynthia Rich, "is our 'failure' and our fear because it has been so defined (Macdonald with Rich 1984, p10).

In her study set in a senior citizens' centre, Sarah Matthews (1979) showed that a major issue for old women, consuming much of their energy was the maintenance of a sense of positive self-identity in the face of the potentially ageist experiences they encountered in their daily lives or indeed, of their own life-long training in ageism.

This notion of control over self-identity, or preservation of personhood, has appeared in Evers's work on the experiences of elderly women living alone (Evers, 1983 & 1985). Evers has made the distinction between "passive responders" (PR), who appear to lack positive control over the organisation of their lives, and "active initiators" (AI), who appear and feel themselves to be in charge of life.

The two groups, she argues, do not seem to have discrete characteristics regarding health or physical and mental dependency: that is, AI women are not necessarily more physically robust than PR women. Rather, she suggests that it is old women's perceptions of being in control which shape their attitudes to their health. She cites that case of Mrs J, who was ninety-five and considerably frail but who, nevertheless refused to moan and instead continued to pursue her leisure activities of travelling and going to the theatre. In contrast, Mrs H, though able to walk with a stick, reported that she had not gone out unaccompanied for many years, and claimed to be unable even to boil an egg "without ruining it" (Evers, 1985).

Evers notes the connection commonly made between ill-health and old age: old age is seen as a time of decrepitude. Those AI women who did not see themselves as suffering ill-health did not see their concomitant "oldness". Mrs Clarke visited "sick old people", she herself being "only" into her eighties (Fennell, Phillipson and Evers 1988, p109). By implication, this suggests that PR women, who perceived themselves to be in poor health, also perceived themselves as elderly.

My case material certainly seemed to corroborate this idea. To go back to the example I cited earlier: Mr Dyson described himself as a "very sick old man", while Mr Crossfield prided himself on having a "young mind". In light of this relationship of age, impairment and control,

Shanas' labels of health optimist and pessimist were clearly inadequate: they limited analysis simply to the psychology of health. But neither were Evers' categorisations entirely satisfactory. As Evers herself has pointed out, it is not the case that the groupings AI and PR are simple ones, to be associated with simple and obvious service responses. For example, as they stand, they do not account for the "health realists", those elderly people, like Miss Ryder, who acknowledged both impairment and age, but who nevertheless felt themselves to maintain a degree of control over their lives.

Bearing in mind that mine was an investigation of elderly people using home help and therefore rooted in the context of dependency, I determined to call the three groups which I had identified the 'independents', the 'active dependents' and the 'passive dependents'.

The question remained as to the bases for the differences between the groups.

Independent Elderly People

I identified seven households as containing independent elderly people. In each household (including that of Mr Crossfield, see above), health was described positively and age was denied. For Mr Ackroyd this was, perhaps, not surprising since, although severe, his spasticity was a way of life: "I was born like that and so I'm used to it. Going blind must be far worse." Mr Ackroyd had recently acquired a new salamander car which was designed to take passengers. Largely for this reason, he claimed his life at sixty-five to be "just beginning". Mr Abbott had had a serious heart attack and suffered from both arthritis and rheumatism which rendered him more-or-less housebound, yet he judged his health to be very good for his age [see Fieldwork chapter]. He

described his neighbours in the sheltered housing unit where he lived as "like his mother and father", though they were younger than him. According to her home help, Mrs Reeve was becoming increasingly more frail, yet she described herself as being "as fit as a flea" and claimed to "rage against old age". Miss Saunders was ninety-five and partially sighted. She lived with her ninety-seven year old sister, Mrs Hunter. Three years previously, Mrs Hunter developed gangrene in her right foot and had half of her big toe amputated. She believed she might die but she recovered and learnt to walk again, although she did not go outside. Neither sister felt herself to be "troubled" by her respective impairments, however. As Mrs Hunter explained: "I act as Sarah's eyes and she acts as my legs". Despite her doctor's instructions to rest her leg, Mrs Hunter reported rarely "sitting still" though. "It's impossible when I've got a bit of work to do". She rejected the idea of attending a day centre stating, "I couldn't mix with old people, I haven't got the feeling of being old". Mary, seventy-three, lived with her two sisters, Evelyn and Lilly. Evelyn was fifty-seven and mentally handicapped. Lilly was seventy-four and blind. Mary herself suffered chronic arthritis which had twisted the joints of her hands and made it difficult for her to negotiate steps. Yet she claimed that it was "impossible to feel old and ill when you've got others to care for". Finally, there was Mrs Davis who was ninety-three and lived alone. In the month previous to my initial visit she had fallen while out shopping and had since felt "shaky" on her feet. At that time, she was venturing no further than her neighbour's house. However, she was determined to go out again when she "got better". She too reported finding it very difficult to see herself as being old:

It was not long after my ninetieth birthday. I'd gone down to the precinct - I had my shopping trolley, you know. I passed

this group of boys and girls and one shouted, 'Hey, look at that old lady with her trolley'. I turned round to see who they were shouting about and there wasn't an old person in sight - no-one with a shopping trolley. And it was then I realised that they meant me! Well, I was that surprised... I'd never thought of myself as an 'old woman' before.

i. Hobbies and activities

Independent elderly people closely resembled the active initiators of Evers' study: that is, their most striking characteristic was their interests and activities, their sense of purposefulness about and positive involvement in life. For all, these were hobbies, interests and activities which they had pursued over many years. If there was a difference between elderly independent people, it was based on gender. The men talked of activities which might usually be labelled as "hobbies", "interests" or "pastimes". Mr Ackroyd loved to go out in his car, for example, which gave him "complete independence". He was looking forward to his summer holiday in Blackpool. Mr Ackroyd also had a retailer's licence and twice a week drove to a nearby market and "set up stall" in the back of his car. The profit from the small household and stationery items which he sold was minimal, but he enjoyed the contact with people occasioned by his business.

Mr Abbott's passion, on the other hand, was music, and he was at his happiest playing the piano. Mr Crossfield similarly enjoyed listening to records. He was also "an avid radio and television fan". By his bedside was a pile of books "waiting to be read". He gained great satisfaction from "full possession of his mental faculties": "I'll hold a discussion on any contemporary debate". He spoke vividly of the corner shop business he set up and ran when a young man and of his experiences in the First World War when he served in the cavalry in France and Germany. He claimed that it was this latter experience - in

particular, being left for dead following one battle, to be found three days latter suffering from acute hunger and exhaustion - that had helped him to shape what he called his "philosophy of the subconscious". This he summed up as the belief that "if deep down you put your mind to things and believe in success, you will remain independent and happy".

In contrast, most of the activities in which elderly women independents engaged were part of what is traditionally 'women's work'. Mrs Davis hated the idea of "sitting in a chair all day doing nothing". She prided herself on keeping up her appearance. *But of most importance to* her was "keeping active" which she defined in terms of household activities. She dusted, cleaned and did all her washing - sheets and curtains included - by hand in the kitchen sink. She believed it important to eat well and prepared a cooked meal every day, as well as baking regularly. Mrs Davis also kept a number of houseplants which she fed regularly with lemonade. She rejected the idea of attending a day centre, saying she was "happy at home with the television and newspaper".

Mrs Hunter and Miss Saunders likewise placed emphasis on keeping home - on dusting and ironing, and caring for their plants. They too prepared all their own meals: "We enjoy our food. We don't go short in food". They believed in "eating healthily and keeping warm". Although without close relatives or friends, they were not lonely but took pleasure in each others' company. Mrs Hunter read to her sister from the paper and they watched the television together. Occasionally they shared a box of chocolates as a treat. Mrs Hunter put her "secret of old age" down to the fact that she did not take things too seriously: "I haven't got that feeling to be lonely. I'm quite satisfied as I am. I make my own pleasure".

They, along with Mary and Mrs Reeves, stressed the importance of caring for others. Mrs Reeves looked after her husband who was very frail. Since his left leg had been amputated, Mrs Reeves had to help him to get in and out of bed, to strap on his false leg and to dress and undress. She did small amounts of shopping and all the cooking. But she attributed "being energetic" as essential to her mental and physical well-being: "I must be busy and keep active, it's what keeps me happy and alive. It's in my nature". Her husband's deafness and "laziness" aggravated her. She related the details of the move to their flat following the loss of his leg. Making endless trips, she had used Mr Reeves' wheelchair to transport furniture, carpets and bedding from their old high-rise flat to their new bungalow.

A number of independent elderly women had also worked outside the home, however, including Mrs Reeves. As a young girl she had worked in the mill, despite the fact that at sixteen she had nearly died from a burst stomach ulcer which had caused her to spew blood. She did not stop working when she got married and at seventy-two, still held down a part-time job in a local cafe, cleaning tables and preparing food. "I loved the company and it gave me a bit of pin money".

Lilly had also been a "mill girl" (in fact, she attributed the cause of her blindness to the loose yarn fibres which, she claimed collected in people's eyes and lungs). Just twenty-one when she lost her sight, she had been "determined not to go under". She learnt Braille so that she would not have to sacrifice her love of reading. Indeed, the first thing I noticed when I entered the house were the piles of books, newspapers and magazines filling the living-room. She had undergone thirteen operations in an attempt to restore her sight. Despite her increasing frailty, she still attended weekly meetings of the "Stick Tappers and Shufflers Club" for elderly blind people.

In sum, whether male or female, the 'independents', like Evers' AI group, "appeared to maintain a positive stance towards life, a feeling of being in control of decisions, whether major or trivial, which affected their lives from day to day" (Evers 1985, p92). Even in the face of serious challenges to their control - both Mrs Davis and Miss Saunders and Mrs Hunter had recently been burgled, for example, an experience which for Mrs Hunter had resulted in temporary hospitalisation through shock - they chose to remain in their own homes where they could preserve their independence.

Active Dependent Elderly People

Active dependent elderly people differed from independent elderly people due to the fact that they explicitly acknowledged their dependence. This is not to say that active dependents did not feel in control of the organisation of their lives, rather they made it clear that their control was less than it once was or they felt it could have been. But theirs was an essentially positive attitude summed up, to a greater or lesser degree, by the oft-quoted statement: "Things could be worse". This statement was used to refer to health and mobility: individuals singled out certain activities which, while they were still able to perform them, represented a sense of independence. Others felt lucky to have family, friends or neighbours to help: where home help was part of a network of care old people appeared to still feel "in charge" of their helpers. For most, the phrase reflected the sense of control they experienced through continuing to live in their own homes.

i. Economic resources and preventive measures

Some active dependents saw home help as a "preventive measure" which enabled them to carry on with many of their activities and to keep total

dependency at bay. Miss Ryder mourned the fact that her health had severely reduced the number of visits she was able to pay to her brother and sister who both lived in the South, for example. Neither was she able to continue with her voluntary work, which, ironically, had consisted largely of visiting old people in the parish. But she continued to attend weekly social functions at the church whenever possible. She reported feeling guilty from time to time for the home help which she herself had sought and paid for, claiming that many others were in far greater need than she. However, she justified the help as being a "preventive measure" which would stop her from "deteriorating into complete helplessness".

Mr Murray (81) viewed his general health as being good - he slept very well and had "the appetite of a horse" - but a fall had badly injured an already crippled leg rendering him "completely useless" in terms of mobility. He relied on a stick or a zimmer frame to walk, and was forbidden to climb stairs. He missed his car, which he had sold since it had become an "absurd luxury". But despite having worked in a demanding executive post as well as pursuing an active social life - he was very involved with his local church and had edited the monthly church magazine for many years - Mr Murray appeared not to mind being housebound:

I've been a very busy person for the whole of my working life. But the thought of it now makes me wonder how I ever managed it. Even now I can't get enough time for my reading, it's such great fun. There are so many books I'm looking forward to reading, never mind those I want to get back to. And then when I've read them, I discuss them with my neighbour - he's a pianist and a very nice chap altogether.

Both Mr Murray and Miss Ryder stood out as having the means with which to buy a degree of independence. Neither had married but had worked all their lives in good jobs which provided them with good pensions. They

owned their own homes - large, comfortable houses in a middle-class area of Salford. Both had used their savings in order to make modifications to their respective dwellings. For example, they had each had downstairs toilets installed, Miss Ryder in anticipation of the future possibility of being unable to climb stairs, Mr Murray because he was unhappy using a commode: "It was a very handsome looking thing. Very necessary but far from ideal". Miss Ryder had also had gas fires fitted in case of powercuts. She employed a man to look after her gardens and a hairdresser called each week to wash and set her hair. Although he owned a washing machine, Mr Murray sent his laundry to a private cleaners: "Washing's a nasty little chore which could be a real problem if I didn't have a bob or two". He described himself as a "Marks and Spencer canned food man". The dinners provided by meals-on-wheels were not enough to satisfy his appetite: "so I treat myself to food from Marks and Spencer which is expensive but much tastier than most of the convenience foods you can buy".

ii. Networks of care and settings

Few elderly people possessed the economic resources of Mr Murray and Miss Ryder, however. For others, it was human rather than economic resources which helped to provide a sense of independence and positive involvement in life. In particular, elderly people living with spouses were far less likely to view themselves as being dependent. But additionally neighbours, friends and kin were all described as sources of security, assistance, friendship, comfort and purpose. In many cases there appeared to be a close relationship between these sources of support and independence and the settings where elderly people lived. Mr and Mrs Harris [see case studies] were both very disabled and described their health as being poor. Yet Mrs Harris expressed a fierce determination to preserve her independence. It was particularly

important to her to remain in the street where she had lived for over twenty years. Here she was "known" (Matthews, 1979), and she enjoyed being part of a strong network of neighbourly support, as both provider and recipient.

a. Old people's flats and sheltered accomodation

The Harris's owned their own home. Other elderly people lived in special accomodation: Mr and Mrs Bocock were one such example. Like Mrs Hunter and her sister, Miss Saunders, the Bococks relied on each other's support and described themselves as "operating as a team". Both were in their seventies and disabled by arthritis (Mr Bocock had undergone three spinal operations and ten hip operations as a consequence of his condition). They helped each other to wash - "She scrubs my back and I scrub hers" - and dress. Mrs Bocock chose what they would have for lunch and Mr Bocock prepared it. He was also able to "rub through the smalls" and "with rests in between" he did most of the ironing. The Bococks had a specially adapted disabled person's car and had only recently been forced to give up trips out in it due to worsening health. But they continued to enjoy the help and companionship of their neighbours, including Mrs Bocock's sister, who "bobbed in" daily to see them:

We like living on this road. It's on the way to the shops and we see everybody when they pass by. They all give us a wave or they'll pop in with some shopping or for a chat. You can't feel lonely here.

Mr and Mrs Bocock actually lived in one of a cluster of bungalows specially built for elderly people. A number of elderly people living in old people's flats, warden-controlled or sheltered accomodation spoke similarly of a strong sense of having people on hand to help if they needed them. At the same time, because they were still householders in

their own right they had not necessarily lost all initiative in their lives.

Mrs Hamer was ninety-one years old and very frail: she had chronic and acute ulceration of her legs and had to stand inside her zimmer frame to dress in case she fell. For the same reason, she was too frightened to have a bath when alone, even bending to unplug the television at night worried her. Yet she made it plain that as long as she was "not bodily ill", she preferred to live on her own.

I had a blood transfusion in hospital and I've never looked back since they told me it was the blood of a bullfighter...It's marvellous what you can do on your own if you give yourself a bit of willpower.

Although Mrs Hamer looked forward to the occasions when her niece - her ^{niece's} only living relative - visited, she found her children "a handful". She described herself as having always been "something of a loner", who was "quite happy to read all day", especially if it was a "good Catherine Cookson". When her husband was alive they had kept themselves to themselves. She coped with her anxieties on a day to day basis, amongst other means, by maintaining her links with her neighbours:

Sometimes I wish I could get up and dash about, but I don't let anything get me down if I can do it. You'll never hear me moan, and I'm not one to cry either. I've no need, I've got a lot of friends. We all moved in here at the same time. Several of them have got a key to my flat in case of emergencies... I can phone them, they're there if I need them.

Neighbours were similarly a source of friendship and assistance for Mrs Reece. Mrs Reece was seventy-two and suffered much pain and discomfort from the combined effects of a spinal complaint, a heart condition and pernicious anaemia. She herself initiated the move to her flat in a sheltered accommodation unit when her second husband died and she could no longer cope alone. Mrs Reece was unable to rely heavily on her

children for help since her daughter was ill with Hodgkinsons Disease and much of her son's time was taken caring for his agrophobic wife and their two children. She was frustrated that she had not been able to secure a flat in the district where her daughter and her "true friends" lived. Nevertheless, she still believed that, on the whole, the move to a sheltered housing unit had been a positive thing for her: "considerably better than when I was stuck at home on my own". She indicated the liberating combination of knowing that while there was always someone to talk to if she wanted company or a social event to attend if she felt bored, at the same time, she could retire to her own flat if she simply wanted to watch television or read by herself. Her immediate neighbour collected her pension for her each week and she had no need to worry about shopping since a local shopkeeper made deliveries to the unit. Although she relied on others for practical support, Mrs Reece did not feel the giving of help to be entirely one-sided, however. She claimed that a lot of people came to her with their news and problems since she was a "good listener". Although she grumbled that, on occasions, she "never had a moment's peace or privacy", she was clearly quite proud that people sought her out as an advice-giver.

Mrs Seddon was eighty-eight and housebound - the result of fractures to her shoulder and her hip which she had sustained in recent falls. Comparing herself to an "old nag", she joked that it was about time the doctor shot her. Yet, with the help of neighbours and family, she still felt "involved with the outside world". For example, two of her neighbours on the sheltered housing estate where she lived called once-a-fortnight to take her to the "Over Sixties Club" held at the nearby community centre. Although her daughter - herself in her sixties - cared for a sick husband, she found time every week to take Mrs

Seddon out in the car "for a spin". Whenever possible, Mrs Seddon borrowed a wheelchair from one of her neighbours or from the community centre and her daughter wheeled her around the shops, "a real treat". If she needed help in an emergency she telephoned her grand-daughter, Wendy. Wendy ran errands for Mrs Seddon and had called daily to cook for her grand-mother when she first left hospital after breaking her hip. Mrs Seddon commented, "Some people have no-one, I'm very lucky".

Some elderly people (including the Bococks) had moved into sheltered accomodation from high-rise flats and considered the move a vast improvement:

We were happy to leave - we're much better off here...Couldn't wish for a better home help - we've no grumbles at all.

[Mr Glover]

I'd be dead if I'd have had to stay there any longer... Since I've lived here I've felt a million to one better.

[Mr Sinclair]

They agreed that the best features of their new accomodation were the security of having the warden at hand and access to dining facilities, which removed the worry of meal preparation. Mr Glover (70) said he sometimes fancied joining in with some of the communal activities but he did not like to leave Mrs Glover (79), who was housebound, on her own. Mr Sinclair (79), on the other hand, preferred to remain private, claiming that the other residents of the unit grumbled too much. However, in contrast to the Glovers, he had a strong network of outside support. He was visited by "an old friend" who "dropped in for a chat" every Sunday, and who brought him home grown tomatoes in the summer, and his two daughters called "whenever they [had] the time". But the "apple of [his] eye" was his grand-daughter who came to see him every other day. She did all his shopping for him and cooked him a

"proper Sunday dinner" each week. "She'd do anything I asked. I phone her if I want a chat. I live for my grand-daughter and her children".

b. High-rise flats

The positive advantages of sheltered accomodation for elderly people were made only too clear when their experiences were contrasted with those of old people still living in tower blocks. They spoke of "imprisonment" and "loneliness". One housebound woman commented, "The view's marvellous but it means nothing to me anymore". It was generally believed that the high-rise flats had destroyed neighbourliness. A number of these flat dwellers *still remained active dependents*, but it was clear that their sense of control was highly tenuous. Two elderly women, Mrs Russell (83), and Mrs Holt, (79), were housebound by their disabilities. Mrs Holt tripped and fell soon after moving into her flat twelve years ago, severely impairing her mobility. Two years ago she became more-or-less bedbound after a major operation on a stomach ulcer. Mrs Russell had severe rheumatoid arthritis. Their sense of independence rested largely with the fact that they were able to rely on their husbands for support and companionship. But neither husband enjoyed good health, and both women feared what would happen to them if their respective spouses should die:

There's no point in grumbling about my situation. My age means nothing to me - it's just a label. As long as he's here, I'm quite happy with a good book or the televsion... though I don't know what would happen to me if he should go first, God forbid.

[Mrs Holt]

Mrs Russell was concerned that she be allocated a new flat in the same area where her son and his wife lived and where she would find friends of the same age. It was this sense of imprisonment and isolation which

frustrated Mrs Scott [see case studies] who was otherwise very much in control of her daily life and activities.

c. Day-centres

Mr Merrick was not imprisoned by a high-rise home but neither did he have the benefits of sheltered accommodation. In fact, he lived in a damp and decrepit house without hot water or heating, with the exception of a solitary coal fire. He made it clear that his health was poor: "You know I'm half dead walking about.. I'm liable to slip any time and fall over. I'm floating in a mist". Having been an active independent all his life - he talked about going to San Francisco with his father when a teenager, of serving as a staff sergeant in France in the First World War and of enrolling for night-classes at the technical college to study engineering - he described being ninety-six as "a blooming nuisance" since he could no longer do what he wanted: "If I had the money I couldn't go on a cruise". Yet he rationalised his situation by claiming that "things could be a lot worse". His biggest fear was to be placed in a old people's home with his wife:

You're restricted. They assess you according to the money in your bank. You have to have meals at set times and there are women that give you a bath that you have to have three times a week... There are too many bosses - I can do without them. I'm not having a woman telling me what to do. I'm tolerant but..

He went on to claim that his wife was happy in a home, explaining:

Women give up at seventy and sit down. They won't exercise and they're finished. If you don't use your legs to the last minute you're gone. You end up in a home. My wife's daft because that's what she did - sat on her bottom all day long... Some of them go senile you know. One woman used to swig out of the sauce bottle... It used to upset me seeing them unable to get up out of their chairs and walk.

An important source of support for Mr Merrick was the local community centre. Although he was effectively still relying on others for help, it was clearly under his own initiative. He was able to come and go from the centre as he chose, since it was within his walking distance from home. He had a hot meal every day and took a bath once-a-week: "Once-a-week is enough for a bath. A man's different. A woman needs more washes than a man". Mr Merrick did not join in with many of the activities, "They don't call for skill or brain power". But, on the whole, he saw the centre as a "godsend": "there's always someone to fetch me a pipe of tobacco or a cup of tea, when I want".

d. At home alone

For Mr Merrick, who was deaf, almost blind and very frail, the day centre was an alternative to institutionalisation. On the whole, however, Mr Merrick appeared to be alone in his appreciation of day centres. While they were still able, old people preferred to remain in their own homes even when they lacked a wide network of support or the kind of financial security enjoyed by Mr Murray and Miss Ryder. Many still expressed a positive involvement in life: like independents, they had hobbies and pastimes often newly initiated in response to their circumstances. Miss Watkinson, eighty-one years old, lived on a badly run down housing estate. Her tiny flat was dark and damp and in need of decoration and repair. She had been forced to withdraw from the labour market in her fifties due to a back complaint and since then had spent what meagre savings she owned. She had no close kin and the majority of her friends had either died or were housebound, like herself. Apart from her home help, the only person to visit her flat was her elderly neighbour who washed Miss Watkinson's laundry for her. Nevertheless, despite the fact that she had recently undergone an ileostomy and was being treated for hypertension, she described herself

as "coping very well". Her response to her circumstances had been to initiate new activities and interests. For example, she was no longer able to knit, so she had taken up cryptic crosswords instead, "Keeps your brain active, you know". For the same reason, she liked to watch quiz shows on television, though she was also a soap opera addict. She continued to pursue her love of reading:

My favourites are horror stories. I can't watch horror films on telly, but I can read them. I like stories by James Adly Chase. There's no filth in his books, just nice clean murders.

For her eightieth birthday her neighbour had bought her a pet budgerigar who she described as "company". Having lived by herself all her life, she rejected the idea of loneliness, "I don't get lonely or depressed or anything like that. I like my own company... I prefer my own company here - my own home".

Mr Bailey had similarly initiated a new interest based on his lifelong involvement with The Salford's Boys Club Association. Increasingly confined to his flat by ill-health - he had developed thrombosis in his legs, which, on top of his spasticity, had reduced his mobility - he had begun to write a history of the Association which he hoped to get published. He kept a scrap book which was full of his letters and articles about the Boys Club which had been printed in local newspapers.

What, then, of passive dependent elderly people?

Passive Dependent Elderly People

Passive dependent elderly people recognised their dependency, but, in contrast to active dependents, felt they had little control over their daily lives and activities. The most notable feature of this third group of elderly people, the 'passive dependents', was that it was

composed overwhelmingly of households consisting of single women living alone. Evers describes the "passive responders" of her study as sharing an apparent lack of definite purpose in life. Certainly, I spoke to several elderly people for whom this observation was accurate. However, Evers seems to be suggesting that, over and above care work, sustained commitment to activities had never been a feature of passive responders' lives (Evers 1985, p. 95). This was not the case for all the passive dependent elderly people I visited. A number had clearly been - and some, like Mrs Dubiel [see Annex] still aspired to be - independent active initiators. They felt constrained by their situations and were likely to express feelings of frustration and anger. In other words, their 'passivity' was not willingly assumed. To have to admit to ill-health was thus particularly stigmatising. I begin by looking at this group, who I have subtitled the 'reluctant dependents'.

i. Reluctant dependents

Six elderly women emerged as 'reluctant dependents'. Of these six, five were widows who had never had children. Three had worked for most of their married lives: Mrs Porter was employed as a secretary in the offices of a local factory, Mrs Longworth and Mrs Dubiel worked on assembly lines for electrical companies. In fact, Mrs Longworth and Mrs Dubiel had still been in employment up to the point when they first received home help. Both were forced to retire by sudden and unexpected illness, Mrs Dubiel by a stroke which left her paralysed down one side of her body, Mrs Longworth by a heart attack and dropsy. Both found it hard to accept the status of elderly dependent which they had acquired as a result.

Mrs Longworth, who was eighty years old and lived in a high-rise flat, described her experiences:

I was seventy-seven but still working part-time at a factory assembling electrical goods. I began to feel unwell - I had these attacks of blindness and like a choking sensation. The doctor said it was just the flu and that I was overweight and should diet, so I carried on working. But I still felt ill. Eventually he sent me to a consultant and he told me I'd had a heart attack. They sent me to hospital where the doctors drew twelve pints of fluid off my body. Since then I haven't been able to go any further than the community lounge on the ground floor. And even then I don't like taking the lift... I'm unsteady on my feet and I've got to use a stick. I'm frightened of the lift breaking down and getting stuck. Now I've got rheumatism in my hands, in the joints see... When that [hospitalisation] happened, it made me realise how old I was... My friend from the fourth floor - she's seventy-nine and courting. She goes out dancing and she wants to take me out when I'm walking, but I'm too old now - I'm past it".

Until recently, Mrs Longworth had received regular visits from her brother, Richard, with whom she had a close relationship. However, some months previously he had been knocked down in a car accident resulting in his paralysis. She was very upset that she had been unable to visit him. Although she spoke to Richard and her other brother regularly by phone, and received phone calls and visits from her two nieces - with whom she had just spent Christmas and New Year - she admitted on my second call to often feeling lonely. Her next-door neighbour dropped by regularly to check on her well-being, but most of the remaining neighbours, who had moved into the tower block at the same time as Mrs Longworth, were now dead. She went down to the community lounge when she felt well enough, "I like it there because it's warm and you can watch people walking by". At the time I called she was ill with shingles, however, and was also concerned about a lump which she had discovered in her breast, "The doctor said it's a growth but he doesn't want to operate at my age".

Health concerns similarly frustrated Mrs Porter (82). To her, too, they denoted old age and negative status. Mrs Porter's husband had died two years previously. Since then she had become frail and very confused, though she was aware that her general health was in decline.

"I believe in not letting go if you can help it. I worked all my life, I was the tennis champion at the tennis club... But I've deteriorated in the last twelve months. I've just become an old lady in the last twelve months". Mrs Porter still saw herself as what she once was with the disability as something additional and unwelcome.

Other reluctant dependents had given up paid employment on marriage, but had continued to pursue numerous interests and activities. Mrs Dunkley was involved in doing charity work for the church. She had also put a lot of energy into looking after her home, though not just in the traditional feminine manner, "Before I went blind I used to do all the decorating. My husband was hopeless at it... I've always been houseproud". She had twice been admitted to hospital for operations on a strangulated hernia, and had additionally suffered a heart attack. But the loss of her sight had hit her hardest. Mrs Dunkley hated being referred to as a "blind person", and refused all services for the blind such as the 'talking book' cassettes. Her rejection of her handicap manifested itself in a very aggressive attitude: she claimed she shouted a lot and became flustered if surrounded by a lot of people. Indeed, these were the reasons she gave for not attending a day centre. She had also turned down her sister's invitation to go and live with her and her husband in America preferring to stay in her "own little shack": "I can't do much any more, but you've got to help yourself as much as possible and not rely on other people".

In contrast, what Mrs Evans missed most was the company of other people. When younger she had maintained a wide circle of friends and had enjoyed going out. Indeed, when she first moved to her warden-controlled flat she had regularly attended functions held in the community lounge. But since then her health had declined. Like Mrs Dunkley, she too had been registered blind. She also had arthritis and

both her legs had been amputated above the knee. The discomfort she now experienced taking the lift down to the lounge - she lived in a tower-block - did not make the effort worthwhile except on very special occasions such as Christmas socials. She received a number of visitors - mostly co-residents of the tower-block (all with their own keys) who Mrs Evans described as being "very caring". They had clubbed together to buy her a pet budgerigar when her last bird died. But she expressed the wish to be able to go out on her own initiative to visit others. She enjoyed reading and watching television or listening to talking cassettes, but she still got lonely and depressed when she knew no-one was due to visit and usually stayed in bed all day on those occasions: "Then there's no-one to take my mind off the pain and discomfort... Some say it's marvellous to grow old but it's not - not if you're like me".

The sixth reluctant dependent, Mrs Duffy aged eighty-two, was also a widow. Like Mrs Porter she had been an active sportswoman when younger, a "keen athlete, gymnast and swimmer". Her health had rendered her housebound, however. Several years earlier she had had a mastectomy following the discovery of cancer in her right breast. She had severe arthritis and wore a surgical collar and corset to support her neck and back. She was in addition very confused. She commented:

I'm frightened that I'm a nuisance to people... The trouble is I can't see myself as eighty-two. I want to do things and quickly. I don't know why I go to the hospital, I just sit there, you know. But you can get depressed in the house - its dark holes. I sit here and talk to myself. I get depressed because I tell myself that nobody cares. But other people get used to it, I suppose I'll have to. I wouldn't care as long as I could get well and strong.

The difference between Mrs Duffy and the other reluctant dependents was that her marriage had produced two children - a son and a daughter. In fact, Mrs Duffy's son, Phillip, still lived with her. He was rarely at home, however. The home help organiser explained that he had a

drink problem, the result of which he had lost his job. He spent most of the day - as well as most of the disability allowance he received for (supposedly) looking after Mrs Duffy - in a nearby club. Mrs Duffy dismissed her son as being a "looney". She appeared not to expect help from him. What upset and frustrated her most was the sense that she had been "abandoned" by her daughter:

If only I can get well enough to get to me daughter's I can see myself making headway. They have a car - they should come for me.

I could go every day but it's getting there on the bus.

I used to baby sit every Saturday night when the first baby was born so they could go out. What do they do in return?

I don't know why she doesn't come down anymore. She's one of those got her finger in every pie... She likes the poor, likes to help them.

I'd like them to come down and see me. I feel we're not as attached as we should be - being blood relations, you know. My own family doesn't realise I'm as bad as I am. They're used to seeing me quick.

Mrs Duffy was clearly expressing her frustration in terms of the non-fulfilment of norms of reciprocity, of patterns of inter-generational attachment and particularly the role of women in maintaining family contacts.

ii. Lone dependents

That it could be equally as stigmatising to have no family or friends to care was equally as clear. Abrams found women living alone to be more likely never to have had children and, where they had relatives, to generally engage in less sociable contact with them. They were more likely to express feelings of isolation and depression (Abrams, 1978 & 1980). Indeed, these were the characteristics of most of the remaining elderly women passive dependents, or the 'lone dependents', as I have chosen to call them. In addition, lone dependents resembled Evers'

passive responders in that they tended to have engaged in unpaid "care work" for a substantial proportion of their lives; they had not found time and space in their lives to invest in additional activities and interests (Evers 1985, p92).

Mrs Howcroft, Mrs Dockerty and Mrs Waring had all built their lives around caring for others. All had wanted but been prevented by circumstances from having children. Partly as a result, they appeared to have lost a sense of purpose in life.

Mrs Howcroft had never had a paid job. The youngest of a large family, she had stayed at home after leaving school to look after her ailing parents - her mother had heart trouble, her father bronchitis. She had "given up hope" of getting married, but shortly after her parents' deaths - her mother died within weeks of her father "of a broken heart" - she met and agreed to marry her husband, Frank. She was forty-one. She commented: "I went from caring for my mum and dad to caring for Frank. My only regret was that it was too late to have children". Sadly, for Mrs Howcroft, the marriage was not to last into old age: her husband collapsed and died unexpectedly on his way home just three months before he was due to retire. "That was half my life gone. I've never bothered with anyone since".

Only two of Mrs Howcroft's siblings - a brother and a sister - were still alive. She did not see her brother who was himself housebound. Her sister did not enjoy good health, but she called once-a-week and helped with small amounts of shopping and washing, or sometimes she cooked a meal. Mrs Howcroft was also able to rely on her neighbours for errands, "and they keep an eye on me, you know". However, Mrs Howcroft described herself as being lonely, "I used to have lots of friends but it's like people say, they're never there when you need

them. No, I'm just a loner". Although she preferred to remain in her own home - she had lived in the same house for seventy-two years since moving there with her parents when a girl - she had not minded her recent spell in hospital following the fracture of her ankle. She had been visited every day by women from the Townswomen's Guild, and "the nurses were as kind as you like". But since being discharged she had not been out. She reported that the ambulance no longer called to take her to the day hospital where she had enjoyed painting and crayoning - "to exercise my hands" - and had been assured of having her hair done and receiving "one good square meal a week".

In contrast to Mrs Howcroft, Mrs Dockerty had worked outside the home. However, on marriage she (like Mrs Wareing - see case studies) had given up her job to become a housewife. She expressed an equally deep sense of loss over the death of her husband, who had collapsed and died in her arms one Sunday morning as she brought him a cup of tea in bed. "I never thought I'd recover from the shock and go on to live for so long. He was the centre of my life". She also bitterly regretted having, in her words, "failed" to have had a family as she and her husband had planned. "We used to have all the kids in the street in and make tea-parties for them". Mrs Dockerty had actually managed to conceive but she miscarried at four months and was left infertile. "They told me I'd been carrying twins but I'd too much water in my womb and they'd drowned. It was the only bad luck we had in our married life". In practical terms Mrs Dockerty did not appear to be as dependent as Mrs Howcroft. She was housebound by arthritis in her legs and was too frightened to venture outside, but she still cooked whenever she could and kept her house "neat and tidy". Nevertheless, she too felt a great sense of boredom and loneliness. Her niece visited regularly, and her next-door neighbour was available to help in an

emergency - "I only have to knock on the wall with my stick". But Mrs Dockerty missed her old neighbours and friends:

The street is full of young couples with children who haven't got time for an old lady... When my husband died, I reconciled myself with the thought that it's far better than him being left on his own. He couldn't do for himself... But now I talk to the television. I used to say to my husband, "You know Reg, I'd never live on my own". But you have to, don't you? I've done such a lot for other people, but they never do anything for me, not even pop in for a chat. I always thought I'd have children to look after me... Sometimes I think I don't care and other times I feel like running away and leaving everything. Folk aren't what they used to be. It's old age love.

Although the link between health and perceptions of dependency was, in general, not clear cut, this group of lone passive dependents included the most disabled of the elderly people whom I visited. Mrs Hurst, Mrs Hague and Mrs Moore were all widowed elderly women living alone and receiving daily visits from their home helps. None had had children and none received any visitors. All were very lonely and depressed.

Mrs Moore (73) cried for her old home and neighbours, "I put my life into making that house a home for me and my husband". She had been moved to sheltered housing following a severe stroke which had paralysed her down her right side and left her incontinent. Although she lived a matter of a few minutes walk away from her previous home she felt confused and disorientated. She hated being alone but feared being sent back to hospital.

Mrs Hurst (80) and Mrs Hague (93) were both effectively bedbound without the assistance of their home helps. They had long and detailed histories of ill-health. Mrs Hurst had undergone operations for a hip replacement and a burst ulcer, and to remove cataracts from her eyes. More recently, she had had a stroke which left her partially paralysed. She took tablets to relieve water retention and open ulcers covered her

legs. Mrs Hague had been hospitalised on a number of separate occasions by gastroenteritis, jaundice and gall stones as well as by a recent series of falls in which she had broken her arm and her collar bone, and badly gashed her head. She was blind in one eye and suffered from arthritis and anaemia. Asked how they spent their day, Mrs Hurst and Mrs Hague both reported doing "nothing at all". In the week Mrs Hurst attended a day hospital, where she claimed to simply "sit in her chair all day". Even the television held little pleasure since neither could see well. Each felt overwhelmed by their state of health. Mrs Hague commented: "I worry a lot about relying on other people for help. I can't help it. I try not to think about it but it's there. I don't think they should bother about me at ninety-three".

The one exception amongst lone dependents who appeared not to view her life negatively was Mrs Todd. Mrs Todd (86) lived alone, and reported her health as being poor following a heart attack. She claimed that angina and weak eyesight confined her to the house (though her home help said that she had seen her out recently). She had had to "put up with loneliness" since her husband died ten years ago. But in contrast to the other lone dependents, Mrs Todd had a significant degree of informal support. Her daughter called regularly two or three times a week, as well as telephoning every evening, and Mrs Todd declared herself "quite happy to leave everything up to her". "I don't rely on her, she's got her family. But if I need anything I phone and she's down like a shot".

iii. Passive dependent elderly men

So far I have discussed only passive dependent elderly women. Passive dependent elderly men were few in number - they totalled three in all - but they expressed their perceptions of their respective situations in very similar ways and deserve separate - if brief - consideration.

Common to their biographies was the fact that they had spent the largest part of their lives as married men and were used to having all of their domestic, and many of their personal, needs being looked after by their wives. What linked them was the difficulty they expressed in accepting the absence of this support.

Mr Meredith (70) suffered chronic bronchitis. He had recently been widowed for a second time. His first wife died from a tumour which was growing between her heart and her lungs: "That was the end of my life". Mr Meredith married again for "companionship", but "too late in life" to start a family: "With children I was unfortunate". He reported being severely restricted in his activities, "It's the strenuous, laborious things in the house". He no longer bothered to go to bed, but slept in the armchair instead:

I'd love to go to bed if I was getting the attention: that is, if I was served on - brought a cup of tea in the morning. It's a wife's job, if my wife was still alive... But it takes so long - too long - to get dressed and undressed. And I choke if I lie down - the catarrh chokes me.

With respect to Mr Maquire [see case studies] and Mr Prince [see above], it was not so straightforward a matter as simply learning to cope without their wives' support. They had, infact, experienced a role reversal and were now expected to care for their wives who, through ill-health, had become more dependent than they. Both women needed assistance with very personal activities, including, for example, washing, dressing and using the toilet. Mr Maquire and Mr Prince made it plain that they did not regard these tasks as 'man's work'. In both cases, their response appeared to be to retreat from their caring role by exaggerating their own dependency.

Summary

I have identified three broad categories of elderly people. Firstly, independents, who made their own decisions and who expressed a clear sense of control over their lives. Secondly, active dependents, who recognised certain limitations, but who still expressed a sense of autonomy. They did not see themselves as subordinate to others, despite receiving support from a number of people. They continued to order the help they received. Finally, passive dependents who felt they had little control over their lives. They saw their lives as influenced and/or controlled by other people.

An important foundation for these differences, as Evers has suggested, seemed to lie in the sense of purposefulness and positive involvement in the life of old people. This was certainly true in the case of independent elderly people. They had sustained lifelong or initiated new activities and interests and did not see themselves as 'old' - 'oldness', and concomitant ill-health and disengagement, were others' problems. A number of passive dependents - 'reluctant dependents' - still wished to be able to organise their lives. They were 'ex-active dependents' who felt robbed of a sense of control. For them, to admit to ill-health was particularly stigmatising since sitting down, being inactive was a state to be dreaded and abhorred.

Among the remaining elderly people, their sense of control was not so great. But it depended not just on interests and activities. There also appeared to be a connection between activity and passivity and sources of support. Having informal sources of support at hand - spouses, kin, neighbours, friends etc - tended to promote independence, especially where opportunities were provided for old people to reciprocate help. Indeed, a survey conducted in 1974 for Age

Concern found that old people who felt relied upon were less likely to feel lonely or to be in poor health (Age Concern, 1974), while Abrams discovered that "having good neighbours and friends" was the most important factor in achieving a "satisfying life" for elderly people (Abrams, 1978). A sense of 'choice' was commonly expressed over such sources of help. This sense of choice was also experienced by old people, without informal carers, but with the resources to buy support or in an environment (for example, sheltered housing or day care) where they could 'take or leave' support.

That there was a link between the activity-passivity dichotomy and availability of informal care certainly seemed to be corroborated by the perceptions of lone dependent elderly people. Many lone dependents had focussed their energies on caring for family and were clearly upset that they were without family to care for them now that they were in old age and needed help. In this respect they expressed little sense of purposefulness or involvement in life. Others could not accept that life-long carers were no longer available to look after them. Either way, the stigma which was experienced lay not so much in the fact of loss of control of their activities, as in the case of reluctant dependents, but in who was doing - or perhaps it would be more accurate to say was 'not' doing - the controlling. They suggested that it was not normal or natural to be without informal support.

Of course, as Evers points out, categorisations are social constructions and not objective givens between which there are neat divisions. To see them as such would be to ignore the individuals behind the 'situation'. Bearing this in mind, I wanted to examine elderly people's perceptions of domiciliary services. Was there a relationship between the sense of control they had over their lives and their perspectives on their supportive relationships with home helps?

Old People's Perspectives on Home Help (6)

I noted above how, despite the domestic nature of a large proportion of their tasks, home helps did not see themselves as cleaners but instead conceived of their roles as being akin to those of housewives and caring relatives. What of the elderly people on the other side of the caring relationship, how did they view their roles in the caring situation?

Again, I stress that relationships between elderly people and home helps were individually negotiable. Within each category of elderly persons was a diverse range of relationships with respect to help with domestic, errand, personal and emotional care. Nevertheless, there were some common threads running throughout elderly people's accounts.

Users

Broadly speaking, I found elderly people to cast themselves into either of two roles regarding help: that of 'user' or that of 'recipient'.

'Users', as the name implies, expressed a sense of being in charge of the help they received. So far in my thesis, I have referred to elderly people as 'users' of home help, suggesting that the majority felt some degree of control. This indeed seemed the case, even with respect to a number of passive dependents, as I will show. There were differences in how that sense of control was discussed, however.

i. Customers

A small number of old people, the majority of whom were men, referred to their home helps as cleaners or domestics. They tended to be the more independent of the elderly people who required domestic, or domestic and errand care from their home helps. Two, Mr Abbott and Mr

Crossfield, both pointed out that as married men, they had never had to clean or cook. These activities, in Mr Abbott's words, "had been the wife's domain". While both struggled to continue to bath themselves, they appeared to take home help and meals-on-wheels for granted. Mr Abbott presented himself as a customer with customer's rights, complaining to the organiser if his home help arrived late or if he did not like his dinners.

Like Mr Abbott, Mr Crossfield relied on his home help for both domestic and errand care. He commented:

It's not really her job to sit down and talk is it? She hasn't got the time. Essentially she's a cleaner, not a nurse or a social worker.

Mr Castle applied for home help when his wife became disabled with Parkinson's disease. Despite suffering an enlarged prostate gland, he was able to shop, cook and deal with the laundry. But he claimed to need help with domestic chores. He paid for "fortnightly cleaning help":

She's a pretty decent person, but she neglects to vacuum under the bed and to dust the top of the wardrobes. I suspect she views her work here as an easy job. I should have made it clear what I wanted her to do when she started but I've left it too late. Ideally I'd like to start afresh with a new cleaner.

Mr Sinclair and Mrs Reece lived in sheltered housing units in which the majority of elderly people who resided were visited regularly by home helps. They both saw their home helps, along with the warden and the cooked dinners, as one of the services of the unit.

The home helps are very good - they all work very hard here. Some [old people] grumble but they don't know what they're grumbling for - they're all good cleaners.

Mrs Reece was aware that some of her neighbours received care of a more personal kind, but she described her home help, who called once a week to vacuum and dust her flat, as "very much a cleaner and little else".

family

ii. Neighbours and friends

Those elderly people who spoke of their home helps in this way were very much in the minority, however. For most users their relationship with their home help was more than simply one of service-user or customer. Indeed, Audrey Hunt found that the great majority of users enjoyed having a cup of tea and a chat with their home helps and denied that time was wasted in this way (Hunt, 1970). A degree of informality was acknowledged even by those who (with the exception of the Castles) paid for home help. Miss Ryder described her home help as a "hard worker" but she went on to add that they got on well "as individuals". Mr Murray compared his home help, *Mrs Green, who visited twice a week*, to a "good neighbour":

Apart from rubbing through smalls, the only chore that it's necessary for Mrs Green to do is the cleaning. But she phones every Thursday so she can bring any extra shopping I may need the next day... I don't have to tell her what to do - there's no need. She's first class. She's a very unusual, excellent person. She's a heart as wide as a gate, but she's Lancashire born and very capable. She knows what she wants. I can't speak too highly of her.

Other elderly people said that they personally liked their home helps. Miss Saunders and Mrs Hunter observed of their home help, Mrs Shield's: "She's very nice, very pleasant - nothing's a trouble to her". They acknowledged the fact that she did things for them in her own time - mainly errand tasks such as fetching prescriptions or odd item of shopping - for which they expressed their gratitude. Mr Merrick and Mr Bell thought their home helps to be "caring people". Mrs Davis

described her home help as a "lovely girl", who "kept a neighbourly eye on her".

The notion of neighbourliness invoked by Mr Murray and Mrs Davis, was expressed most commonly amongst elderly people who enjoyed help from other informal sources. The Bococks' home help, Mrs Buckley, did most of the cleaning, but she shared the shopping and washing, as well as meal preparation - "we just couldn't get on with meals-on-wheels" - with the Bococks' friends and neighbours. The Bococks described Mrs Buckley as being "just like one of the neighbours". Indeed, on one visit I arrived to find Mrs Buckley, Mr and Mrs Bocock and their next-door-neighbour sorting out a shopping list over a cup of tea.

Mrs Russell similarly saw her home help, who cleaned and gave errand care when necessary, as fitting into a network of helpers. Mrs Russell was assisted chiefly by her husband, who helped her to wash and dress, and who shopped, cooked and did light housework tasks. Their daughter-in-law also provided additional support with heavy items of shopping and laundry, and each week she washed and set Mrs Russell's hair. They described the home help service as a "stand in" for the sort of neighbourly help which they claimed had been destroyed when the high-rise flats were built. Despite the fact that the Russells had recently turned down the offer of extra help from the organiser - "other people need it more" - Mrs Russell was keen to stress the importance of keeping the house clean, "it puts years on me if it's dirty".

The remainder of the users described their home helps as friends and even as pseudo kin. They included those with access to other informal sources of support. These descriptions mirrored the terms used by home helps themselves in talking about their roles. The explanations similarly lay (as I suggested in Chapter 5) in the nature of care and in

the setting in which care was given, that is, in the homes of old people. Mr Harris, a very private person, had been reluctant at first to have "another woman in the house". Mrs Harris admitted to being "houseproud", "fussy" and "stubbornly independent". The Harris' were now happy to use domiciliary support, however, because they saw Cathy as being "nearly like one of the family".

For other elderly people, it was the nature of care more than the setting which was of importance. In addition to domestic and errand care, Mrs Whalley's tasks included helping Mrs Glover to get dressed every morning. If she had time, she made toast or scrambled eggs, though preparing breakfast for the Glovers was not one of her "official" duties. The Glovers had a son whom they had not seen for over forty years. Referring to their home help they commented:

"She treats us like she would her own mum and dad. She's more like family than our son's ever been. We couldn't wish for a better home help - we've no grumbles at all."

Yvonne shopped and cleaned for Mrs Hamer, as well as collecting her pension and paying her bills. She cooked on the days when Mrs Hamer did not receive a dinner from the meals-on-wheels service. Her visits provided Mrs Hamer with the opportunity to take a bath: she was too frightened to bath when on her own for fear of falling. Often Yvonne called unofficially at the weekends to drop off items of shopping or to do Mrs Hamer's hair. Mrs Hamer described theirs as a "great relationship": "If I'm in any trouble I always phone Yvonne". Of interest were Mrs Hamer comments on the difference in age between herself and her home help: "I see her more as a daughter, she's too young to be a friend". Sarah Matthews, in her studies of friendship in old age similarly found that old people were likely to use kinship terms

to describe young friends to indicate an age discrepancy (Matthews 1968, p256).

In contrast to the Glovers and Mrs Hamer, Mrs Scott [see case studies] was able to manage domestic and most personal care activities by herself. As a blind person, she sought help chiefly with shopping: not just reaching the shops but in choosing purchases. It was essential to her that her relationship with her home help should be one of friendship and trust.

Time also played a part in generating a sense of friendship. Some elderly people had been visited regularly by the same home help for a number of years, and had consequently come to regard their relationship as one of friendship. This was the case for the Holts and Miss Watkinson. The Holts had received twice-weekly visits from Mrs Richardson for nearly three years. She cleaned and shopped, as well as emptying Mrs Holt's commode. The Holts commented, "We can't praise her enough. She'll pop in with shopping for us in her own time... She's like family now"

Miss Watkinson had become "very close" to her home help, Christine over the four years she had been visiting: "I like Christine. She's nice, she's very good and she's very willing". Christine shopped, cleaned and collected Miss Watkinson's pension. She also chose books for her from the library - "She knows which are my favourites now" - and each week they filled out a football coupon together.

I do not wish to suggest that elderly people and their home helps did not genuinely get on well as individuals. As I have shown, home helps often played an equal part in creating and maintaining informal relationships with elderly people. Yet, defining their relationships in kin and friendship terms was clearly an expression of control for many

old people in ambiguous situations where help could be construed as work done to rather than for them. Irene had been home help to Mrs Seddon for nine years. She had helped her to move into her bungalow. As Mrs Seddon - "managing" with strip washes and "simple snacks" rather than relying on bath nurses and meals-on-wheels - explained:

I like everything just so. Irene respects this. We've known each for a long time and we share a close relationship - she's a caring person. I hope they don't take Irene away from me.

Indeed, elderly people who discussed their relationships in this way tended to be active dependents who suffered a number of impairments. However, they did include a small number of reluctant dependents. For Mrs Dubiel, who had suffered a stroke [see case studies], her home help, Pam, played an important role in the process of regaining independence. She helped Mrs Dubiel to bath each week rather than having to rely on a fortnightly bath service: "A bath every two weeks - it's just not enough". Mrs Dubiel saw Pam as a friend and insisted at every visit that she share a drink and some food with her.

For Mrs Dunkley it was more a case of holding on to what little independence remained to her. She feared having to live in an old people's home. Mrs Dunkley was visited each day by nurses who came to put drops in her eyes. She received meals-on-wheels, which were often "inedible": "I can't cook for myself any longer - it's too dangerous". A church friend assisted her with bathing and home helps called daily to shop, wash, collect her pension and pay her bills, and, at the weekends, to prepare meals. She observed of her home helps:

These people I've got now, I wouldn't change them for anyone. They're like family. They're perfect.

Mrs Porter claimed that she and her home help, who washed, cleaned and shopped for her, were "like pals", yet her sense of control was clearly threatened:

I'm not blowing my trumpet, but I've always kept things tidy. I'm a bit of a devil when I get going. I don't like people to interfere or do things that I can do... I never thought I'd come to this.

Recipients

Mrs Porter struggled to remain in charge of her activities. For the majority of passive dependents, the lack of control they felt over their lives extended to and reflected their experience of help. These elderly people I have called 'recipients', since they appeared to see themselves in a passive role.

Some recipients expressed their passivity as a lack of choice. Between them, Mrs Conroy and Mrs Peak provided daily support to Mrs Evans who needed help to get out of bed, and to wash and dress. They fetched her breakfast and at the same time, made sandwiches for her tea which they left in the fridge. Additionally, they collected her pension and paid her bills, shopped, cleaned and washed, and emptied her commode. A neighbour cooked and delivered a meal to Mrs Evans three days a week. On the remaining days, her home helps prepared food or brought a fish supper from the local chip shop. Weekend visits were provided on a rota basis. An auxiliary called fortnightly to bath Mrs Evans, and a chiropodist every three months to see to her nails. Mrs Evans said she was grateful for the assistance but it was far from ideal. For example, she was never sure at what time weekend cover would arrive and would have preferred regular visits from just one home help. She also pointed out that her home helps did not always have sufficient time to cook a hot meal for her: she did not feel sandwiches or a pie to be sufficient

in winter. Without family, such was her reliance on the services, however, that she felt unable to complain.

Mrs Longworth had been reluctant to receive help, but after falling ill realised she had "little choice". Since her brother had referred her to the service she left all the arrangements in his hands. She personally liked her home help but, as with Mrs Evans, she too would have welcomed more say in determining when her home help called.

Mrs Duffy felt forced into a passive role, amongst other things, due to the lack of support from her daughter. According to the organiser, she was a "difficult" client, who often accused home helps of stealing from her. While she was undoubtedly confused, I believe her behaviour was partially an expression of her frustration over her dependency. In contrast, Mr Maguire, Mr Prince and Mr Meredith assumed passive roles in the absence of the conjugal support which they had taken for granted.

In general, those lone dependents who had hoped for familial support failed to see their home helps as relatives or close friends: they remained service-providers. This is not to say that, home helps were not liked or appreciated as individuals:

She's a nice home help. I look forward to her visits. She's a good shopper.

[Mrs Dockerty]

But elderly people failed to perceive a sense of choice and tended to express a sort of resigned acceptance of help:

I let them please themselves. I leave them to it as long as they keep the dirt down.

[Mrs Howcroft]

Mrs Todd claimed her home help to be "a pal", but, on the whole, she appeared quite happy to "put up her feet and opt for passivity" (Fennell et al 1988, p109). A couple of elderly women, Mrs Bagley and Mrs Hurst, negotiated the very intimate nature of the care which they received daily from their home helps by giving them the status of daughters. They each required help to get out of bed, wash and dress. Neither was capable of preparing food, Mrs Hurst could not even manage to make herself a cup of tea. In addition, both women were occasionally incontinent at night and their home helps had to deal with soiled sanitary protection, as well as emptying commodes. Such was their degree of impairment that it was very doubtful that either felt in control of this help, however. This was clearly the case for Mrs Wareing [see case studies] battling with the pain and stigma of ill-health, inactivity, lack of kin support and dependency on formal services.

For Mrs Barlow and Mr Dale the struggle had become too much. They had opted to go into homes for old people. Mr Dale listed a number of impairments including deafness, arthritis, gout, bronchitis, heart trouble and a double hernia. He was also experiencing incontinence of his bowels with increasing frequency. He could no longer attend the day hospital since the journey by ambulance aggravated his hernia and caused him to be sick. Simply making a cup of tea exhausted him. His son visited every Sunday with a cooked meal and nurses called once-a-fortnight to bath him. But the bulk of assistance was provided by the home help and the warden of the housing unit where Mr Dale lived. Both gave assistance over and above what was officially expected of them: the home help, for example, called in the evenings and at the weekends in her own time to dispense tablets to Mr Dale and to check on his well-being. Mr Dale described his circumstances as "far from

ideal". The move to a home had, however, been at his own initiative since he felt himself to be a "bloody nuisance".

Mrs Barlow appeared more nervous than Mr Dale about leaving her home, though the move to residential accommodation had likewise been at her own request. She suffered much pain from arthritis which rendered her housebound. A recent stroke had also affected her hand and speech co-ordination and her memory. Her handicap frequently reduced her to floods of tears. She continually apologised for the state of her house which she described as "shabby". She worried, too, about personal care since she could no longer bath herself or prepare "proper meals". What upset her most, however, was her loneliness. She still missed her husband who had died sixteen years earlier, but above all she felt neglected by her daughters who, she reported, rarely visited and did little to help her. (According to the home help, one daughter did, in fact, take Mrs Barlow to the shops every week in her car. The second daughter, who lived nearby but indeed rarely visited, she described as unable to cope with her mother's confusion). Mrs Barlow claimed to need other people to control her life.

Summary

As must be obvious by now, I found in the course of my study that the lives and circumstances of elderly people were very varied. Nevertheless, I have drawn out some constants and they help to explain elderly people's perceptions of help.

Where elderly people felt control over everyday activities this extended to sources of help. Some saw themselves as customers. Gender appeared significant in this respect: independent elderly men tended to speak of home help as a service in much the same way that they had been

"serviced" in practical terms by their wives all their lives. They suggested that home help was a "right".

Reluctant dependent men also conceptualised help in this way, but they denied a sense of being in charge. In a couple of cases, this was because their wives were still alive and were infact dependent on them for help. They felt threatened by this challenge to the normative order.

The majority of users acknowledged the personal quality of their relationship with their home help. Amongst those who recognised their dependency but enjoyed a wide network of support, home helps were often slotted unproblematically into these networks as *pseudo* neighbours or as friends. Others described their relationships with home helps in friendship and kinship terms to suggest a sense of control in a situation where they required help of a more personal nature. They included reluctant dependents who were struggling to (re)gain some sense of being in charge of their lives.

Otherwise, old people saw themselves as "recipients" of care. Recipients were passive dependents who through severity of disability or lack of informal support, or both, expressed a lack of choice in the nature and/or the source of help. For some, the amount of help they needed was simply too great. Their dependency was overwhelming and they (reluctantly) opted for residential care instead.

FOOTNOTES

1. Even then, Brody's research is focussed on patterns of family care, the subjects of research being three generations of women: grandmothers, middle-aged daughters and adult grand-daughters. Her main concern is the effects on the middle-aged daughter of balancing her perceived obligations to her parents and to her children, and her desire to remain in or re-enter the labour market.
2. In a handful of cases conversation proved very difficult if not impossible. Two women had lost the power of speech as the result of suffering strokes, one - Mrs Maguire - also appeared to be very confused. Two more were suffering from senile dementia and had become more-or-less mute. Others were severely confused and conversation at times could be monosyllabic. Here, details of elderly people's circumstances were supplied in large part by their home helps. Since my aim was to consider home care and the meaning of dependency from the perspective of elderly people themselves, I have tended to focus my attention on the words, thoughts and feelings of those who were able to speak for themselves rather than on "proxy interviews" with carers. Discovering the interests and perspectives of confused and mentally ill elderly people requires, I believe, much more patient and sustained contact than that which I achieved in my study. In this respect, my study remains sadly lacking.
3. Unless stated, I have indicated individuals' ages in brackets.
4. As part of her study of the rural elderly, Wenger conducted a random check of questionnaires which revealed old people as consistently estimating their state of health as better than an

objective assessment might indicate: 44 per cent thought it good or excellent, a further 37 per cent thought it to be alright for their age. Only one-fifth claimed to be in poor health (2 per cent) or to say their health was only fair (18 per cent). More than half of her sample admitted that their activities were limited in some way by their physical condition. This helped to explain the difference between those who claim their health is good and those who claim it is alright for their age (Wenger, 1984).

5. Shanas found that the greater the mobility of old people, the more likely they were to be optimistic about their health, though there was no clear-cut relationship between advances in age and the proportion of old people who felt their health to be good. More old men than old women were likely to be optimistic about their health. Shanas also noted the inverse relationship between reports of good health and loneliness (Shanas et al 1968, p50).
6. Old people received help from a number of formal sources including home helps, district nurses, auxiliary nurses, meals-on-wheels, and paid helps. I have concentrated on home help, though, where relevant, I refer to other services.

CHAPTER 8: Conclusion

In this concluding chapter, I aim to draw together some of the threads which have run through my thesis. I begin by arguing a case for the usefulness of the anthropological perspective in terms of policy in general. I then go on to look at the more specific implications for policy which have come out of my research, both at the immediate level of domiciliary service practice and organisation and at the more macro level of social welfare and administration.

Applied Anthropology

It is ironic, perhaps, that I feel I must conclude my account with a justification of the methods I have used in my study. Rarely are those who propose quantitative methods called upon to prove the viability of their techniques since 'they are a basic tenet of the British empiricist cosmology' (Okely, 1987, p. 59).

American anthropology, because of its scale, has been able to specialise and, through its direct history of application 'at home', is much better understood and perceived as relevant by the public than it is in Britain. There it is not considered odd to have anthropologists study such groups as tourists, sick people, indigenous minorities or, indeed, elderly people and people in professions. But, as Dan Gowler and Graham Clarke (1983) have pointed out, in Britain, primarily because of the small-scale of the discipline and the chronic shortage of funds, social anthropologists have not been able to specialise in this manner and consequently social anthropology does not have a practical public image.

Many people - anthropologists included - have regarded policy-related issues as being beyond the scope of anthropological concern. To the average lay-person, anthropology tends to be equated with the 'study of "Bongo-Bongo" land', the quest for the 'missing link', or 'manwatching' with Desmond Morris.

i. Working with other disciplines

Before I go any further, let me state that the issue is not a question of participant observation versus surveys, or humanitarian versus organisation perspectives (MacIntyre, 1977). A distinction into 'hard' and 'soft' areas of research is a heuristic over-simplification. Rather, I support the idea that participant observation can be regarded as another form of social analysis. As such anthropology should - at the very least - be included as a team member with the other social disciplines and the quantitative sciences. By failing to do this, aspects of social processes which should be analysed as a whole may be fragmented and studied by different agencies with separate aims, policies and funding bodies. Gowler and Clarke have claimed that what they call the 'feet-on-the-ground' approach of anthropology helps to avoid 'head-in-the-air' action. This approach refers not just to methods of research but to focus also, for anthropologists are just as interested in 'practise' as a topic in its own right and not just as a means of finding out about policy. That is, they want to find out what the world is like (not because they already know and are trying to prove it) and are prepared to be surprised by their findings.(1)

ii. What can anthropology offer?

Malinowski's work, as I noted at the beginning of my thesis, may be famed for its vivid descriptions of exotic pacific places but Malinowski was one of the first recognised anthropologists to move away from the

tradition of armchair anthropology to question the function and purpose of people's behaviour.

Providing answers to the questions of how and why people live as they do is the driving force of modern social anthropology. Malinowski's emphasis on direct field experience and a holistic approach has been upheld in studies of the settings of western society and has proved very illuminating in the explorations of the world of practical affairs. Gowler and Clarke (1983) have noted the major contributions of social anthropologists in Great Britain to the theory and practice of managerial control, for example, while Roger Ballard (1983) and Judith Okely (1983 and 1985) both show the relevance - as well as the difficulties - of the anthropological approach in illuminating the interests of sub-groups usually lost in generalisations or deemed 'problematic'.

It is all too easy for researchers to explain away the question of whether attitudinal or behavioural matters in which they are interested are well-correlated with responses to questionnaires. Such practices are arrogant and dangerous. As Johnson et al. have pointed out, old people express high levels of satisfaction with services when asked an overall opinion; but who will openly regret the lack of services such as window cleaning, dusting of high cupboards of the lateness and coldness of meals (Johnson et al., 1983, p. 98)?

... it is at this very level of the relation of what people say they do to what they actually do that the anthropological method of direct observation and recording of information in context comes into its own. (Gowler and Clarke, 1983, p. 12.)

Anthropologists can help to teach researchers and practitioners to learn to listen more and interrogate less (Johnson et al., 1985). Questions of meaning are never straightforward, not least because those who differ

have conflicting material interests, as well as values and strategies, indeed the cultural systems which they create (Ballard, 1985, p. 7).

Critics of qualitative methods of study might argue that the researcher in the field is party to privileged and tendentious encounters which colour the information s/he elicits. But, as Tambiah points out, the long-term anthropologist in the field 'has a better chance of engaging a cross-section of the society and of gaining a deeper knowledge of the collective past and dynamics of the present' and, as such, is 'less prone to the shortcomings of the phenomenological critique of partial and short-lived encounters' (Tambiah, 1985, pp. 15-16).

Knowledge of the 'collective past and dynamics of the present' does, of course, help to give context to figures, and case-studies and quotes authenticate arguments and conclusions. There may be dangers that qualitative material will be misappropriated, rewritten or misquoted. Nevertheless, Okely makes the point that such concrete information cannot easily be discredited in the way that statistics may be manipulated or massaged (Okely, 1987).

In some cases, so little is known about the 'insider's view' that research methods cannot be used before preliminary participant observation discovers reasonable questions and measures. In other instances, accounts often go further than simply complementing qualitative work. They may be able to reveal underlying social processes which are hidden from 'the kind of quantitative work which can only document correlations, but of it^self cannot account for them' (Finch, 1985, p. 114).

Liz Stanley has written:

Statistics may be all very well on one level (though I do wonder who uses them on any regular basis; I think they have

more of a symbolic than a concrete application). However, unless and until we can connect them, both with each other in real terms and not just statistical ones, and also to the actual events that give rise to any particular statistic, then we know as much about them as we do about icebergs from the bit that sticks up above the water. (Stanley, 1986, p. 46.)

The issue is not simply one of balancing the picture in terms of methods of study. The contribution of anthropology is an understanding of policy from the point of view of the 'recipient'. Anthropologists traditionally speak for the less powerful, or the vulnerable in an inequalitarian social order (in my study, they include those who directly deliver services). Tambiah has observed that anthropologists pitch their tents on the peripheries of societies - not only territorially in distant provinces - but 'socially among the common people at the bottom of the hierarchy' (Tambiah, 1983, p. 10), amongst the 'unrepresented' (Okely, 1987, p. 72).

The application of anthropology to social issues is not without problems, however.

One of the reasons for arguments in favour of a qualitative approach to policy issues is that social policies are unlikely to be seen as a homogenous whole: people will be differently affected by particular trends and policies and they are likely to hold opinions which reflect and refine their experience. 'It follows that, at any particular time, there will be different and differently changing attitudes and values being brought to bear on any policy area.' (Barnes and Connolly (eds), 1978, p. 61.)

But it is not simply a case of weighing the values of the policy-maker - or, indeed, the researcher - against those of the research population. The research population itself is not a homogenous whole. With respect

to my research, what benefits home helps may not necessarily benefit elderly people. As Sue Wise points out:

The assumption that the researcher, women and minorities, do not have conflicting needs for 'empowerment' and change is, I suspect, overly simplistic and the notion that research can benefit equally all women and minorities ignores the vast differences within, as well as between, oppressed groups which lead, inevitably, to conflicts of interest.' (Wise, 1987, p. 79.)

'Beneficial' outcome is both the aim of my (feminist) research and the justification for doing it, but I do not wish to assume - as Wise warns - that what I have uncovered and described in the course of my research can unproblematically be termed as 'oppression'. Or, indeed, that we all share similar ideas about what is beneficial and what is not. The very notion of 'benefit' is problematic (Wise, 1987, p. 79). Is a policy which promotes emotional support above other forms of care ultimately beneficial (to old people and workers alike) when home helps struggle to fit even the most basic of practical tasks into the brief time allocated to each visit?

Problems also lie in the fact that little social research appears to have had any influence on policy-makers, as Martin Bulmer's review has revealed (Bulmer, 1987).(2) This is not least because it is in a style which runs counter to the prevailing social services/social administration orthodoxy, with its strong empiricist tradition, about what 'good research' looks like. Lengthy periods of investigation are seen as rather indulgent or luxurious in a context of a shortage of time and resources. On the other hand, findings may be ignored for political reasons (especially if researchers are taking the side of the underdog).

Even if research is not ignored, we cannot always assume a straightforward relationship between social policy and everyday life. For example, the ruling by Salford Social Services that home helps

shouldn't perform certain nursing tasks for old people has not ended the practice. Home helps work in isolation, in the privacy of people's homes, and often within the context of very close, personal relationships. Their autonomy makes it impossible to enforce such rules which are broken by a large number of women.

Finally, researchers are also aware that information they collect can be put to evil use by local interests. It can be misquoted or read in ways different to those which the author intended (Finch, 1985; Okley, 1987). But, as Tambiah argues

... we cannot agonise too much over these issues to the point that paralysis overtakes those who want to make anthropology relevant to the world in more responsible ways than has been done before. (Tambiah, 1983, p. 17).

Indeed, I do not wish to be accused of 'looting with^{out} reciprocity' (Tambiah, 1983, p. 16); that is, of taking knowledge away to advance my academic career. Nor do I want to retreat into academic neutrality. Although a young, middle-class academic, I share with home helps the status of being a woman and there is every likelihood that I will experience old age.

Policy at the Level of Service Provision

What can an anthropological study contribute to social policy? I do not wish to act as an advocate for elderly people and home helps in a way which reinforces the idea that they are people who have to have things done for them - by implication, because they are incapable of acting for themselves (Finch, 1985).

I have conducted an exploration with an open-ended approach to construct an analysis of what is going on in the case of elderly people living at home. However, that analysis clearly has a policy-related focus and I can perhaps make some suggestions for social change.

i. Old people

Hitherto we have looked at the aged man as an object, an object from the scientific, historic, and social point of view: we have described him from the outside. But he is also a subject, one who has an intimate, inward knowledge of his state and who reacts to it. Let us try to understand how he experiences his old age - how he actually lives it. (*de Beauvoir, 1970, p. 313*)

One thing which I hope I have by now made obvious is that old age is not simply a concept (referring to a group of people over a certain age who share 'in common' experiences and needs.) Old age is also an individual experience. Focusing our attention on concepts can create problems.

(1979)
Kalish warns us against preoccupation with ageism, for example. He argues that another type of ageism, which he terms 'New Ageism' may be expressed equally by advocates of older people as by their antagonists. One of the characteristics of New Ageism is to encourage the development of services without considering the possible impact of those services on people's power to control their own lives. Kalish points out that the more evangelical gerontology becomes in advocating on behalf of 'the elderly' the more it confirms their powerless and rejected status.

The principal value which I stress, therefore, is that we should listen to the voice of old people themselves, to be aware of how elderly people construct their experience. When we do, we find that the ways in which old people perceive age, health and dependency may differ considerably both within their generations as well as in relation to other generations.(3) I found old people to have unique biographies and to express very individual perspectives on life.

The explanation, Johnson has argued, lies in the fact that human lives are made up of dynamic processes. The process of ageing is not a single-dimension progression, but a 'complex of strands running for differing

lengths of time throughout a life biography and moulding its individuality' (Johnson, 1978, p. 109). The move from independence to dependence is immensely variable over the years (Stephenson, 1978, p. 2). Old age is not necessarily a passive stage, but on the contrary one evoking dynamic responses to its exigencies (Simic and Myerhof, 1978, p. 20). In other words, while dependency exists, it has different subjective meanings for individual old people who experience it.

This is not to say that matters upon which the elderly feel most insecure and therefore most dependent are infinitely variable. There do exist some common patterns which can be identified within certain groupings and which have some practical implications for domiciliary service provision.

Firstly, on a general level, it is important that we recognise the self-perceptions of relative activity and passivity ordering elderly people's lives. We all share the goals of striking a balance between the need for security and the need for independence and self-respect.

Independent or active old people were not necessarily those who seemed to defy their years (as Mrs Reece was attempting to do). Rather, they were enjoying and cultivating less energetic interests to fit their circumstances. A number, like Mr Crossfield, appeared to have successfully developed what Fischer (1977) has referred to as an ethic of 'being' rather than 'doing'. Evers (1983 and 1985) has indicated the negative consequences which may result when service providers fail to recognise usual self-perceptions of autonomy. Following a period of actual illness, for example, an independent or active dependent person may be treated as a passive dependent. For the elderly person, who consequently feels an object rather than a subject - or a recipient rather than a user - of services, the situation may be painful, all the

more so since it is hard to bite the hand that feeds. It may, in fact, be counter-productive. Service providers may be in danger of creating need and demand for services over and above those originally required. Alternatively, old people may resist to the point of becoming a 'difficult' or 'awkward' client. Margaret Stacey has observed of people's relationships to welfare services, 'If they are sufficiently subordinated, all the action that is left to them is not to co-operate' (Stacey, 1981, p. 186).

Even where elderly people recognise their dependency, the general stigma of needing help can make coping with daily life an uphill struggle, and like Sophia Dubiel, old people may be seen as brusque and abrupt. Simple steps, such as providing home help on the day, if not at the time requested by elderly people, can help to maintain a sense of autonomy. Many of the new schemes in the care of old people have placed emphasis on care at times when it is most needed - early in the morning, at meal times, in the evening and at weekends.

At the same time, service provision must also take into account self-perceptions of relative passivity amongst old people. Again, as Evers has noted, amongst passive old people in general 'overzealous encouragement towards establishing autonomy may be equally as painful, unwelcome and inappropriate' (Evers, 1985, p. 98). For example, Mrs Hague was upset by her home help's efforts to get her out of bed and to make a cup of tea for herself:

It's easy to say 'It isn't her that's got the back trouble'. I'm not a cry-baby but it hurts so much ... she'll gash your head off.

Old people like Mrs Hague may also be labelled as 'difficult' or 'awkward', though not necessarily in the same way as independent or active dependent elderly people.

Some have argued (cf. Brearly, 1979) that old people have a right to be independent, to interact and be supported by others. The problem is that men appear to be seen (and to see themselves) to have more 'right' than women, which, in a context of limited provision, produces a gender-biased domiciliary service. The practical implications of these arguments are underlined by the fact that self-perceptions of autonomy do not necessarily correlate in a common-sense and logical fashion with usual objective measures of physical autonomy.

The principal task of the service provider is therefore to try to strike a balance between the extremes of reinforcing subordination and/or encouraging dependence on the one hand and enforcing unwelcome independence on the other. Home help organisers should attempt to 'match' old people and home helps on the basis of such factors as shared interests, compatibility and skills (and not just proximity). Kent Community Care Project found that such a 'matching process' was an important factor in the avoidance of breakdowns in user/helper relationships (Challis and Davies, 1980).

Other implications for policy lie in the links between activity/passivity and networks of support. Elderly people who had available additional sources of informal support were clearly aided in their efforts to achieve a sense of satisfaction and control. This suggests that the domiciliary services must commit themselves to maintaining informal ties, to working alongside neighbours and friends, as well as relatives (women as well as men) to offer a sense of choice - to carers as well as to old people.(4) Moreover, since networks of care are often related to elderly people's housing circumstances, this underscores the importance of close working relationships and teamwork between other agencies of community care to co-ordinate care and plan services at an individual level.

ii. Home helps

I have so far suggested that the task for service providers is to listen closely to old people's perceptions of relative autonomy and to build caring relationships accordingly.

At the same time, the situation of the deliverers of care must also be acknowledged. I refer here, of course, to the dual-role women workers who are employed part-time to care for old people in their own homes. While home helps are expected to maximise opportunities for choice amongst old people, they are also expected to control and contain. For example, they have a duty to avoid neglect amongst old people. They carry heavy physical and emotional workloads (5), but their voices are not heard.

In the first place, for women to acknowledge that the load is too great, has negative implications for the caring and coping qualities for which they are recruited. Secondly, like old people, they too have not traditionally had a voice in policy-making processes. Liam Clarke has claimed that domiciliary workers

... have not had a strong voice in the management of Social Service Departments ... Domiciliary staff are exploited, taken for granted, over-worked, underpaid and have few promotion prospects to higher posts in the Department ... The domiciliary workers' strength is that they put the needs of the client above status or promotion. This strength, however, is also their weakness; they spend very little time in trying to develop their professional identity or organising themselves into a politically motivated body who could speak out against injustices to themselves and their clients. (Clarke, 1984, p. xii)

It is all too easy, therefore, for policy-makers, employers and managers at all levels to overlook the extent to which the service expects home helps to absorb the massive personal burdens of providing care.

A number of domiciliary schemes have been set up which have developed distinct types of service to meet particular needs; home helps are selected, recruited and trained, and supervision organised according to the specific service. While this makes for a potentially more sensitive service, a two-tier system also has problems. As Dexter and Harbert (1983) have pointed out, it may lead to conflict between two distinct groups of staff. Often the lowest graded staff are allocated to people simply because there are insufficient staff available on higher grades, and so the phenomenon of home helps doing tasks unofficially remains, or may even be increased in some cases. Above all, a two-tier system becomes a way of depressing the status and earning capacity of some home helps and (thereby) of perpetuating the subordinate position it is seen to hold among the helping professions.

I found women to have mixed feelings about training. Some were clearly threatened by the implication that the skills they possessed were not adequate or that they would be robbed of initiative. Others felt that formal status which training would give them could serve to erect barriers between themselves and elderly people. (For the same reason, they rejected the idea of uniforms.) They noted the differences in behaviour of elderly people towards nurses and doctors with whom they tended to be far less informal and relaxed, and more deferential.

Those home helps who had been on training schemes tended to report that their ^{merit} lay in the teaching of practical skills such as first-aid, and an awareness of other sources of help, such as aids for disabled people.

In general, the idea of a two-tier system was unpopular principally because it was felt that it would relegate some home helps to the rank of cleaner. None liked the idea of visiting 'dirty' clients alone. On the other hand, some pointed out the stress of working with old people

requiring very intensive personal support.

Bond has suggested a more acceptable strategy for change (for both home helps and elderly people) which derives from her analysis of home help as essentially women's work in a woman's world.

She proposes that we begin by taking account of the isolation experienced by home helps and old people alike and seek to counteract it. This could be done in a number of ways.

Firstly, she argues, home helps should be grouped together in small teams which would take responsibility for the care of several clients. The necessity, on occasions, of changing the allocation of home helps to old people would be less disruptive if made amongst a small number of workers known to the old people, and tasks would be explicitly defined as shared. This would also help to ensure that stressful work was interspersed with less demanding activity.

Secondly, Bond stresses the importance of regular meetings of groups of home helps and organisers to consider issues. These meetings should not only encourage an open discussion of the problems facing staff and old people of the service, they should also seek to involve old people and to make collective decisions concerning the nature of provision.

A prime object should also be to raise the consciousness of the staff, both home helps and organisers, about the value of the domestic service they offer, about their common cause with clients, their exploitation as women and their rights as workers. (Bond, 1980, p. 48)

Many have proposed that home helps are in the best position to act as advocates on behalf of old people due to their close involvement in their daily lives (cf. Howell et al., 1979). But as Bond points out, until women have some notion of rights for themselves, they are ill-equipped to speak for old people.

I argued above that, for the sake of old people, the domiciliary services should work more closely with the other caring agencies in the provision of care. Bond similarly points out the need for co-ordination of workers involved in the community care of the elderly to produce individually designed 'packages of care'. She argues that, what she refers to as 'domiciliary care' teams would not only ensure that the full range of the department's resources were made available to old people, they would also help to take away from the home help service the expectation that it should shoulder alone the needs of many old people. The involvement of social workers in these teams would ensure a degree of support for home helps, particularly when coping with the deterioration and/or deaths of elderly people.

Sheffield Family and Communities Services Department has, in fact, gone some way to helping to put such a plan into action. It is developing Elderly Support Units to replace the traditional rigidly divided structure of services for old people between domiciliary care, day care and residential care. In place of that inflexible structure, geared to service providers' categories of need, support units are intended to provide an integrated and flexible deployment of staff and other resources to keep people in their own homes as long as they want to stay there. Traditional divisions between staff by function have been replaced by teams of staff designated as community support workers who are expected to devise with the elderly person an appropriate mixture of help - including twenty-four hour, seven-days-a-week cover if necessary (Walker, 1985a).

iii. Innovations in the care of elderly people

A number of innovations in the care of elderly people have, in fact, taken place throughout Britain since the late 1970s. These have been a

result, amongst other things, of the social pressure of a growing number of old people; the political desirability of being seen to be doing something about it; the economic need to make more effective use of limited resources; the opportunities provided by specially designated funds; and the attitudinal shifts from institutional care to community care, and from service-orientated to client-orientated provision (Issacs and Evers (eds), 1984, p. 1).

These schemes are so numerous that directories covering developments in local authority care have been published (cf. Association of County Councils, 1979; Dunward and Morton, 1980; Ferlie, 1983; and Clarke, 1984).(7) It is beyond the scope of this thesis to include a review of these innovatory services, suffice to say that - with the exception of schemes such as the Sheffield scheme described above - most appear to have been based on the perceptions of the providers (and by providers, I am referring to the higher level management) rather than of the users of care. It is still rare for 'clients' (or deliverers) to express their wishes directly. Innovation, as Issacs points out, is paternalistic (Issacs and Evers, 1984).

The Wider Context of Policy: Community Care and Structured Dependence Re-examined

If one seeks to identify what is specific to an anthropological perspective, the most valuable aspect of what we have to offer is our ability to demonstrate the possible links between culture and power ... we can show how dominant groups can use their own taken-for-granted cultural assumptions as a means of imposing and legitimising their hegemony over others. (Ballard, 1983, pp. 43-44)

The paternalism of innovations in care for old people reflects the general view of elderly people as passive recipients of help and ^{of} home helps as selfless Cinderellas.

I have attempted to show how, as Walker (1982a) has argued, the correlation between disability and dependency is not clear cut. Dependency for old people is linked very much to their self-perceptions of relative autonomy. Viewed thus, dependency is not always the negative relationship which theories of structured dependency may suggest it is. But this is not to say that, for the majority of old people, independence is given up willingly, that they want to submit or acquiesce. Some very disabled elderly people, while they are still able to pursue certain hobbies and interests, deny dependence. For others, environment - chiefly in terms of accommodation - and social relationships - in terms of informal networks of support - play an important part, and I have suggested ways in which domiciliary services could and should respond to all these factors to ensure that independence is not circumscribed.

Home helps do indeed share a dependent status with old people determined by the patriarchal state (Walker, 1983c). Again, my research suggests that women do not necessarily explicitly conceive of their situation as one of dependency and exploitation. Nevertheless, they are clearly aware of having to juggle their dual roles as housewives and mothers, and as workers, and of the concomitant heavy burden of responsibility which they shoulder. Employment for home helps tends to replicate their domestic functions: they work in a low-status caring occupation and are poorly paid. As for old people, so too for home helps, I have suggested strategies for change - in this case to alter the existing structures and existing working terms and conditions for women. The proposals, based on a principle of shared care, should also benefit elderly people by offering them a greater choice and continuity of care.

Yet the subject of home care and elderly people cannot be divorced from the wider context of societal values and expectations, shaping social

welfare for old people and the sexual division of labour in general. I have argued for an approach to care which recognises old people and home helps as individuals, but their individual experiences are shaped by attitudes and the opportunities available.

The prevailing belief in society, as I have indicated, is that old age is a period of decline, poverty, loneliness and dependence. Maggie Kuhn - founder and national convenor of the Gray Panthers in the USA - has claimed that old people's self-image 'is affected by a society that considers old people superfluous because they are not productive and useful' (see Phillipson and Walker, 1986, p. xiii).

This view is reflected in and reinforced by government community care policies:

The Government's overall priority is to reduce and contain inflation ... The curbing of inflation is [therefore] essential if we are to restore a healthy economy and the improvement of services for elderly people is largely dependent on that. (DHSS, 1981b, p. iii)

Such statements turn to farce the rhetoric of earlier claims for policy to give old people 'the fullest possible choice and a major say in decisions which affect them' (DHSS, 1978, p. 5).

Furthermore, the use of terms such as 'care', 'help' and 'recipient' symbolically removes the political connotation of power inherent in service roles (Estes, 1979). It not only obscures but ultimately reinforces structural inequalities, making it difficult for old people to see themselves as 'dignified individuals with incontrovertible rights' (Estes, 1979, p. 30).

The situation can only be worsened by the introduction of privatisation to the welfare services (as implied in The Audit Commission Report, 1986). The outcome, as Walker has argued, will be a 'two-tier system of

welfare in which the well-off minority can buy their care freely in the market while the poor majority will be forced to choose between the inadequate down-market elements of the private sector or the residential and under-resourced public sector' (Walker, 1985a, p. 44). Privatisation would also threaten the co-ordination of services in producing effective packages of care.

Richard Titmuss (1968) believed that the fundamental principle which should guide the planning of services for old people was concerned with the enlargement, or at least the preservation, of the individual's sense of freedom and self-respect. For this to happen there must be an expansion of domiciliary services working closely with other community care agencies as well as informal supporters to extend choice to old people.

Walker (1985a) also suggests a 'user's charter' which would enshrine elderly peoples' rights to services and ensure their role in operating, managing and delivering these. In A Manifesto for Old Age (1985), Bornat, Phillipson and Weir offer a nine-point plan:

1. Challenge ageism within society.
2. Ensure that older people become directly involved in planning and running the services they receive.
3. Establish imaginative social policies for retirement.
4. Establish more generous levels of financial support.
5. Tackle inequalities in health and promote positive attitudes towards health in later life.
6. Develop new policies for elderly people from ethnic minorities.
7. Secure greater choice and freedom for people in the area of residential care.

8. Campaign for a major programme of investment in areas, such as housing and transport.
9. Establish education as a major right and resource for older people.

As Bond points out in Phillipson et al. (1986), the achievement of any one of these items would ensure that the quality of life for many older people was improved substantially.

Home helps' experiences, like those of elderly people, are similarly shaped by wider societal attitudes and opportunities. Land and Rose (1985) have shown how the notion of altruism is fundamental to the ways of seeing women in modern society. They call the personal servicing that women do in caring for and caring about as 'compulsory altruism'. The notion of altruism refers to the self-sacrifice and the selflessness involved in caring. Social policies have been built on the assumption of the naturalness of this trait to the extent that it becomes compulsory.

Gillian Dalley has explained that the result of this ideology, which extends to the public domain, is that women's work is divest of status, reward and power (- a power which is invested in men and which attaches to the roles they perform). Women, who tend to accept the status quo, do not make radical demands for reassessment of their working roles. This is especially true for those women like home helps who are employed in caring roles based on the family model of care and who see formal care as second best. Indeed, this view is implicit in community care policy. It 'presumes women's altruism and has a vested interest in playing down any interest in formal terms and conditions of the carer's employment' (Dalley, 1988, p. 136).

Dalley goes on to argue, however, that 'humane' does not have to mean 'altruistic' and 'affective' does not have to mean 'familial' (1988, p136). For example, in the predominantly male world of general medical practise, where the doctors are allowed to call the tune, these issues do not arise. In other words, 'care' for women is just as much a 'patriarchal and right-wing hare' (Croft, 1986, p. 23). She proposes collective approaches to care as an alternative.

Janet Finch (1984b) gives her support to residential care, arguing that without fundamental social, economic and cultural change, gender bias in caring and consequent unequal opportunities for women are likely to continue to be a feature of women's lives.

Of course, these proposals are not without their problems. My findings on the values of old people suggest that residential care is, on the whole, still perceived very negatively by old people, for example, although sensitive sheltered housing schemes appeared successful in aiding a sense of independence.

Dalley and Finch's suggestions constitute broad approaches to policy. Nevertheless, implicit in their critiques is the possibility of shorter term and perhaps less radical programmes, such as that proposed by Bond. Bond similarly supports the breaking-down of the privatisation of housework, partly by creating opportunities for sharing tasks and partly by taking the work outside the home. In terms of the domiciliary services, she sees day care as playing a role in this process, for instance, by making facilities available to home helps and old people, and by providing child care services for the children of home helps.

I do not wish to give the suggestion that the measures which I have proposed can be achieved overnight, however. The attempt to give people

an effective say in services involves significant changes in local political administrative structures, and ultimately in the relationship between local and central states. At the same time, it demands that two groups of people traditionally holding marginal positions in society involved themselves in 'public participation' in ways that challenge deep-rooted ageist and sexist divisions, values and expectations. Nevertheless, my emphasis is on a collaborative definition of independence based on goals of independence, participation and choice for elderly people and the women who care for them.

Footnotes

1. Thus when I use the term 'applied anthropology' I do not wish to suggest that the process is entirely one-way: that is, the study of the practical world - in this case of provision of care for old people - feeds back into anthropological theory.
2. For a discussion of the historical background to the relative lack of impact of qualitative research upon social policy see Finch, J. (1986) Qualitative Research and Social Policy: Issues in Education and Welfare, Lewes, Falmer Press.
3. The response of some old people^{is} to hit out strongly against ageist attitudes. Helen Chappell quotes Edgar Scroobie who, at eighty-three, had returned to the Music Hall stage:

Don't pat them on the head. Don't let them lay about, tell them to get a move on. As far as old people are concerned, they want to keep themselves busy and happy. If they can do things for other people, that's even better. (Chappell, 1987)

When she was in her seventies, blind in one eye, deaf and having experienced a severe and long-lasting depression, Gladys Elder wrote of the 'slow decay' that may destroy old people before the 'final extinction':

Let us face it: except for a fortunate minority, old age is intolerable, it is an invisible, inexorable enemy. Face this, we have taken the first step towards making it more tolerable. While death is inevitable and sometimes blessed, it is the slow decay that can destroy us before the final extinction. (Elder, 1977, p. 41)

As an old woman of eighty, Kathleen Gibberd spoke of old age as a 'very up-and-down affair':

Seen from the inside, old age is not merely a downhill process. In reality it is a very up-and-down affair, rather like a mountain descent where one finds oneself sometimes on a sunny plateau and then on a new and exhilarating height. Despite the fact that parts of the body deteriorate, the last part of life brings positive advantages ... One can still do one's own thing, but it is not quite the same as before. (Gibberd, 1977, p. 2)

At eighty-four, Rosalind Chambers acknowledged all three perspectives:

Old age is not on the whole pleasant and is generally unattractive both to those who are experiencing it and to those who have not yet got there. But everyone who survives long enough will have to go through with it. My own philosophy, if you can call it that, is to go on fighting for as long and as much as is possible. In his book on The Cecils of Hatfield House, Lord David Cecil says that his uncle, Lord Quickswood, once described old age as the 'Outpatients's Department of Purgatory'. That seems to me quite a good description; Purgatory, if it exists, is presumably a condition of working and preparing for something much better. Old age ought to be like that, with the added quality of conflict, which I suppose will not be a part of Purgatory - but above all, old age should never be a state of submission and acquiescence to anything or anybody. (Chambers, 1980, p. 82)

4. A review of the literature on informal care and the personal social services (Johnson and Cooper, 1983) claims that the family now offers more care than at any previous time. Such a strategy would

not only support carers but may encourage people, men as well as women, to help their elderly friends and relatives who might otherwise be unwilling to do so because of the long-term, or taboo, implications of such offers of assistance.

5. By being asked to respond to the needs of clients, home helps inevitably accept a personal challenge and find themselves meeting as many outstanding needs as they can. They represent the expression of society's conscience, exposed to the miseries and privations of their clients, they feel they have little option but to respond as they would if they were dealing with members of their own family. As a consequence, home helps react to the deterioration or death of a client as they would if it occurred in their own family. The client's burden becomes their own and their contract of employment relating to hours of work and rates of pay becomes a passport to an unwritten contract with the client, an open-ended commitment which says, 'I will not abandon you; I will make your life as comfortable as I can and my reward will be the satisfaction that I have done my best'. (Dexter and Harbert, 1983, p. 204)
6. Indeed, without fail at the end of each group interview I conducted with home helps, women indicated how much they had enjoyed sharing their experiences and on a number of occasions the hope was expressed that I would arrange further meetings.
7. For reports on innovatory schemes see also:
 - (1980) Report of a Conference on Research and Policy-making in the Home Help Service.
 - Issacs, B. & Evers, M. (eds)(1984) Innovations in the Care of the Elderly, London, Croom Helm.
 - Tinker, A. (1984) Staying at Home: Helping Elderly People, London, HMSO.

ANNEX

FIELDWORK: Doing, Being, Writing

This account can be approached at a number of different levels. At a basic level, it represents an immediate account of doing fieldwork. It is also my account, as a post-graduate, of the experience of writing-up a thesis. I consider the effects of the passing of time on context and consciousness and how this feeds into the analysis and presentation of work. I show how ultimately, as writers, we have to commit ourselves to a 'final version', despite rarely (if ever) feeling happy with the account, for we can never tell the 'full story'. Finally, the idea of versions and telling the full story leads me, briefly, to a consideration of the post-modernist concern with ethnographies as texts. I show how this concern ties in with the feminist perspectives which I bring to my work.

Version 1: 'Doing Fieldwork' Getting Started

I embarked on my research project having won an SSRC (now ESRC) CASS award. The full title of the award, Collaborative Award in the Social Sciences, indicated the fact that I was to work hand in hand with - or at least with the co-operation of - another organisation in the execution of my research. In this case, the intention of the study was to explore the nature of home care for the elderly, and thus, since the study was set in Salford, I was to work with Salford Social Services, domiciliary section.

The Salford Social Services Department had, in fact, planned to carry out an extensive survey of domiciliary services for the elderly, taking 12 months to complete. My brief was to supplement this data with intensive field studies of values and expectations concerning the elderly, as well as their own values and expectations. However, the Department was forced to shelve the plans (1) and I found my involvement 'in the field' to be much more immediate, intense, prolonged and isolated than I had anticipated.

My fieldwork, in fact, spanned a sixteen month period stretching from November 1983 to February 1985, with some additional interviews and visits in winter 1985. In the first stages of fieldwork, winter 1983 to early summer 1984, I was concerned to build up a general picture of the nature of home care and the lives and circumstances of elderly users of the domiciliary services. I conducted interviews in 50 homes throughout Salford, five in each of the ten patches. I judged this to be a suitable number in view of my intentions to conduct second, perhaps third interviews with some elderly clients as well as speaking to home helps and home help organisers. The majority of households consisted of elderly men and women living alone. In three cases, the elderly person lived with a child (son or daughter). Ten households were made up of elderly, married couples and another two of siblings living together. The number of elderly people interviewed, ie those aged 65 and over, who were registered as receiving home help totalled 61.

i. Initial sample

Most of the 50 households I visited were selected for interview by the home help organisers in the respective patch areas. In two cases I chose to follow up new referrals whom I had met while accompanying organisers on assessment visits. Otherwise, I asked each organiser to

select 5 households, taking into consideration the age and gender of clients, their degree of disability, dependence, whether or not they lived alone, the nature of their accommodation, and the type and frequency of help received. These were an arbitrary set of criteria, intended as guidelines rather than rigid standards.

I anticipated potential accusations of bias, but decided this was the most expedient method of obtaining an initial sample. The original outline for my research programme had, naturally, not allowed for the collapse of the MSC survey and I did not have the time or resources to obtain a probability sample by random selection. At the same time, I also had to consider the fact that a substantial proportion of elderly recipients of home help are mentally and physically infirm and might not have been able to understand or reply to a letter of introduction to myself and my research by which ideally I should have contacted prospective interviewees. Of course, there will always be some people in a random sample who refuse to provide information for which they are selected (due to suspicion, fear or simply the desire for privacy, for example), or who are unavailable for interview. But the increased likelihood of non-collaboration amongst the infirm elderly threw the issue of representativeness further into doubt. I opted therefore for using the method of judgement sampling described above, trusting organisers to select households which were, to as great a degree as possible, representative of the range of homes and clients to which home help is allocated.

I called at most of the fifty households at least twice. The purpose of my first visit was simply to introduce myself and my project and to arrange appointments with those elderly people willing to be interviewed. I was accompanied on these occasions by the home help organisers. In cases where elderly people were chair- or bed-bound and

left keys, by arrangement, with the organiser, her presence was necessary to gain entry to their homes. Otherwise the organiser helped to explain my research and to reassure elderly people of the genuineness of my academic identity and my promises to preserve interviewees' anonymity.

I was concerned that, due to the presence of myself and/or the organiser, potential interviewees would feel unfairly pressured into agreeing to participate. I gave elderly people the option of taking a few days to think over my request. However, my fears proved to be unfounded: not only did all elderly people - even those with anxieties or doubts about the nature of the research - agree at my first visit to be interviewed, a large number were very enthusiastic about talking to me. In fact, in several instances, I was invited to begin the interview there and then or at least to stay for a cup of tea or coffee. Many elderly people receive home help because there is no one else to care for them. For the housebound in particular, the home help may be the only person they see for periods of several weeks, or even months. A number of these elderly people suffer loneliness or a sense of isolation to the extent that the chance of contact with others, whatever the circumstances, is eagerly seized.

Those few elderly people to whom I paid only one visit were included amongst the handful of clients contacted initially by the home help via the telephone. In each case, this method was used as a last resort because of restrictions on the home help organisers' time, though again, all clients readily agreed to be interviewed.

The length of interviews with elderly people varied. The briefest lasted all of twenty minutes: conversation was brought to an abrupt halt by the delivery of the interviewee's dinner, care of the meals-on-wheels

service. [I returned the next day, as agreed by the interviewee, to resume our conversation, but found her to be *confused and upset* after falling in the night. At this point, the interviewee told me she no longer wanted to take part in the project.] At the other extreme I spent whole mornings or afternoons at the homes of elderly people. On average, however, interviews lasted approximately one hour and a half to two hours.

ii. Key informants

From these initial interviews I was able to build up a small group of eight key informants to whom I paid at least one more visit. The group was composed in part of elderly people whom I had asked to revisit. It also included elderly people who had invited me to call again. (Third or fourth visits were usually paid within a matter of days or weeks following the first interview.) In five cases, I revisited interviewees some months after our first conversations to give the study an, albeit limited, time dimension. Again, choice of interviewees was arbitrary, though I attempted to select a group who reflected the heterogeneity of the elderly client population with respect not only to the aforementioned criteria but also to such factors as personality, life-history, interests and so on.

Home Helps

i. At work

It was during the course of early interviews with elderly clients that I made my first contacts with home helps. In three instances, home helps acted as proxy interviewees and/or translators for elderly-clients suffering speech impediments and, in one case, deafness and dementia. With respect to the chair- or bed-bound, I made sure my visits coincided

with those of the home help to minimise problems of gaining access to clients homes. Otherwise, I aimed to arrange interviews so that they overlapped with the beginning or the end of the home help visit. If all went according to plan, I thus had a chance to observe various aspects of domiciliary work, including client home help interaction - while the interview itself was free from the potentially constraining presence of the home help.

I also met home helps at the patch offices during the times I spent talking to or observing home help organisers at work. The majority of home helps call at the office once a week (on Fridays) with their completed time sheets. In most patch areas, this is recognised as an occasion when home helps can talk to the organiser about any problems or worries they may have.

However, both of the above settings imposed limitations on the amount of knowledge I could gain about the job of home help. In the former, I often felt as if I was just glimpsing selected aspects of home help work, more often than not of the practical domestic kind. In both, the unavoidable presence of a third party - the elderly client or the home help organiser respectively - placed boundaries on both my questions and on the information which home helps were able or desired to divulge. For these reasons, I decided to extend the empirical base of my research, firstly by spending whole working days with a couple of home helps and, secondly by conducting group interviews with home helps from each of the ten patches. This second stage of fieldwork which overlapped to some extent with the first (as outlined above) was carried out between the end of summer '84 and the beginning of 1985.

ii. Group interviews

As in the case of elderly people, interviewees were again recruited by home help organisers though using different approaches. Two organisers sent standard letters to all home helps outlining my research project and requesting volunteers. Two more organisers took advantage of quarterly meetings with home helps to recruit interviewees, while the remainder simply enlisted volunteers from among those home helps with whom they chanced to come into contact - at the office, at the homes of clients or over the phone - immediately prior to the interview date. Home helps were paid or given time off in lieu in return for their interview time. This helped to encourage those interested in participating but unwilling to sacrifice their time outside official work hours (I refer especially to those home helps with children who had to pay childminders).

An average of five home helps attended each interview though numbers ranged from just two in one group to eight in another. 54 home helps (in total) participated. All participants were women.

The length of the interviews, which were recorded on tape, varied from approximately sixty minutes to one hundred and five minutes (an hour to an hour and three quarters). Unfortunately child-care responsibilities imposed restrictions on interview time. Despite arranging interviews to begin as early as possible after morning shifts, six out of the ten interviews were brought to an end by home helps leaving to collect children from nursery or from school.

Finally, I also combined participant observation studies of home help organisers, with more formal interviews held on an individual basis with each organiser. The number of hours spent with home help organisers varied from, at the minimum, one to two mornings to, in one case,

approximately a full working week, Altogether eleven out of the twelve organisers were interviewed. In one instance, two organisers, the joint managers of a patch, were interviewed together. For ease, and also due to problems of lack of time, this interview was taped. It was the shortest of the ten interviews, the rest of which averaged three to four hours and, in a couple of cases, were begun and completed on different days.

Some observations on the use of multiple strategies in field research

Denzin has argued that a researcher needs to obtain different data relating to different phases of the research, different settings and different participants (Denzin, 1970). The lack of longitudinal studies of the elderly has been noted by others (cf. Abrams, 1978) and I am guilty of paying mere lip-service to the dimension of time in my own research. It should be clear from the above account, however, that my fieldwork involved a plurality of settings and of participants - I refer here specifically and respectively to clients' homes and local social service patch offices, to elderly men and women, homehelps and home help organisers. This feature leads me to discuss below some further methodological issues to do with the nature and structure of interviews and with identity or role.

i. Interviews

Firstly, I want to turn to the issue of interviews. Studies show that interviews take many forms and can be placed on a continuum with structured interviews at one and unstructured interviews at the other (Burgess 1982, p.107). I did not wish to conduct structured interviews

with specific schedules, and fixed order and form of questions. Such interviews define situations in advance and prevent the researcher from following up any interesting ideas. However, I did attempt to prepare for each of the three sets of interviews (ie. with elderly people, home helps and home help organisers) by writing out all the questions I thought I might want to ask. Moreover these copious lists - the one for elderly people contained over 100 questions - actually got to the stage of being typed up in questionnaire form by secretaries of the social services department ... only to be abandoned, if not before, then certainly within the opening minutes of the first of each group of interviews.

Of the three sets of interviews, those with home help organisers were perhaps the most structured, largely due to my desire to obtain certain quantitative information (eg frequency of assessment visits, number of referrals received each week etc). However, in all but one case (the taped interview) the interviews were held in the home help organiser's office where the endless demands of clerical and social work staff, home helps and clients, meant constant interruption. Attempts to stick to a formal questionnaire type approach made interviews a tedious chore for both parties involved - myself and the organiser.

Setting also played an important role in shaping interviews with elderly people. Formal structured questionnaires were totally unsuited to the informal surroundings of the interviewees' own home and, for that matter, to the purpose of obtaining very personal information about aspects of elderly people's lives, feelings, attitudes and opinions. Many elderly people simply wanted to chat. Conversations with confused, elderly clients were spent largely in accounting their reminiscences. Questions set in the context of their present lives made little sense. I was aware of potential problems concerning the way in which I could

compare and utilise responses but, even had I thought it essential, I had little control over the non-directive nature of such interviews.

Similarly, home helps were responsible to quite a large extent for the direction(s) in which group interviews proceeded. I opened discussions with a few key questions relating, for example, to length of service and reasons for becoming home helps. Once the initial novelty of the interview situation had worn off and home helps had forgotten about the presence of the tape recorder, conversation became very lively and home helps revealed their keenness to talk. Except in special circumstances, home helps work in isolation from one another. They have few opportunities to discuss their world and to argue over the situations in which they are involved. Without fail, all groups said how much they had enjoyed the discussion. One group asked if I could arrange for such sessions to be held on a regular basis. Variation in group size proved to be of positive advantage: larger groups produced competing views, and opportunities to see how consensus or difference was arrived at. With smaller groups, I was able to obtain more detailed information.

Early interviews showed me, then, that the best/most enjoyable way to obtain information was through conversation based on a crude list of questions: my earlier 'catalogues' of questions were rapidly and drastically pruned, then modified. This less structured research strategy avoided creating a hierarchical relationship between interviewees and myself (Oakley 1981). It allowed people to speak freely but at the same time provided a framework for comparison of data.

Identity

I spoke above of the nature of relationships between interviewees and myself. This leads me to the second of the two issues I wish to discuss: the question of identity or role. A vast amount has been

written about participant observation. Many commentators speak of researchers taking roles. Whether a role is formal, informal, concealed or revealed (Schwartz and Schwartz 1955), or whether it conforms to one of the four idea-type 'master roles' identified by Gold (1958), the implication is that the researcher actively chooses that role rather as s/he chooses which jumper or shoes to wear. In the course of my research I experienced role(s) far more as a product of ascription by others rather than something into and out of which I deliberately stepped each time I entered and left the field. Moreover, nor was mine a rigid or fixed identity but differed, again according to different settings and different participants as well as over time. // To whomever I introduced myself, elderly people, home helps or organisers, I 'played it straight' (Gans, p.310). I simply told the truth - as I saw it - that I was a post-graduate student doing research into the provision of domiciliary services in Salford. I wanted to find out about the nature of home help work and the lives of elderly recipients of home help.)

← As part of their training, student (district) nurses in Salford are often assigned to a patch area for a week or so to gain an insight into the organisation/running of the social services at the community level. Most home help organisers therefore had experience of being observed and accompanied at work. For these reasons, where I was not automatically given the role, I was easily accepted as a student. However, the fact that I was (actively) researching and not simply (passively) observing raised questions about the purpose of my study which, if not explicitly stated were implicit in the response of organisers. That is, the care and/or restraint with which some organisers answered certain questions suggested concern that I may have been 'reporting back to headquarters'. Fortunately, Pam - the organiser of the first patch I visited - turned out to be a 'key informant'. She supplied me with a wealth of details

about the realities of the work (official and unofficial) of organisers and home helps. She also spoke of the grievances she shared with other colleagues concerning the running of the home help service. In fact, talking to Pam, I felt more like a close colleague or friend. The nature and extent of her revelations helped me to realise when I needed to stress guarantees of confidentiality to other organisers and thereby to break down bars to spontaneity.

The establishment of confidence was, perhaps, even more important in my relationships with home helps due to the fact that interviews were being recorded. Home helps' initial preoccupation with their own performances on tape tended, however, to draw their attention away from a detailed scrutiny of me as interviewer/researcher. Humour helped to relieve initial anxieties. Quips were made about the 'True confessions of a home help' and a second Watergate scandal. In one instance, I did begin to wonder if the interview would ever progress to a stage of relaxed discussion: three unexpected interruptions within the first five minutes of conversation had caused home helps to be doubly aware of the presence of the tape-recorder. At the fourth attempt to get the interview underway, my chair collapsed and I found myself flat on my back with my bottom pointing unceremoniously towards the ceiling. A deathly silence ensued while seven concerned faces peered down at me. When it was realised that the strange gurgling noises coming from my throat was as a result of suppressed hysterical giggles rather than tears of pain, the room erupted in gales of laughter. The ice was broken: conversation flowed smoothly and easily, and the next hour and a half flew by. Thankfully this was the first and last time I found myself in a clowning role. In the case of the other nine interviews, free from interruption, the tape recorder was put out of mind within the opening five or ten minutes and lively discussion soon developed. During interviews I was

generally treated as a 'chairperson'. I provided questions, now and again, to guide the conversation and was occasionally called upon to act as an arbiter. At times of heated debate, however, I often felt as though I had been forgotten along with the recording equipment.

Only once did a home help comment on my status prior to the interview, with the remark 'Ooh, you can tell she's a student, she talks in a posh voice'. Questions, including those to do with my role, usually followed in the high that characterised the end of group interviews. Had I heard all I wanted to? What exactly was I going to do with the information? Was I at 'The University'? Would I write a book?

My major concern regarding elderly clients was whether, as a young person, I could interview old people. But my age seemed to be of little significance to elderly interviewees. I found that as their age increased the less elderly people used fine age distinctions to categorise others. More than once I was placed in that same group of 'young people' as home helps in their forties and fifties. If elderly people had any worries they usually stemmed from the fear that I was a social services 'snoop' with the power to reduce their allocation of help. Alternatively, a couple of clients sought my help with housing problems and I had to stress that I held no position of influence. In general, however, I was surprised by the trusting acceptance by elderly people who not only allowed me into their homes, but spoke of very private matters.

I believe two factors to be important in understanding the willingness of elderly clients to be interviewed. Firstly, as stated above, in the light of loneliness and isolation of a number of old people, any chance of conversation with another person is eagerly seized and the role of sincere, friendly interviewer readily believed in or conferred (whether

deserved or not). I was often treated as a confidant. My reassurances were sought concerning personal anxieties and worries. Frequently there was very little room for my questions. In the case of very confused elderly people, suffering temporo-spatial disorientation, I often had little alternative but to be simply a listener. Questioning proved too difficult and/or too tiring for interviewees.

The second factor to be taken into consideration is gender. Peggy Golde (1970) has suggested that women may be regarded with less suspicion than men due to the attributes associated with the *female stereotype*, attributes which Dingwall is presumably referring to when he speaks of 'personable young women' interviewers (Dingwall 1980, p.881). In the context of an examination of home care, my gender undoubtedly provided access to field data that would have been denied to a man. An acute example is provided by the occasions on which female clients agreed to let me watch them being helped to bath. The caring role is traditionally female. This is the major reason why the home help service is dominated by women. As a woman, clients were able to give me the role of pseudo- or trainee-home help, a role which I feel sure would have been closed to a man.

In the same way gender was also significant to interviews with homehelps. They took for granted that I would know what they meant when they spoke of 'general household chores' or, simply, of housework. I suspect their surprise would not have been so great had a male interviewer had asked them to explain exactly what was encompassed by these phrases. In this instance, problems of overidentification/overrapport stemmed from home helps rather than from myself as interviewer. At the same time, Oakley has described how housework is socially trivialised, it is viewed as 'non-work' (Oakley: 1974): would a male researcher have been able to appreciate the mental

and physical demands of 'doing housework' as a paid job? Finally, would home helps have raised sensitive issues of sexual harrassment by clients before a male interviewer?

Version 2: A Day in the Life of ...

The alarm clock rang. It was 7.30 on a freezing March morning and I didn't want to get out of bed. Reluctantly I dragged myself from my warm nest. It was one of those rare occasions when I was up at the same time as my sister. For a short time during my early fieldwork studies she worked in Manchester and we lived together. It was a good arrangement for me: after twenty years of sharing a bedroom (an arrangement which continued into the holiday periods of our overlapping undergraduate student careers) she was used to my early morning moodiness and, with the briefest exchange of greetings, she left me to emerge slowly from my sleep-drenched sullenness.

As an undergraduate, I had learnt that my capacity for studying can only be described as useless first thing in the morning: not until lunchtime does it begin to pick up, reaching a peak in the late evening. Consequently, when I plan a day reading in the library or writing at my desk, I get up at a time when most people have already left for work and go for a long walk to clear my head before sitting down to study.

Wednesday 7 March was not a date assigned to my usual study routine, however. Instead, it was earmarked for fieldwork. I was to spend a morning accompanying a home help on her shift for that day, followed by a visit to Mr Abbott, an elderly recipient of home help, before returning to write-up my fieldwork notes and diary.

The patch area which was to be the location for these activities lay roughly six miles away, on the outskirts of the City. I didn't own a car or, for that matter, a driving-licence and, although I often cycled to areas closer to home, neither my bike nor I was capable of tackling all-round journeys of over twelve miles or more. Consequently, the local bus service played a vital role in my fieldwork. My bag was stuffed not only with pens, paper and an A-to-Z of Salford but also with a large number of dog-eared bus time-tables, and an indispensable bus-pass (courtesy of the ESRC).

Even thus prepared, travelling still *wasn't straightforward*, however. The street where I lived may have fallen conveniently between two major bus routes. Nevertheless, I couldn't hope to be able to catch buses to all parts of Salford from near to my house. Indeed, in more than one case a change of buses was necessary.

On this occasion, the journey involved just one bus, but the nearest picking-up point was half-a-mile's walk away. I had arranged to call in at the area office where the home help organiser - Pam - was to introduce me to Mrs Wray, the home help. To get there promptly meant leaving the house just after 8.30 to ensure I was in plenty of time to catch the 9.06 bus: the early arrival of buses on several occasions had shaken me from habitual unpunctuality. It was impossible to expect home helps to wait for a tardy interviewer when elderly people were depending on their help to get out of bed, to prepare breakfast or to fetch an urgently needed prescription. Similarly, I soon learnt the importance of punctuality in visits to elderly people. In cases where old people were chair- or bed-bound, arrangements were made for backdoors to be left unlocked. It was my duty to ensure that the vulnerability of such people (grounded or ungrounded, felt or not) was prolonged no longer than necessary. Moreover, to a young researcher dashing from house to

house, back to college, out to the pub in the evening, it was easy to feel elderly people with little to do all day were free to be slotted in to my schedules. How differently such a visit is perceived by those with nothing to do but to wait for the interviewer to arrive. A delay in arrival of just ten minutes, which to me was nothing, to old people could be an upsetting eternity.

A thirty-five minute journey and a short five minute walk and I arrived at the office with ten minutes to spare.

* * *

I chatted with Pam about the people I was to visit with Mrs Wray noting down details of their circumstances and specific information on their age, address, reason for referral etc from the elderly person card index. I would supplement these notes later when I had more time to peruse the detailed personal files kept on all elderly users.

Mrs Wray arrived just before ten o'clock. She had been at work since 8.30am. In this time she had helped Mrs Dubiel - the first person she was to visit that day - to prepare breakfast and, while she ate it, to compose a shopping-list. She had washed dishes, cleaned the kitchen, and had visited the local supermarket. Mrs Wray was picking me up on the return journey from this shopping trip. Pam gave us a welcome lift back. A brisk 5 minute walk downhill to the shops becomes a 10 minute plod uphill with heavy shopping bags. And a home help may repeat similar trips two or even three times a day rain or shine, depending on how many people she must visit and their individual needs. Mrs Wray would shop again on Friday for this particular elderly person to buy fresh fruit, meat and vegetables for the weekend. But the bulk of the week's

shopping - tins, packets, toiletries, household goods, etc - she fetched midweek.

At the home of Mrs Dubiel Pam introduced me as 'a student from the University who wanted to find out about the work of a home help in caring for elderly people'. I introduced myself as Lorna, whereupon both the home help and elderly person alike insisted I call them by their first names - Pauline and Sophia. I was pleased at this level of informality. If nothing else, it reassured me that I wasn't suspected of being a social services snoop - checking up on the work of the home help or the needs of the user. Pam didn't stay long, two new referrals demanded her time.

Pam had described Mrs Dubiel - Sophia - as a stroke victim, housebound as a result of the 'partial paralysis' of the left side of her body. I was surprised at the visible severity of her handicap: her left arm was supported by a sling while her leg was heavily calipered. A walking stick rested against the chair where she was sitting.

In a move to open conversation I mentioned the 'For Sale' sign outside the house. Mrs Dubiel explained that the house was ill-adapted to her needs. As soon as a buyer could be found, she would move, by agreement with the social services, to a disabled person's bungalow. However, the property had already been on the market for some months with no success. Meanwhile, payment of attendance allowance to Mrs Dubiel had been stopped on the grounds that her house was a realisable asset. The home help organiser was appealing against this action which, until the sale of her house, left Mrs Dubiel to manage with the twice-weekly home help visits.

I tentatively asked if Mrs Dubiel had any other source of help. The failure of relatives - especially sons and daughters - to give help or

pay visits was a source of pain, 'shame, and even anger to many elderly users. I feared provoking these emotions which threatened to introduce a sometimes destructive tension into conversation/interviews. In this instance the question did not jar. Mrs Dubiel had emigrated to England from Poland in her early twenties leaving behind most of her family. Only her sister had followed her to Britain, but they had not spoken since arguing over the contents of Sophia's will. Divorced from her second husband - her first husband died in a concentration camp - Mrs Dubiel's marriages had produced no children, although she had desired them. Her relationship with her neighbours was 'friendly' but visits from them were not regular.

We were interrupted by the home help who had put away the shopping and wanted to know if Sophia was ready for her bath. By the terms of their contract, home helps are forbidden to carry out 'nursing duties', but Pauline understood people's dissatisfaction at *having to rely on a* once-fortnightly bath service and was willing to break the rules.

I was unsure what my next move should be. My relationship with Mrs Dubiel had spanned all of ten minutes. Did my status as researcher give me the right to observe this very personal activity? The familiar scene of the classic comedy films came to mind: the patient lies in bed, surrounded by a group of medical students. Her case-history is discussed and her condition displayed to a bunch of gawking youngsters - total strangers. She is powerless to complain; her objections become a source of humour. But this was Mrs Dubiel's own home, not the impersonal, clinical setting of a hospital. I didn't have the authority of a white coat, besides which, I personally didn't wish to pressurise anyone into complying with a situation they found disagreeable or upsetting.

In the end, the decision was made for me. Pauline simply assumed I would take part: 'Here's your chance to see everything we home helps do, even the things we shouldn't. And Sophia doesn't mind, do you Sophia?' She's proud of her body ... we've got this down to a fine art.'

Sophia reassured me that she didn't object to my witnessing her bathing routine: 'We're all women'. She began the long arduous climb to the bathroom. I felt useless watching her struggle.

This was the only time Mrs Dubiel ever ventured upstairs. The stairs were steep and without Pauline as a *safequard behind her*, she dared not risk a fall. A musty smell pervaded the redundant rooms (Pauline aired them in summer as best she could but the damp returned each winter). The bathroom was tiny, so I perched on the toilet to make space.

The whole bathing procedure took half-an-hour from start to finish, and was indeed the slick performance which the home help had promised. In stages and with perfect timing, Pauline whipped away and replaced bath stools until Sophia was seated in the water. Sophia washed herself as best she could with her right hand (it was at this point that I realised that her left side was totally paralysed) leaving Pauline to do her hair. She laughed and said, 'I love to have my back scrubbed for me'. But I have greasy hair and was preoccupied with trying to imagine what it must feel like to wait a whole week between hair washes.

Back downstairs Sophia and I chatted in the kitchen. She talked about her jobs, her stroke and the severe depression she suffered while undergoing rehabilitation in the hospital unit. Pauline tidied the bathroom and then ran the Hoover round the living-room.

Sophia insisted we share some elevenses with her before we left. This posed a problem which I faced with virtually every person I visited: I

have never liked tea or coffee.' The offering of refreshments is a significant social gesture. As Janet Finch points out, it indicates that you are "being welcomed into the interviewee's home as a guest, not merely tolerated as an inquisitor" (Finch 1984, p.78). I had learnt that refusal, no matter how polite, was another potential cause of tension or awkwardness between interviewees and myself. My reassurance that a glass of water would be fine - 'that's what I always drink' - was (eventually) accepted by most people. But not in every case: one elderly man became so agitated at being unable to provide me with a 'hot drink to warm me up' that I found myself responding quite enthusiastically when he hit upon the idea of a glass of sherry. Three large schooners later, I stumbled from his home feeling very happy. It was eleven o'clock in the morning!

Fortunately, Sophia had some lime cordial and I accepted a little of the Polish delicacy - a type of sauerkraut with chopped cabbage, potato and black pepper - which she warmed through in the frying pan.

In between sips of tea, Pauline carried out the last of her chores: she was opening tins and unscrewing the tops off bottles and jars of various foodstuffs. Such simple tasks become impossible hurdles without the use of two hands. Although a slow and stressful process, Sophia still cooked for herself, however: "I have to plan meals ahead so Pauline can open things that I want to use. Sometimes I make a terrible mess which I can't always clean up properly. I don't like to leave it for Pauline, but she doesn't mind, she's such a good girl'.

* * *

Pauline's next visit was to Mr Gardener. We set off for his house at 11.25. It was a ten minute walk so we would arrive five minutes late.

Home help organisers are aware of the distance between users' houses and 'official' allowance is made for travelling time. However, it is not always easy for home helps to justify to users the reasons for their late arrival or early departure. Organisers may receive complaints from people - especially those who pay for assistance - who feel cheated of their full quota of help.

On the way to Mr Gardener's house, Pauline commented on the reserve displayed by Sophia's neighbours. She told me that Sophia could be very abrupt and this distanced others from her. We agreed that her nature was an understandable response to the frustration she openly admitted feeling and her dislike of being dependent. But, at the same time, I wondered about the taboos associated with handicap: did Sophia's neighbours fear becoming too involved? Had they their own pressing commitments? Or perhaps it was simply a straightforward personality clash?

Pauline also expressed a complicity regarding my problems with food and drink. She regularly had to politely but firmly refuse offers of refreshments from people: 'If I accepted every cup of tea I'd never be off the loo'. Sophie she made an exception for: 'Cooking is her greatest love'. Moreover, Pauline recognised her loneliness and the social pleasure she got from sharing a meal with someone: 'So on Wednesdays and Fridays, I either skip breakfast or go without lunch'.

* * *

I had already visited Mr Gardener - Charles - twice before. On the first occasion, I was accompanying Pam on her rounds. (She had popped in to make arrangements with Mr Gardener about the delivery of a new carpet.) I returned a second time to interview Mr Gardener as one of my

'sample' of elderly users of domiciliary care. Now I was to see what caring for Mr Gardener could involve for a home help.

My emotions were mixed: Charles was suffering quite a rapid decline in health, both mental and physical. He was capable of making basic requests - for certain items of shopping for example - but otherwise he remained silent, and his responses to questions were mostly monosyllabic. Although he had agreed to my return visits, I was not sure if he had any idea of the nature or purpose of these visits. Of course, each actor constructs in advance and, then, post hoc his/her own individual understanding of the interview situation. The researcher, more than anyone else, is continually chewing over and revising ideas about the nature, and purpose, of interviews. In this instance, ethical issues were uppermost, however: Was I exploiting Mr Gardener's state of confusion? Had I the right to observe and record? Was I intruding?

These concerns reflected a sense of guilt which was compounded by my awareness that I had chosen Mr Gardener to be part of my 'sample' because, as a case history, he would provide a good story. Charles was a 20-stone, 65 year old diabetic. Following the discovery of gangrene in his feet, both legs had been amputated above the knee: 'His stumps are uneven, one's larger than the other. You'd have thought the doctors could at least have made them the same length' (Pam).

Problems of restricted mobility - he was confined to a wheelchair - and self-consciousness about his appearance combined to prevent Charles from going out. He spent his time eating or watching pornographic videos. Twice a week he was visited by a prostitute - Christine - who 'performed for him' (Charles as quoted by Pam). On a couple of occasions relief home helps had stumbled unawares upon Charles and Christine together on the bed. Word had soon travelled amongst the home help 'community' and

subsequently a number of women had refused to act as relief home helps to Charles.

At first I had smiled at the 'humorous' picture Pam painted of red-faced home helps running shrieking from Mr Gardener's door, clutching their skirts. But when I returned alone to interview Charles, I realised I was more than a little uneasy: What would I do if he was watching a blue movie? What if he left the film running - could I ask him to turn it off? - and if he refused? What if he had forgotten our appointment and was with Christine? - How would I react? In the event, Charles was alone. The television set was switched off and the interview (if it could be referred to as such) went ahead. Yet this did not prevent me from feeling, on my third visit, a sense of relief that I was with Pauline and not on my own.

We went to the back door which Charles left unlocked. Pauline knocked to announce our arrival and then drew in a deep breath before lifting the latch and entering. She explained that despite having worked as a home help for six years, she still couldn't get used to the stench of stale urine which pervaded some users' houses - Charles' being an example. Holding her breath became a reflex action.

This was the second of four visits that Pauline would make to Charles' house that week, each visit lasting approximately 2 to 3 hours. Her regular tasks included bed-making, cleaning, washing, ironing and emptying the commode. She also fetched shopping and, when necessary, dealt with any bank business or medical appointments.

We greeted Charles. He was watching television - 'Haven't your films arrived yet, Charles?' (Pauline) - and made no move to switch off the set. So Pauline led me straight to the bedroom, to begin work. The smell was overwhelming. Pauline pointed underneath the bed to a plastic

pot full to the brim with urine. She turned back the blankets on the bed to reveal soiled sheets. She described the slow process Charles faced each night getting into bed, using a special frame supplied by the social services. Lowering her voice to a whisper, Pauline went on to explain that often Charles simply could not be bothered to repeat this process in order to use the commode, so he either defecated where he lay, or he rolled on to the edge of the bed to urinate into the aforementioned pot. The carpet surrounding the bed was constantly soaked with urine splashes and frequently littered with scraps of newspaper which Charles used in an attempt to wipe himself.

But we were talking about Charles when he sat in the next room with only a wall separating us. Again I felt guilty. Again I questioned the ethics of the set up: was I maintaining integrity in the conduct of my research? I desired to paint a vivid picture of home help work but was I using this as an excuse to indulge my curiosity for the 'gory details'. If the situation arose, could I successfully defend a claim to have the freely given consent of Charles to probe into these very private and personal areas of his life?

Pauline's air of jocularitas had vanished. I shared her dismay and disgust. She put on rubber gloves to carry the plastic pot to the toilet. It had been two days since her last visit and the pot was full. Fortunately, the soiling the bed was light so only the sheets needed to be changed. The rest of the bedding could be left.

While Charles finished his dinner - he received a daily meal from the meals on wheels service - Pauline ironed a clean pair of trousers and a jumper for him to put on after his shower. Every Wednesday, in addition to bathing Sophia, Pauline made sure Mr Gardener had an all-over wash:

'If I didn't nag you, you'd never bloody bother, would you Charles?' Pauline used a joking tone, but I suspected she meant what she said.

Modifications to Charles' home carried out by the Social Services had included a special area adjoined to the kitchen. The area was so constructed that a wheelchair could be taken right into the shower unit. Directly underneath the shower stood a stool exactly the same height as Charles' wheelchair. With the aid of wall handles, Charles was able to slide himself from his chair onto the stool, which was firmly secured to the floor. The whole unit was tiled, and a slight slope in the floor ensured that the shower-water was directed to a drain in the centre of the area.

Pauline told Charles that I was going to lend a hand with his shower and asked did he mind. He shook his head.

We held the wheelchair as Charles prepared to manoeuvre himself onto the shower-stool. He lifted himself up and I felt my stomach heave: the smell was awful. Pauline had warned me earlier that, because of his size (and restricted movement), Charles was unable to wipe himself properly after excreting/defecating. And, of course, he had been lying on soiled sheets. But I wasn't prepared for the strength of the stench and I had to turn away and pretend to sneeze to hide an involuntary grimace.

I also felt repulsed by the sight of Charles' naked body. His genitals and the top of his stumps were completely hidden by his stomach. Pauline showed me large patches of raw, angry flesh around his groin, where sweat became trapped under folds of fat. I felt revulsion and pity for Charles, and admiration for Pauline. Without flinching, she threw Charles' dirty clothes into the washing machine and powdered the seat of his wheelchair. Then quickly and efficiently she helped him to

rinse down, dry himself and to apply cream to his sores, all the time keeping up a light-hearted banter.

By 1.30pm Pauline had finished the remaining tasks. She's done the dishes, made the bed, vacuumed and completed the ironing. We left Charles sitting in front of the fire with a cup of tea. I was glad to leave: I felt claustrophobic and depressed. Out in the back yard I gulped down lungfuls of fresh air (probably the only time I would describe Salford air as 'fresh'). On the other hand I wanted to bombard Pauline with questions: how could she bear such awful working conditions? Didn't she ever feel like leaving? What did Charles eat to be so obese? How long had she been visiting him? Had she met Christine (the prostitute)? Didn't she ever feel frightened alone with Charles? Had he ever made a pass? What did she think would happen to Charles eventually? Did she care for him for example as she cared for Sophia? Did he ever (could he) hold a conversation?

* * *

I arrived ten minutes late at Mr Abbott's house. I had planned to spend my lunch hour reading through elderly people's files but instead had become engrossed in conversation with Pauline and hadn't noticed the time passing.

I rang the doorbell and waited. Mr Abbott was very unsteady on his feet and simply walking to the door was an effort. Rheumatism and arthritis combined to make it very painful for him to put pressure on any of his joints. He exercised each morning to ease the 'stiffness' (his description) before washing and dressing. The whole process took two-and-a-half hours so, because he liked to be ready for breakfast at eight o'clock, Mr Abbott rose at 5.30am.

'Oh, it's you ... I didn't think you were coming. I suppose you'd better come in then.' I silently reprimanded myself for being tardy. My visit the day before had clashed with the unexpectedly early delivery by the meals on wheels service of Mr Abbott's dinner. Witnessing his subsequent fretfulness, I had vowed to arrive punctually today. However, as it turned out my belatedness was not the only reason for Mr Abbott's visible agitation on this occasion. This was due instead to the last-minute cancellation of home help. Mr Abbott's help of the past two years had retired the week previously. It was to have been the introductory visit of a new home help but plans had gone awry and the visit had been put back a day. (Three home helps were off sick at the same time and Pam was operating a policy of emergency cover only. However, she had promised to call in person later that day to check on Mr Abbott and fetch some items of shopping that he needed.)

The news was disappointing for me, too. I had been keen to observe at first hand the negotiation of a mutually acceptable routine between a home help and elderly person meeting for the first time (hence the promptness of my second visit). But this wasn't the time to be thinking of my own interests: was there anything I could do for Mr Abbott?

Mr Abbott firmly refused my offer of help: 'It's not your job. Besides a skinny girl like you couldn't move heavy furniture like this anyway.' From experiencing guilt at arriving late, through concern for Mr Abbott's welfare, I now felt surprisingly angry and peeved. Above all, I wanted to prove the inaccuracy of his sexist remark. I also wanted to demonstrate that I was quite willing to 'get my hands dirty'. Instead, I assented to his wish to play the piano for me, and so the remainder of the afternoon revolved around the instrument which dominated the living-room of the tiny flat. Mr Abbott selected his favourite pieces, I joined in with the hymns, and when the effort of playing got too much,

we paused to talk about his musical career: 'Music has been the motivating force in my life ... I can't play as well as I used to, my fingers and my shoulders are stiff you see and I miss the notes. But I pray to God at night to just let me be able to play the next day.'

I searched for but couldn't find the right moment to leave. My departure arrived abruptly when Mr Abbott suddenly realised it was time for tea and announced that I must go. 'But just carry my tea tray in before you leave, and let me give you a hug and a kiss.' I hadn't intruded after all.

* * *

Pam was waiting for me at the office where I'd left my bag. I pounced on two stale chocolate biscuits which had been left on a plate in her room. They tasted heavenly. I hadn't eaten since Sophia's sauerkraut.

'Hop in, you deserve a lift home.' I made no attempt to politely decline Pam's offer, but flopped gratefully into the passenger seat. Pam raised my spirits with humorous stories of her experiences at the sauna baths, which is where she planned to head after dropping me off.

Could I put off writing up my fieldwork notes and diary until the following day? The smell of Charles' house still clung to me. I would feel better after a bath.

* * *

By way of a ps ...

Sophia eventually found a buyer for her house and moved out of the patch area to her bungalow. She misses Pauline. Her new home help refuses to

help her bath and isn't 'cheerful and chatty' like Pauline. Her new organiser described Sophia as being 'abrupt and demanding'.

Charles died just before Christmas 1984. Pam told me that in the four months leading up to his death he had deteriorated rapidly into a 'zombie-like' state (her words):

'He seemed to grow enormous suddenly just near the end. Pauline and I both spoke to the chip shop, but they saw him as 'just business' and they wouldn't do anything, they wouldn't stop delivering dinners even on our request. So with his meals-on-wheels we didn't know how much food he was getting.'

It had required a team of three nurses to get him up and put him to bed each day. Pauline continued as his home help until his death, at which point she too was calling daily. Charles had become incontinent. Pauline was to state later at a group interview of home helps:

'No one else would have stood those conditions ... but I'd been going to him for seven years, Lorna, and I didn't want anyone else to go in.'

Mr Abbott finally met his new home help but a satisfactory arrangement was not to follow. Numbering among the other elderly people visited by the home help was Mr Abbott's cousin. On their discovery of this fact, Mr Abbott and his cousin began a process of 'note-swapping' which culminated in complaints to Pam whenever one felt the other to be receiving preferential treatment. After a series of rather heated phone calls, Pam felt forced to find a replacement help for Mr Abbott.

In the spring of 1985 Mr Abbott suffered a heart attack, since which he has been totally housebound.

He still plays the piano.

* * *

Times change. Time changes love. Time changes the past. Sociologists and fiction writers are not immune from these factors (Cline 1986, p.119).

... the ethnographer, too, changes because of her own experiences (Golde 1985, p.viii).

A Beginning: Telling the Story

I write 'Fieldwork' at the top of a blank sheet of paper. How will I piece together the recollections of fieldwork experiences which drift haphazardly in and out of my head? I sift through the contents of a file lying on the desk in front of me. The file is marked 'Fieldwork'. It contains a random collection of materials amongst which is a very early draft of a chapter on 'Doing Fieldwork', and also my personal fieldwork diary. I turn to the latter.. I am reminded of Malinowski whose life and works, so to speak, appeared in separate volumes (Malinowski 1967 & 1953). My aim becomes to use my diary - 'in the strict sense of the term' - as a framework to reflect on fieldwork events.

I produce a second account. It takes me a lot longer to write than the first, but I enjoy it more and know that, of the two, it is the preferred. It is more 'real'. I can see myself and those I interviewed far more clearly in it. And yet I cannot dismiss the first account.

Time Changes: A Postgraduate Writing-Up

A PhD dissertation in the social sciences has to be "written down" voluminously before it can be "written up" (Ziman 1987, p.188). The task is a laborious one, especially the process of revising the text, rewriting, editing, and rewriting again ... and rewriting again ... and

again. Ziman points out that students greatly underestimate the time and effort that it needed to bring their work to completion.

But this is not the whole story: time passes as I write up and changes occur. The context in which I produce drafts of my thesis is different. I change too because of new experiences. I bring differently situated and changing understandings to my work: 'Models of the "research process" frequently represent this as involving a linear movement from theory to research ("positivist") or from research to theory ("naturalist") although the actual experience of research may not fit into either. Our own research experience suggests that, for feminist researchers, there may be a more complex interaction between the "research phenomenon", "feminist theory" and "feminist consciousness", as well as more directly personal influences and effects.' (Stanley and Wise, 1979, p.359.)

How can I convey this confusion of beginnings and ends? I decide to present the two accounts of my fieldwork.

Representations

a. Version 1

The first account 'Doing Fieldwork', represents one of my earliest attempts at drafting a chapter of my thesis. It is an expanded version of the methodology section of one of the several progress reports on my research which I was obliged to produce in the three years of my postgraduate studentship. At the time I wrote it, I still felt strong ties with my undergraduate life. The account reflects a more traditional, old-school academic style of presentation which I felt necessary if my work was to be accepted by 'the professional community' (Becker, 1986, p.20). I don't hide behind a facade of impersonality

produced by the use of passive constructions (Gusfield 1981). But in trying to give my writing substance and weight I employ the kind of (at times) wordy but dry academic tone which alienated me from many tasks as an undergraduate (and, indeed, continues to alienate me still). Moreover, the account is presented as a chronology which, as James points out, may be a 'misleading way of accounting for the end products of research, tending to imply a straightforward and considered passage from beginning to end, with a few hiccups to show it was not easy all the way' (James 1984, p.130).

b. Version 2

The second account was produced at the end of a year when I had worked part-time as a teacher. Preparation for one of the courses I was to teach - 'Feminist Issues in Ethnographic Analysis' - served to sharpen my awareness of the patriarchal practices of academia. I examined and discussed feminist critiques of the social sciences (Smith 1974, 1978; Eichler 1980; Spender 1981; Stacey & Thorne 1985) and theories of feminist research (Daniels 1975; Kelly 1978; Stanley and Wise 1979, 1983; Bowles and Duelli Klein 1981). I read and re-read books and papers about women's experiences of doing social research (Smith Bowen 1964; Papenek 1964; Powdermaker 1966; Daniels 1967; Briggs 1970; Warren and Rasmussen 1977; Mead 1977; Roberts (ed) 1981; Easterday et al 1982; Bell and Roberts (eds) 1984; Butler (ed) 1984; Horowitz 1986; Golde (ed) 1986), about doing social research on women (Rosaldo 1974; Nelson 1974; Ardener 1975, 1977; Graham 1983), and about writing feminist biography (Farran et al (eds) 1986). This is not to say that my work up to this point was uninfluenced by feminist perspectives. For example, referring specifically to methodological issues, my desire to avoid creating a hierarchical relationship with interviewees (an essential consideration in an investigation of the very personal nature of caring for vulnerable

elderly people in their own homes) and my subsequent rejection of a structured research strategy were stimulated in large part by Ann Oakley's discussions of interviewing women (Oakley 1981) (though I do not acknowledge this in account number one).

My stance towards feminism has changed however: if initially I was simply aware of feminist perspectives in social research, now I had a strong preference for them on methodological and political grounds. If feminism had actually played only a part in my choice of research topic and fieldwork methods, it had become increasingly important in the interpretation of research results. In fact, as feminist perspectives helped my understanding of the experience of home helps and elderly people (by placing them in relation to gender and age divisions within a context of oppression and subordination) so in a dialectical process my understanding of (and commitment to) feminism grew.

It became particularly important to me to make my work reflexive. The fieldwork methods I had chosen were appropriate for feminism since they rejected the objective approach typical of a masculine culture orientation to status to science, rationality and an instrumental orientation to one's task (Oakley 1981). But, as Anne Williams (1987, p.101) points out, there was nothing essentially feminist about them where the aim was simply to try and understand the experience of others. I am reminded of Cicourel, for example, who described himself as 'not a collector of inert, directly measurable facts but rather an interpreter of events' (1964).

At the same time, neither is reflexivity an exclusively feminist approach. Self-reflection in anthropological ethnographies is a well-established trend (cf Whyte 1955), though, as Williams suggests, possibly feminism has increased and 'accelerated the process' (Williams

1987, p.101). But, given that it acknowledges the emotions and involvements of the researcher, reflexivity was a means of offering an understanding from the point of view of women's experience of women's reality.

My second account then reflects the influence of feminist perspectives, above all on the presentation of my work. It is the direct product of the desire to 'come out' as a woman in my research and to leave behind devices through which objectivity/omnipotence are achieved and descriptions of people, events and behaviours are presented as non-problematic and indispensably 'true' (Stanley & Wise 1983, pp.178-9).

Virginia Woolf writes:

'One can only show how one came to hold whatever opinion one does hold. One can only give one's audience the chance of drawing their own conclusions as they observe the limitations, the prejudices, the idiosyncracies of the speaker. Fiction here is likely to contain more truth than fact' (Woolf 1984, p.6).

* * *

Times and consciousness change. Time and consciousness changes the context. My work is not immune from these factors. How is it affected?

Representations Compared

Hughes writes:

'The unending dialectic between the role of member (participant) and stranger (observer and reporter) is essential to the concept of fieldwork. It is hard to be both at the same time' (Hughes 1984, p.502).

In writing, a parallel problem is one of trying to 'balance both reflection on understanding and understanding itself in a single text' (Marcus and Cushman 1982, p.26).

I am inspired by an essay by Nicky James in which she uses a 'journalese/story form' to write about doing research as a nurse (James 1984, p.144). Her fieldwork experiences provide the structure for a narrative of description and analysis: she is, so to speak, participant and reporter both in the doing of her fieldwork and the writing of her text.

Using a similar approach, I move on from the text book formula of my first account. Without damaging my thoughts, I replace redundancies and jargon with a simpler style. Interviewees are no longer simply statistics or faceless members of groups A, B and C with whom I spend X amount of time, talking to them in fashion Y. They are also people with whom I interact and towards whom I have certain feelings (and vice versa).

Explorations of these feelings, far from limiting my research (to focus only on what I have experienced) opens up debate on wider methodological issues and understandings. For example, the various responses I experience towards interviewing Charles - above all guilt and the temptation to sensationalise - raise all manner of ethical questions to do with protecting research participants and honouring trust; anticipating harms; avoiding undue intrusion; communication information and obtaining informed consent; and honouring rights to confidentiality and anonymity. At another level, through my conflicting reactions of revulsion, pity and concern I arrive at an understanding of home helps' angry assertion that they are more than mere 'skivvies' and 'dogsbodies'.

My hesitation at being a witness to Sophia's weekly bath routine raises questions about differences in perceptions of personal privacy as well as research 'roles'. I am suddenly aware of myself as 'stranger'. Is Sophia as an individual simply less concerned about the taboos of nudity than I am? Or as a dependent/client does she perceive her entitlement to privacy as being reduced? Perhaps I have been cast in the role of (trainee) home help: a role which may provide a short-cut to such levels of intimacy. Whatever the explanation, it is obvious that a particular kind of identification has developed which denotes Sophia's trust in me and which is exclusive to my identity as a woman (Finch 1984, p.78).

I switch from using first names to surnames and titles, and back again, conveying the differing levels of intimacy I experience with different clients, or with the same client but at different times. Many anthropologists who go to work in 'exotic' societies speak of experiencing culture shock on first entering the field. The range of emotions I describe attest to the, perhaps toned down, but nevertheless very real and potentially disturbing, sense of culture shock which Agar suggests may be felt (on a day to day basis) by researchers working 'at home'. They also help me to see beyond the cosy, rosy image suggested by terms like 'home' or 'community' care. I show that 'doing fieldwork' is not just a matter of arranging and conducting interviews, it is also about getting from place to place and being sociable (Barley 1987, p.98), it is about 'personal idiosyncracies, mistakes and confusions' (Stanley & Wise 1982, p.150), it is about affection, pressures, humour and motives (James 1984, p.145) and at times about wishing you were somewhere else.

* * *

The 'Representation of Representations' (3)

The haphazardness of doing fieldwork extends to the process of writing-up. Daily there is interplay between present and past which affects the deployment of particular past events and thoughts (Morgan 1987). We construct and reconstruct.

I put the two accounts side by side and reveal the first as a fiction. I see how, over time, through changes of context and consciousness, another account emerges which is ... which is another fiction.

But perhaps 'fiction' is the wrong word. I replace it with 'version' for, as Cline points out, when we write we are not lying, we are telling the truth ... 'today's truth' (Cline 1986, p.121). It is one version of many possible versions.

Two things are clear: Firstly, I must commit myself - at least on paper - to a truth, otherwise I will enter an endless cycle of revisions. Each will strive to be 'more real' and will probably be preferred to the previous account. The 'next papers' we write may be based on those issues we could not or did not include in the last. They may be revisions of previous papers. All tell new stories. Yet because all are ultimately versions I feel none can be abandoned. I am reminded of the old asthmatic, Grand, in Camus' La Peste (The Plague), at excruciating pains to make his manuscript flawless, to bring it to perfection (4). At the same time, and because of this, it is not enough to tell the story. I must talk about telling the story (Morgan 1987, p.82) (hence this account!).

I become both self-reflexive and reflexive (Weil 1987, p.197).

An Ending: Talking About Talking About Telling the Story

Anthropology, writes Crick, is now 'in the midst of a reflexive phase, thinking about the representation of representation and writing about writing about writing' (cf Marcus & Cushman 1982; Clifford & Marcus (eds) 1986; Strathern 1987 a+b). The phase is described as a post-modernist phase, in which we have:

'... no magisterial author setting out his or her hard data but, with a new (or perhaps better still "collapsed" sense of "subject" and "object", reflexivity, pluralism, a suspicion of authorial authority, and even heteroglossia we have a new genre' (Crick 1987, p.270).

If this is recognisably postmodern then, like Strathern, I believe that feminist scholarship is akin to the postmodernist mood in anthropology with its conscious play with context (Strathern 1987, p.268). Post-modernist anthropology and feminist scholarship both focus on the act of writing itself. They have a shared interest in the fictional status of what we write which keeps open the question of the purpose of our communication: for whom do we write (Strathern 1987) and, indeed, for what occasion (Morgan 1987)?

* * *

I am writing-up my thesis. I print 'Fieldwork' at the top of a blank sheet of paper. I struggle to 'tell the story'.

I decide to make my struggles the framework for the account. It becomes an account written for other post-graduates - primarily for women post-graduates and not just for the narrow academic community that consists of my funding body, supervisor, external examiner, and perhaps a few members of the department.

Richard Jenkins notes that: 'Discussions of the fieldwork experience, the ethnographer's "rite de passage" have almost become a sub-literature within the anthropological tradition'. There is a danger that such a trend may result in a separation of fieldwork activities and fieldwork findings, or between experience and theory, such that ethnography is presented as:

'... a fait accompli with no clear idea of how the picture of another culture was achieved, and with an inadequate grasp of the process of interaction between researcher and community members and of the problems, pitfalls and procedures of the anthropologist as "photographer".' (Golde, 1986, p. 1)

'I do not want to sever the relationship between what, as an ethnographer, I know and how I have come to know it.' (Marcus and Cushman, 1982)

Part of the process of knowing is the act of writing. That is, writing generates understanding as much as understanding generates writing. If we are to argue that presentation of what we know must involve a critical appraisal of the methods of knowing, then we cannot leave out a critical appraisal of the written text. Methods courses give students an insight into the rigours of being 'in the field' but rarely do they look at the associated activities outside it. To rewrite Golde we have an inadequate grasp of the process of interaction between researcher and text, and of the problems, pitfalls and procedures of the anthropologist as writer.

I talk about telling the story.

Footnotes

1. The idea of the survey, planned for 1983/4 through the Manpower Services Commission, was to look at the use of resources by determining whether clients receiving help were receiving too much

or too little help for their needs. It was proposed that a questionnaire be completed by MSC sponsored researchers for each client currently on the home help organisers' case-loads. The organisers would then be able to assess whether or not the client required more or less help, or a different type of help. The plan was rejected by the Trade Unions on the grounds that this was work which ought to be carried out by the Department as a matter of course, by full-time staff on permanent establishment.

2. Salford Social Services employ two men as 'mobile' home helps: that is, they have their own cars. Each has a small number of regular cases but their job is chiefly to provide cover for elderly people whose home helps are on holiday or off sick. The help they give is of a practical nature. Although I talked to one man, I have limited my account to the 'regular' home helps, who were all women.
3. Rabinow (1986, p.250) as quoted by Strathern (1987, p.285).
4. Stricken by plague, Grand hands his manuscript to the doctor - Rieux - insisting he burns it. There are some fifty pages and, glancing through them, Rieux sees that the bulk of the writing consists of the same opening sentences written again and again with small variants, simplifications or elaborations. Moreover, added to these are explanatory notes, some exceedingly long, and lists of alternatives.

APPENDIX A

A Profile of the Elderly Population

A Profile Of The Elderly Population (1)

Since the beginning of the twentieth century, Britain, in common with other western industrialised societies, has witnessed a substantial increase in the proportion of elderly people in the population (table a.1). Between 1901 and 1981, the numbers of people aged sixty-five and over rose from 1.7 millions to almost 8 millions, and increased as a proportion of the total population from less than 5 per cent to 15 per cent. The main growth in population has been among women: in the seventy-five and over age range, they outnumber men by 2 to 1.

Apart from a slight fall back in 2001 - a result of the low fertility period between the two world wars - this increase is forecast to continue well into the next century (fig a.1). Between 1983 and 2021, those aged over sixty-five are expected to rise in number by almost 21 per cent. More importantly, from the perspective of community care, the largest projected growth will be in the older age groups; the numbers of seventy-five and over will rise by thirty per cent; and those aged eighty-five and over by 98 per cent, almost double. By the end of this period, women will outnumber men in the eighty-five and over age group by around 2.5 to 1.

The major reasons for the expansion of the elderly population are reduced infant mortality rates and high birth rates around the turn of the century, combined with more long-term downward trends in fertility and with improvements in the expectation of life for all age groups. The disproportionately large numbers of elderly women reflect both the

Table a.1: The elderly population: past, present and future

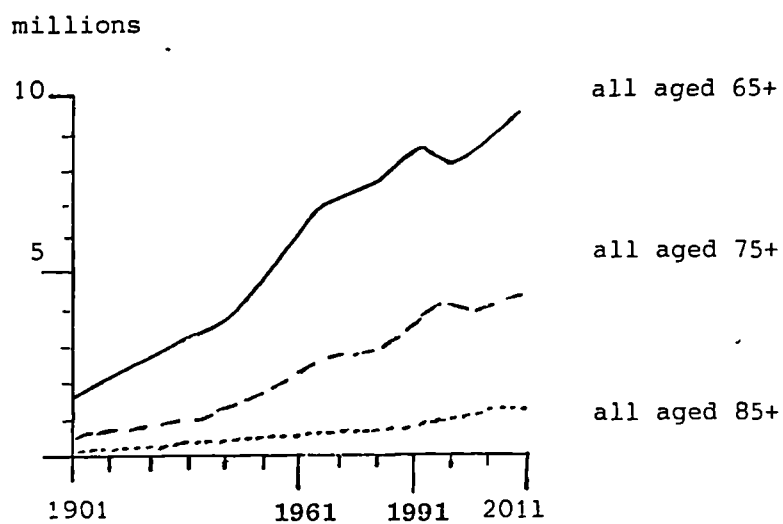
Great Britain

	1901	1931	1981	2001	2021
000s					
65+	1734	3316	7985	8546	10005
75+	507	920	3052	4006	4355
85+	57	108	552	1029	1202
% of total population					
65+	4.7	7.4	15.0	15.2	17.6
75+	1.4	2.1	5.7	7.1	7.7
95+	0.15	0.24	1.03	1.8	2.1

Source: OPCS Census 1971 and 1981, and population
projections by the Government Actuary.
Mid 1983 based principal projections
1983-2023 OPCS PP2 No 13

From: FPSC, 1984, p.4 diagram 4

Fig. a.1: The elderly population: past, present and future



Source: Population projections by the Government Actuary.
 Mid-1983 based principle projections 1983-2023
 OPCS PP2 no 13

From: FPSC, 1984, p.4, diagram 3

effect of two world wars this century and the fact that women - on average - outlive men.

Elderly disabled people living alone require most support from the home help service. An 'offshoot of the ageing population is the change in household composition. 36 per cent of all elderly persons live with an elderly spouse only, while almost a third, 29.9 per cent or 2.75 million, live alone. Women are most likely to live by themselves. This is because at all ages, but increasingly so in later years, women are more likely than men to be single, widowed or divorced (fig a.2).

While numerous studies stress that the majority of the elderly population are "well, happy, participating and contributing citizens" (Wenger 1984, p40), nevertheless, a clear association exists between increasing age and disability, mental and physical. Table a.2 indicates the common difficulties elderly people have with everyday activities and the growth with age in the need for help.

Figure a.3 shows the increase with age in the use of home help (compared to hospitals and institutions).

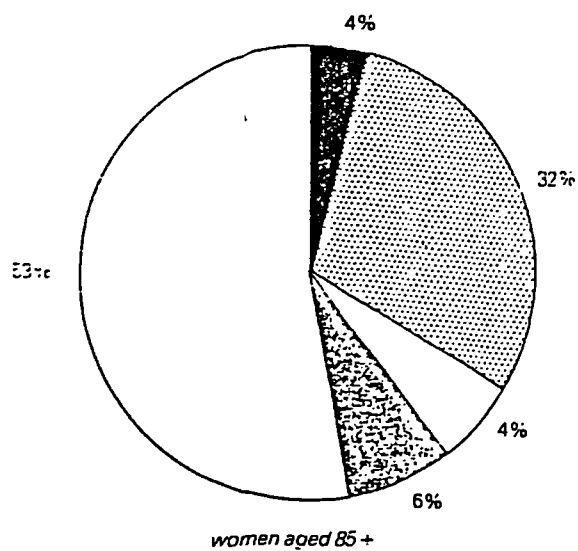
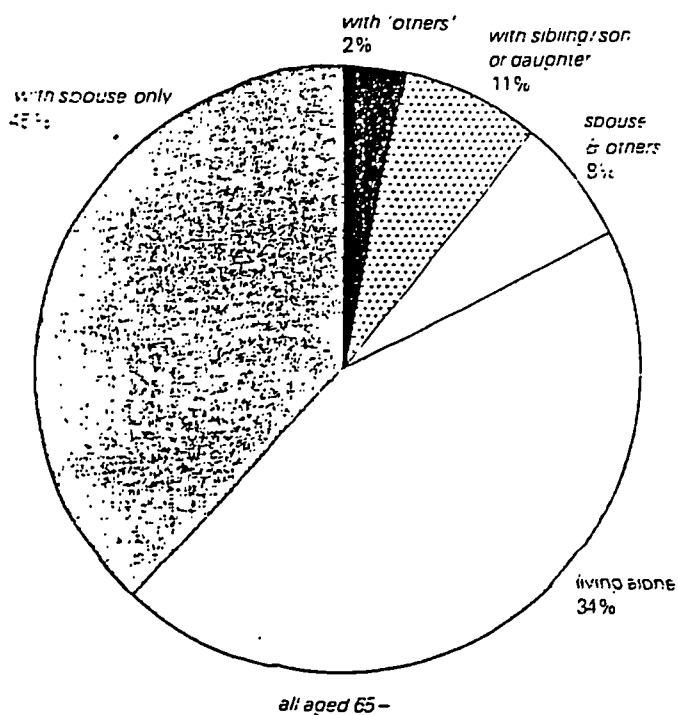
Footnote

1. The statistics for this profile are taken from two sources:

- Family Policy Studies Centre (1986), An Ageing Population, Fact Sheet 2, London, FPSC

- Craig, J. (1983), "The Growth of the Elderly Population", Population Trends, No.32, p33, figure 5

Fig. a.2: Who old people live with 1980



Source: GHS 1980 Table 10.2

From: FPSC, 1984, p.6, diagram 9

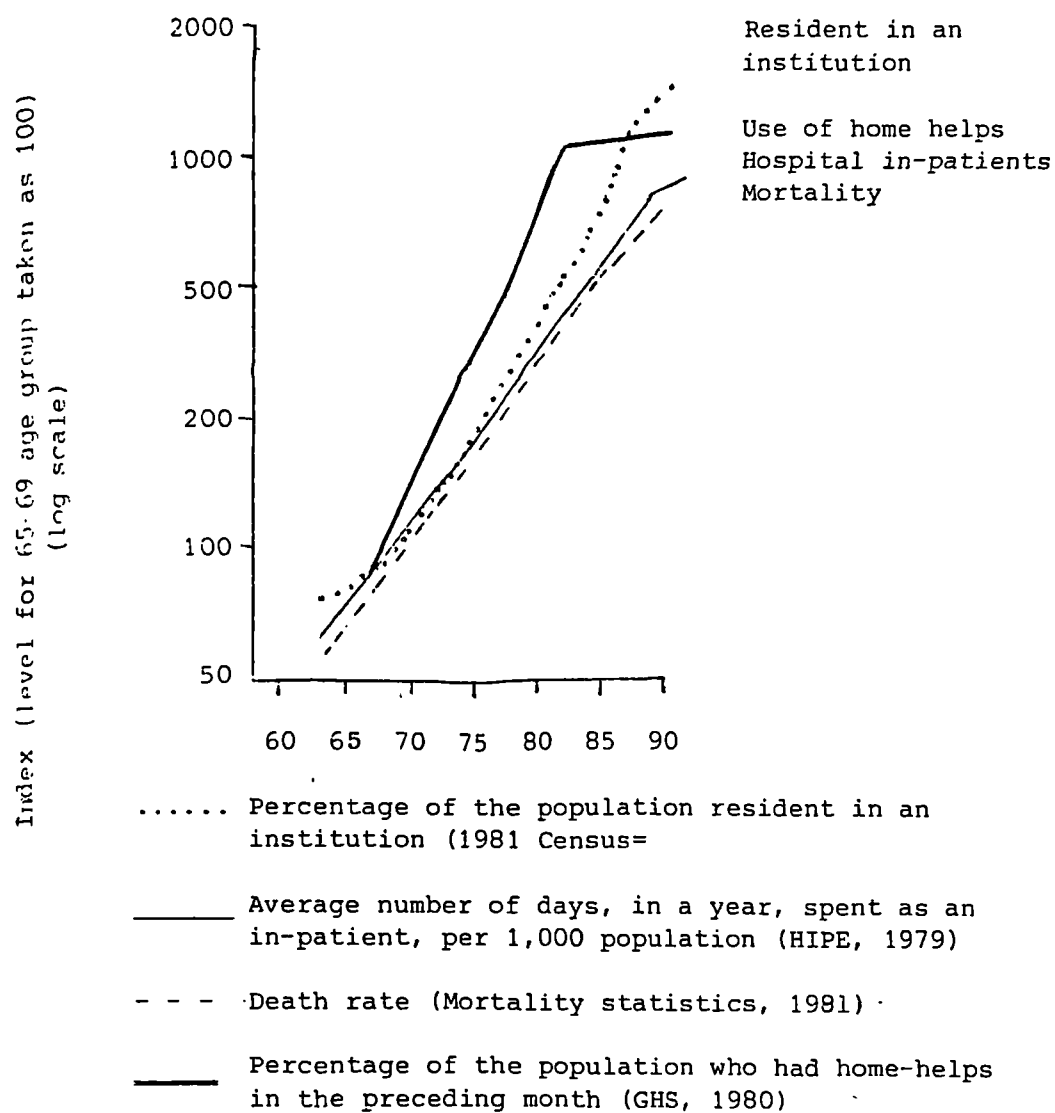
Table a.2: Disability and dependency

	65+	75+	85+
housebound or bedfast	5%	10%	21%
unable to go up or down stairs unaided	8%	14%	31%
unable to go to the toilet unaided	2%	3%	9%
unable to get in or out of bed unaided	2%	3%	10%
unable to cut own toenails	28%	41%	65%
unable to bath/shower or wash all over alone	9%	14%	34%

Source: GHS 1980. Tables 10-16: 10.32
 Audrey Hunt, The Elderly at Home, OPCS 1978,
 Table 10.21

From: FPSC, 1984, p.8 diagram 12

Fig. a.3: The increase in social/economic requirements with age, England and Wales



From: Craig, 1983, p.33, figure 5

APPENDIX B

Documents on Domiciliary Services and Community Care

DOCUMENT 1

National Health Service

The National Health Service Act 1946 allowed local authorities to employ home helps and to contribute to the assistance of voluntary organisations. It also made possible preventive services such as chiropody and laundry.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

28.- (1) A local health authority may with the approval of the Minister, and to such extent as the Minister may direct shall, make arrangements for the purpose of the prevention of illness, the care of persons suffering from illness or mental defectiveness, or the after-care of such persons, but no such arrangements shall provide for the payment of money to such persons, except suitable work in accordance with the arrangements.

(2) A local health authority may, with the approval of the Minister, recover from persons availing themselves of the services provided under this section such charges (if any) as the authority consider reasonable, having regard to the means of those persons.

(3) A local health authority may, with the approval of the Minister, contribute to any voluntary organisation formed for any such purpose as aforesaid.

DOMESTIC HELP

29. - (1) A local health authority may make such arrangements as the Minister may approve for providing domestic help for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child or over compulsory school age within the meaning of the Education Act, 1944.

(2) A local health authority may, with the approval of the Minister, recover from persons availing themselves of the domestic help so provided such charges (if any) as the authority consider reasonable, having regard to the means of those persons.

DOCUMENT 2

National Assistance

The National Assistance Act 1948 gave local authorities the power to promote the welfare of certain disabled peoples amongst whom elderly people inevitably figured.

WELFARE SERVICES

29. - (1) A local authority shall have power to make arrangements for promoting the welfare of persons to whom this section applies, that is to say persons who are blind, deaf or dumb, and other persons who are substantially and permanently handicapped by illness, injury, or congenital deformity or such other disabilities as may be prescribed by the Minister.

(2) In relation to persons ordinarily resident in the area of a local authority the authority shall, to such extent as the Minister may direct, be under a duty to exercise their powers under this section.

Local authorities were also able to financially assist voluntary organisations providing for elderly people.

VOLUNTARY ORGANISATIONS FOR DISABLED PERSONS' WELFARE

30. - (1) A local authority may, if the scheme under the last foregoing section so provides, employ as their agent for the purposes of that section any voluntary organisation for the time being registered in accordance with this Act being an organisation having for its sole or principal object or among its principal objects the promotion of the welfare of persons to whom the last foregoing section applies.

(2) A local authority may make contributions to the funds of any such organisation as is referred to in the last foregoing subsection...

31. A local authority may make contributions to the funds of any voluntary organisations whose activities consist in or include the provision of recreation or meals for old people.

From: National assistance Act 1948, Section 29 (1), (2), 30 (1), (2) and 31, pp258-259.

DOCUMENT 3

Health Services and Public Health

Under the Health Services and Public Health Act 1968 it became the mandatory duty of local authorities to provide a home help service.

HOME HELP AND LAUNDRY FACILITIES

13. - (1) It shall be the duty of every local health authority to provide on a scale as is adequate for the needs of their area, or to arrange for the provision on such a scale as is so adequate of, home help for households where such help is required owing to the presence of a person who is suffering from illness, lying-in, an expectant mother, aged, handicapped as a result of having suffered from illness or by congenital deformity or a child who has not attained the age which, for the purposes of the Education Act 1944 is, in his case, the upper limit of the compulsory school age, and every such authority shall have power to provide or arrange for the provision of laundry facilities for households for which home help is being, or can be, provided under this subsection.

Local authorities were also given a general responsibility to promote the welfare of elderly people.

PROMOTION BY LOCAL AUTHORITIES OF THE WELFARE OF OLD PEOPLE

45. - (1) A local authority may with the approval of the Minister of Health, and to such an extent as he may direct shall, make arrangements for promoting the welfare of old people.

(2) A local authority may recover from persons availing themselves of any service provided in pursuance of arrangements made under this section such charges (if any) as, having regard to the cost of the service, the authority may determine, whether generally or in the circumstances of any particular case.

(3) A local authority may employ as their agent for the purposes of this section any voluntary organisation having for its sole or principal object, or among its principal objects, the promotion of the welfare of old people.

From: The Health Services and Public Health Act 1968, Section 13 (1), pl154 and 45 (1), (2) and (3), pl176.

DOCUMENT 4

Help in the Home

The Health Services and Public Health Act 1968 made it a duty for local authorities to provide a home help service. DHSS Circular 53/71 advised on the development of this service.

THE HOME HELP SERVICE

6. ORGANISATION. Social Service Departments are now engaged in building up their central and area organisations on fresh lines incorporating the home help service in an entirely new setting. There will be variations in the form of organisation, dictated by differences in local circumstances and local policy, and it would be premature at this stage to attempt to form general conclusions about preferred structures, though the principle of area team organisation is a common feature. It appears important to the Secretary of State at the outset, however, that the home help service should continue as an entity with clear lines of communication both at central and area levels. The responsibilities of the organiser of home helps in relation to what is often the largest staff group employed by the Social Services Department make it essential that adequate staff time and clerical help should be allotted in support. At the same time the service must form part of a balanced and co-ordinated domiciliary team. Most authorities have already recognised the need for in-service training arrangements to assist the staff of the home help service and their new colleagues in Social Service Departments in forming effective working links and mutual understanding of roles and functions. It will be no less necessary to secure that links with domiciliary health services are well maintained. Sound organisation on these lines is essential to status and morale and to the most efficient development of home helps.

7. RECRUITMENT. Action is necessary to maintain and wherever possible to expand the home help service. The status of the service is a most important factor in attracting recruits. Potential recruits may often be deterred by the image of a limited domestic service and good background publicity can play a great part in establishing the service as a wide-ranging and versatile means of enabling individuals or families to remain in their own homes and of providing much-needed practical help in difficult situations. Local press and radio features are likely to be suitable media for what must be essentially local

campaigns for very localised work. The most effective recruiting agency is the home help who is proud of her job, but local publicity can do a great deal to support and encourage the individual response.

8. HELPING THE HOME HELP. Efficient management and active recruitment require, of course, the development of ways of improving the conditions of work within the home help service to make it more attractive. Most home helps prefer to work part-time and many are married women with domestic responsibilities; willingness to adjust working hours to their reasonable needs, so far as the needs of clients permit, will help both to retain existing staff and to attract potential recruits. Many consider that the provision of a uniform is an important element in status and an aid to recruitment; in any event, adequate protective clothing should be available. Suitable equipment and materials for efficient working should be provided. Transport to and from the job can both conserve time and energy and enable a wider range of labour saving equipment to be used. Many jobs cannot be quickly tackled (or carried out at all) by single workers or even teams of women; "heavy squads", possibly consisting of or including men, and with a supply of special equipment, may be useful in dealing with exceptionally difficult jobs. It may be helpful both to the service and to clients to maintain a mobile reserve that can quickly undertake more conventional tasks arising at short notice (eg a hospital discharge) or at unusual hours (for example, "night sitting" needed in a crisis). There is much scope for ingenuity in devising ways to facilitate work and to use available man power to better effect. But besides purely practical measures, the need must be born in mind for the guidance and support which many home helps will require in coping with the sometimes complex situations in which these responsible tasks may involve them and in understanding the roles and objectives of other workers who may also be concerned with the same clients.

9. TRAINING FOR THE HOME HELP SERVICE. More intensive study is needed of the training requirements of organisers of home helps and of the home helps themselves and arrangements are to be made for this as soon as possible; the forthcoming establishment of the Personal Social Services Council is relevant to the development of such studies. Meanwhile, authorities (singly or jointly, as may be practical) will wish to plan programmes of training which take account of the different levels of responsibility and experience of staff engaged in organisation, and the needs of existing and newly joined home helps. They may wish themselves to provide suitable courses or seminars or sponsor attendance at them. In-service training schemes, as noted above, can contribute greatly to the mutual understanding between the home helps on the one hand and other members of area teams which is essential to the effective working of both.

From: Great Britain DHSS Circular 53/71 (1971), Help in the Home: Section 13 of the Health Services and Public Health Act 1968, London, DHSS, pp2-3.

DOCUMENT 5

The Development of Community Care 1

In 1962, local authorities were asked to draw up plans for the long-term development of their health and welfare services. The MOH declared their objectives to be:

...to promote health and well-being, and to forestall illness and disability by preventive measures. Where illness or disability nevertheless occurs, the aim is to provide care in the community - at home, at centres, or residential accommodation - for all who do not require the types of treatment and care which can only be given in hospitals (p2).

The MOH commented on the needs of old people:

47. The basic need of the elderly is for a home of their own where they can enjoy privacy and comfort, with the social contacts which they desire. The majority will live in their own homes, alone or with others, in complete independence, availing themselves when necessary of the ordinary range of health and welfare services. A proportion will need special support to enable them to continue to live in their own homes (p15).

From: MOH, Health and Welfare (1963), The Development of Community Care, Cmd 1973, London, HMSO.

DOCUMENT 6

The Development of Community Care 2

In 1966, the MOH published a review of local authority plans for the development of health and welfare services (see above).

100. It will, however, be apparent from the foregoing paragraphs and from the plans of individual authorities that the level of particular services provided by a small minority of them falls below what is acceptable, and that some of these authorities do not appear to be planning to improve unsatisfactory services to an acceptable standard over the next ten years. In some areas the figure may well obscure the true position - for example where a satisfactory service is being provided by a voluntary body, or where facilities provided by one authority are meeting the needs of an adjoining area. But where the provision of a service appears to be substantially below an adequate level and likely to remain so over the whole period of the present plans, the Minister proposes to arrange for his officers to discuss the position with the authority concerned with a view to action to remedy any deficiency. It is his wish that an acceptable standard of service is provided throughout England and Wales; and he is confident that all authorities will share that wish, and will be ready to co-operate in reaching that objective.

From: MOH, Health and Welfare (1966), The Development of Community Care, Cmd 3022, London, HMSO, p26.

DOCUMENT 7

The Seebohm Report

The Committee on Local Authority and Allied Personal Social Services produced the Seebohm Report which examined community care for elderly people in terms of domiciliary provision.

The development of the domiciliary services

309. Although for many years it has been part of national policy to enable as many people as possible to stay in their own homes, the development of the domiciliary services which are necessary if this is to be achieved has been slow. There are certain services of home care, such as home nursing and domestic help, which are provided by all local authorities. Neither service is specially for the old though both are used largely by them. There is also a wide variety of other help for old people, like meals on wheels, chiropody, and laundry service, which is provided by local authorities or voluntary committees or sometimes jointly, but the extent of their cover differs considerably from place to place and nowhere do they assist more than a very small proportion of the old. Furthermore it appears that individual services have been started without sufficient thought for priorities or evidence of need over the whole area to be served. This piecemeal and haphazard development is unlikely to use scarce resources to the best advantage even though some assistance may be given to a fortunate few.

310. A unified social service department will be able to take a more comprehensive view of the development of such services, but to do so it will have to know the extent and pattern of need in its area and be aware of all the local resources likely to be available. It will have to discover from local voluntary organisations what part they can play in providing a comprehensive service to the maximum number of old people. It will have to investigate fully the contribution which relatives, neighbours and the wider community can make and how the social service department can best enable such potential assistance to be realised. In this sense a considerable development of community care for the old may be achieved, even in the near future, by enlisting such help.

311. In particular, of course, services for old people in their own homes will not be adequately developed unless greater attention is paid to supporting their families who in turn support them. The problems of old people living alone have attracted much attention, but many of those who are most dependent live with younger relatives who often are themselves getting on in years. Just as we emphasised the need for shared responsibility between the family and the personal social services where there were problems in the social care of children (chapter VIII) so we wish to stress it in the case of the old. If old people are to remain in the community, support and assistance must often be directed to the whole family of which they are members. This is one of the reasons which convinced us that services for the elderly should become an integral part of the social service department (p96).

The report also set out the Committee's ideas about the relation between the social services and the community which it saw as the basis of authority, resources and effectiveness.

475. Our emphasis on the importance of the community does not stem from a belief that the small, closely-knit rural community of the past could be reproduced in the urban society of today and of the future. Our interest in the community is not nostalgic in origin, but based on the practical grounds that *the community is both the provider as well as the recipient of social services* and that orientation to the community is vital if the services are to be directed to individuals, families and groups within the context of their relations with others.

476. The term "community" is usually understood to cover both the physical location and the common identity of a group of people. The definition of a community, however, or even of a neighbourhood, is increasingly difficult as Society becomes more mobile and people belong to "communities" of common interest, influenced by their work, education, or social activities, as well as where they live. Thus, although traditionally the idea of a community has rested upon geographical locality, and this remains an important aspect of many communities, today different members of a family may belong to different communities of interest as well as the same local neighbourhood. The notion of a community implies the existence of a network of reciprocal social relationships, which among other things ensure mutual aid and give those who experience it a sense of well-being...

478. If the services are to meet effectively the complex range of individual, family and community problems, then the effort devoted to investigating the needs of an area, and to the overall planning and co-ordination of services and resources, both statutory and voluntary, is clearly of the utmost importance (pp147-148).

From: Home Office et al (1968), Local Authority and Allied Personal Social Services (the Seebohm Committee), London, HMSO.

DOCUMENT 8

Priorities for Health and Personal Social Services

This consultative document set priorities against the resources planned to be available in the years 1975/76 to 1979/80, outlining the strategy for the next decade.

V.

SERVICES USED MAINLY BY THE ELDERLY

The growing proportion of the population aged 65 and over will place an increasing strain on most of the health and personal social services. The main objective of services for elderly people is to help them remain in the community for as long as possible...

Subject to local circumstances, the following national targets are suggested:-

- expansion of...home helps and the meals services by 2 per cent a year...

Effective joint planning between local and health authorities is particularly important. The voluntary sector will continue to have a major role to play in the provision of services for the elderly...

5.3 The general aim of policy is to help the elderly maintain independent lives in their own homes for as long as possible. The main emphasis is thus on the development of the domiciliary services...

Services for the elderly living at home

5.5 About 95 per cent of all elderly people are living in the community and family doctors meet most of their medical needs. The primary health care and community services of which the elderly are major users are listed below. Here, and in the following paragraphs on residential and hospital provision, the Departmental guidelines for standards of service are given where they exist, but they are under review.

Home helps. In 1974 there were about 41,000 whole-time equivalent home helps, ie 6 per 1,000 elderly. The guideline is for a ratio of 12 per 1,000...

5.12 It is clear the even with present constraints on the HPSS as a whole there must be growth of services for the elderly in order to keep up with their increasing number and to develop the emphasis on community care. We therefore suggest that between 1975/76 and 1979/80 current expenditure on these services should increase by about 3 per cent a year from about £550 million in 1975/76 to £620 million in 1979/80, and that they should benefit from a considerable proportion of available capital.

5.13 If the best use is to be made of this increase, careful thought will need to be given in each locality to the most effective patterns of development. It is suggested that, unless local needs clearly dictate a different order of priorities, particular attention should be paid to:-

- the rapid development of health and social service domiciliary services - notably home nursing (and health visiting) but also the meals and home help services and general social work support.

Domiciliary Services

5.15 The more these can be expanded, the more the pressure on residential accommodation and on hospitals can be eased. On a national basis, we suggest that expenditure on home nursing (and health visiting) should be increased by 6 per cent a year, and that chiropody services should also be increased - we suggest by 3 per cent a year. For home helps and meals a smaller increase will be necessary because of other pressures on the personal social services. We suggest 2 per cent a year.

5.16 Some of these suggested growth rates exceed the annual increase in the elderly population, and should therefore permit some improvement in the standard and scope of provision and help to keep to a minimum the use of residential accommodation which is expensive in both capital and staff. The level of provision of domiciliary services varies considerably between localities. In some (including some localities where there is a high proportion of retired people) there is a very serious lack of these services. We suggest that in these localities an especially high priority should be given to building up domiciliary care.

From: DHSS (1976), Priorities for Health and Personal Social Services in England: A Consultative Document, London, HMSO, pp38-41.

DOCUMENT 9

Priorities in the Health and Social Services

This document discussed further the Government's national strategy based on the consultative document Priorities for Health and Personal Social Services in England.

2.6 Social Services Almost all the work of the local authority and voluntary social services has a preventive element; this is not only in their work with children, where local authorities have a special statutory responsibility, but also in their work with mentally ill, mentally handicapped, physically handicapped and elderly people. This element is prominent in the field as well as domiciliary and day care services...

COMMUNITY CARE

2.7 The consultative document emphasised the importance of adjusting the balance of care to provide greater support in the community. In this document, the term "community" covers a whole range of provision, including community hospitals, hostels, day hospitals, residential homes, day centres and domiciliary support. The term "community care" embraces primary health care and all the above services, whether provided by health authorities, local authorities, independent contractors, voluntary bodies, community self-help or family and friends.

2.8 The adjustment in the balance of care will be gradual and slow. It is clearly undesirable and often more expensive to admit or to keep in district hospitals or long-stay hospitals old or mentally ill or mentally handicapped people, who could properly be looked after in the community...

2.10 Field social work and domiciliary services. Comments on the consultative document pointed to the need for greater emphasis on fieldwork and domiciliary services, in preference to residential care...[I]n considering changes in expenditure levels, the protection of and, where possible, the increase in fieldwork and domiciliary services are likely to remain the right general strategy...However, taking the national picture for the next decade, the hope is for a slightly higher rate of growth of fieldwork and domiciliary services than was envisaged in the consultative document.

DOCUMENT 10

A Happier Old Age

One of the aims of this discussion document was to look at the kind of help elderly people need from society.

a. Health and Personal Social Services

6.1 An important objective of the health and personal social services is to enable elderly people to maintain independent lives in the community for as long as possible...

6.4 Development of the domiciliary services has so far largely relied on professional judgements and been influenced by demands pressed against a background of growth in the national economy and rising expectations. Overall the scope of these services seems to be right and no completely new professional skills need to be developed. However it is vital to make the best use of all available resources, to deploy these in a way which gives elderly people - and their relatives - the kind of help they need, and to ensure that those in greatest need are given priority. This means improving co-ordination between the statutory services, and between those services and the whole range of voluntary and informal help available (including family and community support). It also means exploring the scope for innovation especially in providing practical help to meet personal needs: it is here that volunteers and other informal effort can play a major part.

From: DHSS (1978), A Happier Old Age. A Discussion Document on Elderly People in our Society, London, HMSO, pp32-33.

DOCUMENT 11

Care in Action

The handbook notes the Department's longstanding major policy objective of fostering and developing community care for the main client groups, of whom elderly people head the list. It states that:

5.3 The whole community should be involved in providing adequate support and care for elderly people. Public authorities will not command the resources to deal with it alone. Nor could official help meet all those needs which go beyond the provision of material benefits.

5.4 The objectives for health authorities and local government should be as follows.

(a) Strengthen the primary and community care services, together with neighbourhood and voluntary support, to enable elderly people to live at home...

(b) Encourage an active approach to treatment and rehabilitation to enable elderly people to return to the community wherever possible.

From: DHSS (1981a), Care in Action: a Handbook of Policies and Priorities for the Health and Social Services in England, London, HMSO, p32.

DOCUMENT 12

Growing Older

This document was produced with the proposed intention of stimulating greater co-operation between all those who provide help and care for elderly people.

The Government's overall priority is to reduce and contain inflation. No policy could be more helpful to elderly people. Inflation erodes the value of savings. It creates uncertainty and undermines confidence. The curbing of inflation is therefore essential if we are to restore a healthy economy; and the improvement of services for elderly people is largely dependent on that (piii).

Whatever level of public expenditure proves practicable, and however it is distributed, the primary sources of support and care for the elderly person are informal and voluntary. These spring from the personal ties of kinship, friendship and neighbourhood. They are irreplaceable. It is the role of public authorities to sustain and, where necessary, to develop - but never to displace - such support and care. Care in the community must increasingly mean care by the community (p3).

Community care services play a vital role in enabling elderly people to remain in their own homes and in preventing or deferring the need for long term care in a residential home or hospital. They also make a very important contribution to the support of families caring for elderly people...

The community care services are, above all, complementary. At any one time an elderly person or his family may be receiving a number of services, each related to and dependent on the other. The aim is to provide the best care suited to the needs of the individual in the most effective and economical way possible (p43).

From: DHSS (1981b), Growing Older, Cmd 8173, London, HMSO.

DOCUMENT 13

, A Study on Community Care

This report focuses on what community care can do to meet the needs above all of "boundary groups"; that is, small groups of people, including elderly people, whose frailty, social circumstances or general dependency put them on the borderline between long-term or hospital care and care within the community. Amongst other things, the report attempts to list the various objectives of community care. Social service aims include:

to facilitate early discharge of acute in-patients;

to provide an alternative for some of those people currently cared for long-term in hospital or residential homes;

to enable an individual to remain in his/her own home wherever possible rather than have him/her cared for long-term in a hospital or residential home;

to give support and/or relief to informal carers (family, friends and neighbours) so that they can cope with the stress of caring for a dependent person; the delivery of appropriate help, by the means which causes the least possible disruption to ordinary living, in order to relieve an individual, family or neighbourhood of the stresses and strains contributing to or arising in consequence of physical or emotional disorder;

to provide the most cost-effective package of services given the need and wishes of the person being helped;

to intergrate all the resources of a geographical area in order to support the individuals within it. These resources might include informal carers, NHS and personal social services and organised voluntary effort.

From: DHSS (1981c), Report of a Study on Community Care, London, HMSO, pp9-10.

DOCUMENT 14

Social Services for Elderly People 1

In 1983 the Audit Inspectorate published a report which defined the needs of elderly people and assessed the contributions of the various services to satisfying these needs.

From: DOE Audit Inspectorate (1983), Social services: Provision of Care to the Elderly, London, HMSO, table 6.1.

Table 6.1 - Dimensions of achievement in the care of the elderly and the nature of the contribution of major SSB resources to achievement of achievement levels along those dimensions.

SSB RESOURCES

DIMENSION	Residential home	Sheltered housing	Day care centre	Lunch clubs	Home help	Meals on-wheels	Short stay residential
For the elderly person							
- personal care	All tasks	-	Some tasks	-	0	-	Temporarily
- nutrition	✓	-	✓	✓	Some, if assistance given	✓	-
- environment	✓	✓	-	-	✓	-	-
Security:	Active	Depends on warden service	Some, if attendance scheduled	-	If very frequent	Passive	Temporarily
Connectability:	With other residents only	With others in scheme only	✓	✓	-	-	Temporarily with other residents only
For the family/living group							
- ability to continue care	n.a.	-	-	-	May help	-	-
- willingness to continue care	n.a.	-	-	-	May help	-	-
For society at large							
- freedom from unreasonable annoyance	✓	-	-	-	-	-	Temporarily (if relevant at all)
Development for future/prevent deterioration	May help	-	-	-	May help	-	-

Key: ✓ = contributes positively to achievement
 - = little or no contribution to achievement
 n.a. = not applicable
 0 = with special training

DOCUMENT 15

Social Services for Elderly People 2

The purpose of the Audit Commission report 1985 was to assist in the effective management of social services for elderly people. The Commission believed that better use could be made of home help hours.

100. Authorities will want to be satisfied that the following requirements for the effective management of the home help service are met:

- a clear statement of the aims of the service. For example, to what extent should the home help service provide personal care or shopping as well as basic cleaning?
- explicit criteria for service. For example, to what extent should the home help service provide heavy cleaning to less dependent elderly people? Particular target groups might include: families in crisis, those requiring personal care to remain in the community, people discharged to the community in need of rehabilitation or convalescence and temporary relief for carers.
- guidelines on the average levels of support for each main group of recipients. At what levels should the service be provided? For example, should the guidelines for standard cleaning be two or three hours home help per week? Note that these guidelines should not be used to determine individual allocations but, rather, as a guide to organisers.
- guidelines on the types of client for whom co-ordination of home help with other community services may be required. For example, in what circumstances should clients be referred for day care?
- policies on frequency and length of visits. For example, if three hours home help are to be provided, should this in general comprise one visit or two?
- policies on the allocation of clients to home helps. For example, should a home help visit clients all in the same geographical area to minimise travelling time; should specialist home helps be used to provide personal care?
- procedures for allocating home helps to areas. To ensure that the level of home help in an area or district of the authority is consistent with that required to achieve authority policies and to ensure equity across areas.

The report also commented on the process of assessment and reassessment.

Specific good management practices included the following:

- standard referral and allocation procedures
- standard but simple assessment forms
- guideline estimates on the time required to perform particular tasks
- organisers's visit cards which include information on other services received
- panels and other mechanisms for co-ordinating community services to the highly dependent elderly
- monitoring of referral rates
- random reviews of assessments by other home help organisers
- minimum requirements for reassessment intervals
- monitoring of reassessments performed
- systems to prompt organisers when a client is due for review
- analyses of organisers' workloads.

Other suggestions for consideration by local authorities included reviewing their existing systems for monitoring the use of available home help hours and reviewing the travel routes of individual home helps.

From: Audit Commission (1985), Managing Social Services for the Elderly More Efficiently, London, HMSO, pp47-49.

DOCUMENT 16

The reality of Community Care

In 1986 the Audit Commission pointed out that the development of community-based services had been slower than the rundown of institutions and that the pattern of local authority services was very uneven. It commented on the flexibility of community care policies:

10. Given these trends, community care policies must be flexible enough to adopt to changing circumstances. In particular, community care involves:

- (a) The development of a wide range of services in a variety of settings providing a wide range of options
- (b) The movement of health services out of hospital settings into more local, domestic settings; and a change in balance between the provision of residential care and the provision of day and domiciliary services
- (c) The bringing of services to people, rather than people to services; and the adjustment of people to meet the needs of services
- (d) The provision of the minimum amount of intervention necessary to allow people to live their lives as independently as possible; but the provision of sufficient care to ensure effective support (p10).

For elderly people the report recommended combining and expanding home care and auxiliary nursing services. It proposed:

174. (ii) For care of elderly people in the community a single budget in an area should be established by contributions from the NHS and local authorities the amount to be determined in each case by a formula agreed centrally. This budget should be under the control of a single manager who will purchase from whichever public or private agency he sees fit the appropriate services for elderly people in the community in the areas for which he or she is responsible. The manager's activities should be overseen by a small joint board of NHS and local authority representatives (p75).

DOCUMENT 17

An Agenda for Community Care

The 1988 government-commissioned report on community care (The Griffiths Report) supported the Audit Commission's proposal for the creation of a new post of "community care worker" with implications for home helps.

8.4 The Audit Commission recommended the creation of a new occupation of "community carers" to undertake the front line personal and social support of dependent people. This might be a development of the roles of some home helps/home care assistants, community nursing assistants and residential care staff. There is scope for the development of multi-purpose domiciliary services along these lines by social services authorities, the voluntary sector and the private caring organisations. If this is acted upon, it will be vital to ensure that job descriptions enable individual workers to provide the assistance required without demarcation problems arising. The management of and support for such staff groups will need to be carefully planned (p25).

Other possible innovative developments in service provision considered by the report included individuals taking responsibility for planning their future need in old age.

6.62 Encouraging those who can afford to plan ahead to do so should help to ensure that public resources are concentrated on those in greatest need.

6.63 I therefore recommend that central government should look in detail at a range of options for encouraging individuals to take responsibility for planning their future needs. This examination should include evaluating the potential of innovative service models, such as social maintenance organisations along the lines of the health maintenance organisations, which currently exist in the USA, and the incentives available through taxation and insurance systems for encouraging individual and corporate planning in this area, perhaps through the extension of occupational pension schemes (p22).

From: (1988), Community Care: Agenda for Action (the Griffiths Report), London, HMSO.

APPENDIX C

Salford Social Services Documents

DOCUMENT 1

Job Description for Post of Home Help Organiser

1. DUTIES AND RESPONSIBILITIES

- 1.1 Visiting applicants for the service to assess domestic and social need. Investigating financial circumstances and completing application forms. Allocation of necessary hours of help.
- 1.2 Regular routine visiting of clients to assess continued need and suitability of service and hours given.
- 1.3 Periodical re-assessment of financial circumstances.
- 1.4 Visiting to investigate complaints, problems.
- 1.5 Participating in training of home helps.
- 1.6 Maintaining close liaison with other members of the patch team and statutory and voluntary bodies.

2. ADMINISTRATIVE

- 2.1 Maintenance of case histories of all clients and visits made.
- 2.2 Maintenance of all staff records.
- 2.3 Arranging and adjusting work programmes of home helps and keeping records of same.
- 2.4 Arranging home helps' leave and informing Wages Section of this and any illness of home helps.
- 2.5 Checking of home helps' time sheets and authorising payment of hours worked, travelling time, expenses and when client unable to sign.
- 2.6 Issuing of protective clothing to home helps and recording same.
- 2.7 Maintenance of all necessary records, compilation of statistics, correspondence.

3. HOME HELPS

- 3.1 Interviewing, selection and engagement of home helps.
- 3.2 Maintenance of standards and discipline of home helps.
- 3.3 Routine visiting to supervise their work.
- 3.4 Discussion of work programme and cases with home helps as considered necessary.
- 3.5 Supporting home helps in their duties and concern for their welfare.
- 3.6 Investigation of breakages by home helps.
- 3.7 Investigation of any accident suffered by the home helps and report accordingly.

4. OTHER DUTIES

- 4.1 Visiting to assess need for laundry service. Completing necessary application form and instructing clerical section to commence service.
- 4.2 Visiting to assess need for meals on wheels and passing referral to voluntary agency or instructing clerical staff to commence service.

Personnel Form 3

DOCUMENT 2

Notes for the Information of Persons Applying for or Having the Service of Home Helps

3. The home help service is primarily a caring service whose concern is the welfare of the client and whose aim is to enable the client to remain comfortably in his/her own home as long as possible. Priority is therefore given to those persons no longer able to look after themselves.
4. The home help service is not meant to replace the help of family and friends (sufficient resources are just not available), but to supplement their care and assistance.
5. Home helps also carry out domestic duties, but it must be stressed that cleaning help can be temporarily withdrawn at any time without prior warning if the home help is needed elsewhere to give caring assistance. These duties will not include washing large arrears of laundry, cleaning unoccupied rooms and outside windows. Inside windows are cleaned but not more frequently than once every six weeks.
6. A home help does not carry out nursing duties and must not interfere with the instructions of the doctor or nurse who may be attending the client.
7. Persons receiving the services of a home help must provide reasonable facilities, e.g. hot water and cleaning materials to enable the home help to carry out her duties.
- 9.. If it is necessary for a home help to have a meal in a client's home she must supply and cook her own food. She must not consume alcohol or smoke whilst on duty.
11. THE HOME HELP MUST NOT ACCEPT MONEY OR PRESENTS FROM THE CLIENTS OR HOUSEHOLDERS.

DOCUMENT 3

Night Attendance Scheme - Night Helps

This will be used only in cases of extreme urgency, e.g. cases at home awaiting admission to hospital, to provide night attendance where such help cannot be otherwise obtained, or where continued night attendance is being carried out by a relative or friend who must work in the day time ...

It is intended that night helps will only be provided in very acute circumstances and only at the discretion of the area home help organiser, or other authorised person, e.g. social services duty officer. It is most important that this service should not replace the traditional help of friends or neighbours.

The service will be extended to chronic sick cases where no other assistance is available. Where relief is being provided to a relative who also has work to do in the day time, the service will normally be limited to three nights each week.

Form 6/1/9

DOCUMENT 4

Conditions of Service and duties for Night Helps

CONDITIONS OF SERVICE FOR NIGHT HELPS

2. Normal hours of duty will be consecutive and between 10 p.m. and 8 a.m.
4. Remuneration will be ... (three-quarters of normal hourly rate plus one-third enhanced pay for unsocial hours) ...
6. In the event of the client's death whilst the night help is on duty, payment will be made for a full period of duty.
8. Night helps are especially warned that they must not, under any circumstances, discuss the affairs of the families to which they have been sent.
9. No gift in money or in kind should be accepted by the night help from the householder (or client).
10. The night help must not consume alcohol on duty; she must not smoke unless invited to do so by the householder.
11. The night help must not take her children to the householder's house, when carrying out her duties there.

DUTIES OF A NIGHT HELP

1. Keep the client clean and tidy and provide general attention.
2. Make meals and, if necessary, feed the client.
3. Maintain heating arrangements as required.
4. Take her meals as convenient to her client's condition, and supply her own food.
5. In no circumstances is the night help required to undertake household duties, with the exception of those set out in paragraphs 2 and 3 above.

Where the client's condition allows, the householder will be required to provide reasonable lighting and heating arrangements in the room occupied, together with cooking facilities, if necessary.

DOCUMENT 5

Conditions of Service and Duties of an Evening Help

CONDITIONS OF SERVICE FOR EVENING HELPS

2. Normal hours of duty will be between 8 p.m. and 10 p.m.
3. Normal attendance will be for a period of one hour in the night, or as requested by the area home help organiser or the duty officer.
4. Remuneration will be .. (ordinary rate per hour plus one-third enhanced pay for unsocial hours) ...
7. Evening helps are warned that they must not, under any circumstances, discuss the affairs of the families to which they have been sent.
8. No gift in money or kind should be accepted by the evening help from the client.
9. The evening help must not consume alcohol on duty; she must not smoke unless invited to do so by the client.
10. The evening help must not take her children to the client's home when carrying out her duties there.

DUTIES OF AN EVENING HELP

1. Providing general attention for the client's comfort.
2. Assisting client to undress.
3. Assisting client into bed.
4. Make a drink and a light meal, if necessary.
5. Maintaining heating arrangements, as required, and safeguarding the fire for the night.
7. In no circumstances is the evening help required to undertake household duties, with the exception of those set out above.

DOCUMENT 6

Criteria for Home Help Service

Home help may be supplied to the following classes of cases:

1. Aged and infirm and chronic sick especially those living alone or with other aged persons.
2. Physically handicapped persons living alone or living with someone incapable of giving them the assistance they require.
3. To assist over the period of confinement whether at home or in hospital ...
4. Cases of illness and discharged cases from hospital where no other help is available.
8. Mental cases recently discharged from hospital after long period in care, to help them re-adjust to living in the community.
10. Households in which there is a case of tuberculosis or certain other infectious diseases.
11. Evening help service to assist infirm, or disabled persons prepare for bed or general attention to temporary sick person ...
12. Night help service in cases of extreme illness where no other help available or to give relief to relatives. Very temporary and generally no more than 3 nights per week.

Form 6/1/14

DOCUMENT 7

Criteria for Meals on Wheels Service

Applicants should be elderly, handicapped, sick ... residing in their own homes and unable to provide themselves with a hot meal daily.

It should also be impossible for them to attend a luncheon club or day centre or be provided with a hot meal daily in another way (eg. good neighbours, family).

Categories in need are mainly the following groups:

1. Those living alone, who are housebound, sick or mentally confused, or are so physically infirm that they have difficulty in preparing a meal.
2. Persons in temporary difficulty (eg. convalescent, partner in hospital).
3. Those who have inadequate cooking facilities, or do not have the will to prepare a meal and cannot obtain meals from other services.
4. Any or all of the above categories during the periods of national and local emergencies (eg. fuel crisis).

Form 6/1/15

DOCUMENT 8

Conditions of Service and Duties of Home Helps

1. The area home help organiser will issue to all home helps instructions stating the name and address of the households to which they have been assigned, the days on which they are to attend, and the number of hours to be worked. No payment will be made to any home help who commences work without such written instructions. NOTE: A normal working week will not exceed 40 hours.
2. Persons appointed to the home help service must be prepared to attend any type of case the home help organiser requests. These could include the elderly, infirm, sick, handicapped ...
3. The home help is a caring service and the well-being of members of the household which the home help attends must be of first importance. This places a responsibility on the home help to notice if the client neglects his/her food or deteriorates physically or becomes confused. Any alteration in the client or the client's circumstances must be reported to the area home help organiser as soon as possible.
4. The home help is responsible for all the usual household duties such as washing, shopping, cooking and cleaning of the house, including the insides (not outsides) of windows ... Where conditions in the house have become neglected due to sickness, old age or infirmity, the home help is expected to restore it to a good standard of cleanliness. If, in the opinion of the organisers, a house is in a very neglected condition, special rates of pay will be made. If a client or bedding is found to be infested the matter should be reported as soon as possible to the organiser who will take appropriate action. There will also be times when it may be necessary to empty commodes and clean up after unexpected incontinence in clients. Should an organiser consider a house is continually difficult to keep clean due to incontinence or habits of client, then a special rate of pay will be made.
5. Should infectious disease such as tuberculosis be present in the client's home, only volunteers will be asked to attend and special rates of pay will be made in these cases.
7. The home help must be clean and neat in appearance and in her person at all times. She must wear the overall provided. The hands must always be washed before and after caring for the client. Scrupulous cleanliness must be observed in the preparation of food. Curling pins must not be worn.
8. Home helps MUST NOT smoke when on duty.

9. Householders are not expected to provide food for the home help or pay her for her services in either cash or kind.
10. Home helps must treat all information regarding their clients as STRICTLY CONFIDENTIAL to be DISCUSSED ONLY WITH THE ORGANISERS. Any discussion of such matters with any other person will be treated as a breach of confidence and dealt with as appropriate.
11. If a case of illness occurs at the residence of the home help or in the household where she is employed, or if the client is sent to hospital, the home help must report the matter at once to the area home help organiser.
12. Good time keeping by the home help is essential; unpunctuality can cause great inconvenience to the service and distress ... [and] great hardship to the clients ...

Form 6/1/16

DOCUMENT 9

Details for Applicants for Employment in the Home Help Service

Duties The duties are those that are necessary to maintain persons comfortably in their own homes and are essential to their well-being whether elderly, sick, disabled or children. These may include all or some of the following tasks according to the individual client's needs, general care, preparation of meals, washing, shopping, and cleaning.

Essential Qualities

1. The ability to undertake the above duties without supervision.
2. To be able to adapt to whatever the situation demands or the organiser requests, eg, cleaning of dirty houses, emptying commodes, unexpected incontinence in clients.
3. Age of applicants - the minimum age is 25 years and the maximum 59 years at the time of application.
4. Applicants commitments: those with children of less than 10 years will only be considered if adequate provision has been made for their welfare during school holidays and possible sickness of child.
5. Sound health - applicants may be asked to be medically examined on appointment.

Form 6/1/17

DOCUMENT 10

Assessment Form 1: Circumstances of Client

Form 6/1/18

CITY OF SALFORD SOCIAL SERVICES DEPARTMENT – HOME HELP SERVICE

CIRCUMSTANCES OF CLIENT

NAME DATE OF BIRTH

ADDRESS
 Tel. No.

DOCTOR Tel. No.

NEXT OF KIN Tel. No.

ADDRESS
 LIVING ALONE
 OTHER MEMBERS OF HOUSEHOLD (Relationship) AGE

 INTERESTED NEIGHBOUR/RELATION K
 NAME & ADDRESS

1. RESIDENTIAL DETAILS

House ☐ Flat ☐ Bungalow ☐
 Flat (stairs) ☐ Sheltered Housing ☐
 Rooms in use. Living ☐ Bedroom ☐ Kitchen ☐ Bathroom ☐
 Toilet Upstairs/Downstairs/Outside Commode/Chemical Toilet
 Heating Distance from Shops On bus route

2. GENERAL HEALTH

.....

3. CAPABILITY

	Totally Prevented	With Difficulty	Remarks
HOUSE WORK			
SHOPPING			
COOKING			
WALKING			
BATHING			
LAUNDRY			
STAIRS			
WHEELCHAIR			

4. OTHER SERVICES RECEIVED

Meals on Wheels ☐ Laundry ☐ District Nurse ☐ Health Visitor ☐ Chiropodist ☐
 Social Worker ☐ Other ☐

DOCUMENT 11

Assessment Form 2: Abilities of Client

Form 6/1/19

ABILITIES OF CLIENT

CITY OF SALFORD SOCIAL SERVICES DEPARTMENT - HOME HELP SERVICE

NAME ADDRESS

	A	B	C	D	E
<u>EATING</u> 2	0 No problem	1 Food has to be cut or special diet is needed	2 Some help. Food cut. Unable to manipulate fork and knife - using spoon	3 Needs supervision to ensure that is eating correctly. Has to be fed for part of time and for some food	4 Having to be fed and on special diet
<u>MANUAL DEXTERITY</u> 2	0 Able to do all tasks needing use of hands	1 Needs help with fine tasks requiring precise hand movements	2 Use of one hand only. Difficulty in co-ordinating both hands but can still do some tasks, grasp, pull, lift.	3 needing a lot of help. Can only manage gross imprecise movements	4 No use of hands at all
<u>DRESSING</u> 3	0 Able to dress and maintain clothes	1 Needs some supervision to ensure properly dressed	2 Needs help with some garments (stockings, buttons, zips, collars etc.)	3 Needs quite a lot of help but can put on some garments	4 Unable to dress at all. Persistently removes, tears clothing
<u>MOBILITY</u> 4	0 Walks unaided	1 Walks without assistance but has mechanical aid or in wheelchair	2 Needs assistance for some movement	3 Can only move with assistance from place to place	4 Unable to move from place to place. Permanently in bed
<u>HEARING</u> 1	0 No problem	1 A bit hard of hearing. Misses things in conversation	2 Difficulty in hearing conversation. Can manage to hear one with effort, but not more people, T.V. radio	3 Substantial difficulty but not totally deaf	4 Totally deaf even with aid. Unable to hear others communicating
<u>SIGHT</u> 1	0 Able to see for all normal tasks	1 Unable to see for fine tasks needing visual acuity	2 Can see to move around but cannot read, sew or see T.V. much	3 Very limited vision hindering movement	4 Totally blind
<u>CLEANLINESS</u> 3	0 Washes and bathes alone	1 Needs supervision and help in and out of bath. Washes alone	2 Needs help to bath and wash adequately and high degree of supervision to ensure has done.	3 Has to be bathed but can at least partially wash. Able to wash hands and face. Body has to be washed.	4 Has to be washed and bathed.
<u>CONTINENCE</u> 4	0 No problem	1 Occasionally incontinent at night. Needs reminding. Incontinent in illness.	2 Would be incontinent if not regularly toiletted. Accidents and incontinent at night.	3 Frequently incontinent	4 Doubly incontinent at all times.
<u>MENTAL STATE</u> 5	0 Lucid. Able to make and maintain relationships.	1 Absent minded. Some relationship difficulties.	2 Memory loss. Some confusion. Problems in relating to others.	3 Presents difficulties of control and integration because of mental state but not demanding as much staff time as (4)	4 Totally confused. Unable to make or maintain relationships. Violent or bizarre behaviour continuously.

APPENDIX D

Miscellaneous

Document 1

Presented below are a series of readers' letters which appeared over a five week period in 1986 in one of the free weekly newspapers printed and distributed in Salford. The correspondence was generated as a response to the following written by the child of an elderly user of home help:

9 October 1986

UNHAPPY WITH SERVICE

SIR - I would be interested to ask your readers who have a home help for their views on the service.

My elderly mother has a home help and is very dissatisfied with the service she receives.

When a manual job like windows came up she went on the sick and told my mother her hours had been cut.

But when my mother phoned her superior to question why she was told the home help had booked full time for that week.

Another old lady on my mother's block had a home help who refused to do some of the work.

If some of these people don't want to do the work they should leave it to those who would be glad to be in work.

Name and address supplied

16 October

TUNNEL VISION?

SIR - I read with dismay the tunnel-visioned view on the home help service voiced by one of your readers.

I would say please remember that human beings come in all types and home helps are no exception.

Most of us work extremely hard and for many more hours than we are paid.

We receive our reward simply in the love and affection we are given in return.

The home help service is the support system that allows people the right to remain free and independent in their own homes for as long as possible.

The alternative for many would be an elderly person's home. And, caring places though they generally are, this is not always the best solution.

There is, after all, no place like home, even if this has to include an odd dirty window.

Barbara Milton
Half Edge Lane
Eccles

23 October 1986

READER'S VIEWS: THIS WEEK'S BIG TALKING POINT - THE HOME HELP SERVICE

VISITS ARE A TONIC

SIR - In answer to the letter headed "Unhappy with service", I have no complaints, only the highest praise for my home help.

Nothing is too much trouble for her and I look forward to her coming.

To see her cheerful smiling face is like a tonic - and that's not only the regular one but also those who have been when she's on holiday.

I consider myself lucky and I hope the people who are not happy with the service get things altered and get someone as good as mine.

FP, Salford 5
(Full name and
address supplied)

HOME HELP IS A REAL TREASURE!

In answer to the letter "Unhappy with service", I am afraid the person in question is not one of the kind of home helps I know.

Speaking from my own experience of help and kindness from these people, I find it hard to believe they refuse to do work.

In fact I find the opposite - they cannot do enough for you.

My home help is very valuable to me as I could not manage without her.

She also brightens my day when she is with me.

We must also remember the home help does jobs she is told to do - certain jobs are not allowed owing to risk of accident.

I do hope the person who wrote to you gets a home help she will treasure and look forward to her visits in the future.

(Mrs R White)

COMPLAINT IS SILLY!

SIR - I was interested to read a letter headed "Unhappy with service" in the Advertiser on October 9.

To suggest a home help went on the sick because the writer's mother's windows wanted cleaning is too silly for words.

Each week one or maybe more clients' windows need cleaning so does the home help go on the sick every week?

I am not a home help but I know they do more than they have to, many of them calling in on clients who are not well, making phone calls and going to the doctors all in their own time.

Irlam resident
(Full name and
address supplied)

13 YEARS OF CHORES

The job of the home help does not only include cleaning windows.

There's also shopping, laundry, cleaning, early morning breakfasts and late night meals, and putting to bed.

There's also the handicapped and a few of the cancer cases we look after when their own families disown them.

We don't get any protection against ailments, just an overall and a pair of rubber gloves.

We also have to empty commodes. Could the person who is dissatisfied with the service do that? I have for 13 years.

Home help
(Full name and
address supplied)

KINDNESS AND CARE

SIR - I would like to answer the letter asking for views on the home help service.

Over the last eight years my mother has had four home helps - Margaret, Betty, Frances and at the moment Dorothy. I want to state that each of these ladies couldn't have done more if they had been my mother's own daughters.

Their high standard of cleanliness, hard work and devotion to duty does credit to them and their own homes and families.

Their compassion and that of the other home helps who come to Heraldic Court is beyond any words of mine - they work beyond the call of duty.

Of my mother's home helps I can't speak highly enough - we value their friendship, their concern and their humanity.

They have all looked after her home and belongings with all the love, care and "houseproud" feelings she would have done herself if she had been able.

Mrs Carr's daughter
Heraldic Court
Salford 6

STRONG PROTEST

SIR - I am not a home help nor do I receive the service but am closely involved with many of the home helps in this area.

I must protest strongly at the remarks made in your readers letter.

Home helps are the backbone of the welfare service and without them a lot of elderly people would be unable to keep their independence and have to be admitted to homes.

Your reader is obviously unaware of the many unpleasant tasks the home helps cheerfully undertake in the course of their day's work - quite often tasks that family could be expected to carry out.

I cannot accept the instance of the homehelp who "went on the sick" when asked to do a manual job, then stated "her hours had been cut" and the supervisor's statement that "she had booked full time for the week".

Every client receiving the service signs for the actual hours the home help had been in the home, and the home help has to account for all her time.

In conclusion may I respectfully suggest that your reader, being a son/daughter and dissatisfied with the service, gives his/her own mother more support, therefore leaving the home help service with more free hours to give to the many deserving elderly people, some without families, who greatly appreciate the care they receive from their home help.

JG

30 October 1986

'I'M NOT A CLEANER'

SIR - My job as a home help is to care for people, to assist with domestic duties the client is unable to perform his or herself, assisting to wash, dress and feed clients.

My job is to perform social duties, to include talking with clients, reading and writing on a client's behalf, to support a homely atmosphere.

It is my job to inform a home help organiser of any change in a client's circumstances.

People seem to think it is a cleaning job.

Mrs D Smith
Fairhurst Drive
Little Hulton

JOB IS NO JOKE

SIR - Maybe the writer of the letter asking for views on the home help service has been unfortunate in her helper.

I have had various home helps during the past 15 years.

I have nothing but praise for them - admittedly some are better than others but on the whole they do a good job.

I have heard the other side of the coin too - not all patients are polite and they expect a full-time service done in the space of two hours.

Perhaps it is because until I became ill I too did cleaning for a living. I have an empathy for them. It's no joke having to do some of their tasks.

6 November 1986

CARING

SIR - In reply to the letter-writer criticising the home help service, ours is a caring service, caring for a large number of people whose needs vary.

Some have no families and need a special eye kept on them.

Ours is not just a cleaning service as some people think but involves shopping, cooking and taking care of the elderly person's well-being.

Most home helps take on numerous tasks (unpaid) as I am sure many clients would be quick to tell anyone who cares to inquire.

S Geraghty
New Moss Road
Cadishead

13 November 1986

SIR - I applaud the lady who had the guts to complain publicly about the Home Help service (Advertiser October 9).

That woman's mother had a genuine complaint. I have had 24 home helps over seven-and-a-half years and although I have a gem now I have had some bad experiences with them.

About two years ago a new one came and complained that my hoover was too heavy and couldn't she use a carpet sweeper instead? Carpet sweepers are for crumbs and home helps are there to do heavier jobs we can't manage!

Soon afterwards another one came on a Friday and refused to do any work! She said home helps didn't work on Friday, they just ran errands! When I said I'd check up on it she took off her coat and reluctantly started working.

There is not enough supervision over home helps - they have a tailor-made job.

Barbara Milton who wrote praising the home help service in reply to the first complaint letter is making out that home helps are all Florence Nightingales! Well, they aren't! She might think she is a Charlie's Angel but I'm certain they aren't.

If she'd like to come and talk to be about it I'd be willing to listen.

Name and address supplied

Document 2

In her book The Diaries of Jane Somers, Doris Lessing explores the relationship between a middle-aged woman, Janna Somers, and Maudie Fowler, a frail old woman living alone. The following excerpt describes the first time Janna helps Maudie to wash.

Maudie might be only skin and bones but her body doesn't have that beaten-down look, as if the flesh is sinking into the bones. She was chilly, she was sick, she was weak - but I could feel the vitality beating there: life. How strong it is, life. I had never thought that before, never felt life in that way, as I did then, washing Maudie Fowler, a fierce angry old woman. Oh, how angry: it occurred to me that all her vitality is in her anger, I must not, must not resent it or want to hit back.

Then there was the problem of her lower half, and I was waiting for guidance.

I slipped the "clean" vest on over her head, and wrapped the "clean" cardigan round her, and then saw she was sliding down the thick bunches of skirt. And then it hit me, the stench. Oh, it is no good, I can't not care. Because she had been too weak or too tired to move, she had shat her pants, shat everything.

Knickers, filthy . . . Well, I am not going on, not even to let off steam, it makes me feel sick. But I was looking at the vest and petticoats she had taken off, and they were brown and yellow with shit. Anyway. She stood there, her bottom half naked. I slid newspapers under her, so she was standing on thick wads of them. I washed and washed her, all her lower half. She had her big hands down on the table for support. When it came to her bottom she thrust it out, as a child might, and I washed all of it, creases too. Then I threw away all that water, refilled the basin, quickly put the kettles on again. I washed her private parts, and thought about that phrase for the first time: for she was suffering most terribly because this stranger was invading her privateness. And I did all her legs again, again, since the dirt had run down her legs. And I made her stand in the basin and washed her feet, yellow quarled old feet. The water was hot again over the flaring gas, and I helped her put on the "clean" bloomers. By then, having seen what was possible, they were clean to me, being just a bit dusty. And then the nice pink petticoat.

"Your face", I said. For we had not done that. "How about your hair?" The white wisps and strands lay over the yellow dirty scalp.

"It will wait", she said.

So I washed her face, carefully, on a clean bit torn off the old towel.

Then I asked her to sit down, found some scissors, cut the toenails, which was just like cutting through horn, got clean stockings on, her dress, her jersey. And as she was about to put on the outside clothes of black again, I said involuntarily "Oh, don't -" and was sorry, for she was hurt, she trembled even more, and sat silent, like a bad child. She was worn out.

I threw out the dirty water and scalded the basin, and filled a kettle to make fresh tea. I took a look out of the back: streams of sleet, with crumbs of greyish snow, the wind blowing hard - water was coming in under the kitchen door; and as for thinking of her going out into that to reach the lavatory, that freezing box - yet she had been going out, and presumably would again.

I kept saying to myself. She is over ninety and she has been living like this for years: she has survived it!

I took her more tea, and some biscuits, and left her drinking them by her big fire.

I put all the filthy outer clothes I had taken off in newspaper and folded them up and dumped them in the rubbish bin, without asking her.

And then I made a selection among the clothes from the drawers, and stripped the filthy sheets from her bed, and the pillowcases, and went out into the rain to the launderette, leaving them with the girl there to be done.

I made the place as neat as I could, put down food for the cat, who sat against Maudie's leg, being stroked. I cleared everything up. All this time Maudie sat staring into the flames, not looking at me when I looked at her, but watching me as I moved around, and when she thought I didn't know.

"Don't think I don't appreciate it," she said as I laboured on, and on. I was sweeping the floor by then, with a hand brush and pan. I couldn't find anything else. The way she said this, I couldn't interpret it. It was flat. I thought, even hopeless: she was feeling perhaps, as I had had a glimpse of, remembering myself as a child, helpless in a new way. For, very clearly, no one had ever done this kind of thing for her before.

I went back to the launderette. The Irish girl, a large competent girl with whom I had exchanged the brisk comradeship of equals when leaving the stuff, gave me the great bag of clean things and looked into my face and said, "Filth. I've never seen anything like it. Filth." She hated me.

I said, "Thanks", did not bother to explain, and left. But I was flaming with - embarrassment! Oh, how dependent I am on being admired, liked, appreciated.

I took the things back, through the sleet. I was cold and tired by then. I wanted to get home ...

But I cleared out the drawers of a large chest, put the clean things in, and told Maudie where I had put them.

Then I said, "I'll drop in tomorrow evening."

I was curious to hear what she'd say.

"I'll see you then", was what she said.

From: D Lessing (1984), The Diaries of Jane Somers, Harmondsworth, Penguin, pp59-62.

REFERENCES

- Abrams, M. (1978a) Beyond Three Score and Ten: A First Report on a Survey of the Elderly, London, Age Concern.
- (1978b) The Elderly: An Overview of Current British Social Research, NCCOP and Age Concern.
- (1980) Beyond Three Score and Ten: A Second Report on a Survey of the Elderly, London, Age Concern.
- (1981) 'Research Perspectives on Ageing' in People In Their Late Sixties: A Longitudinal Survey of Ageing. Part I: Survivors and Non-Survivors, London, Age Concern.
- Allan, G. (1979) A Sociology of Friendship and Kinship in Studies in Sociology No. 10, London, George Allen & Unwin.
- Amoss, P.T. (1981) 'Coast Salish Elders' in P.T. Amoss & S. Harrell (eds) Other Ways of Growing Old: Anthropological Perspectives, California, Stanford UP, pp. 227-48.
- & Harrell, S. (eds) (1981) Other Ways of Growing Old: Anthropological Perspectives, California, Stanford UP.
- Anderson, B. (1972) 'The Process of Deculturation - Its Dynamics Among United States Aged' in Anthropological Quarterly vol.45, no. 4, pp. 209-16.
- Arden, S. (1975), Perceiving Women, London, J.M. Pert & Sons Ltd.
- (1977) Defining Females: The Nature of Women in Society, London, Billing & Sons Ltd.
- Association of County Councils (1979) All Our Future, London, ACC.
- Audit Commission (1985) Managing Social Services for the Elderly More Effectively, London, HMSO.
- (1986) Making a Reality of Community Care, London, HMSO.
- Ballard, R. (1983) 'Racial Inequality, Ethnic Diversity and Social Policy: Applied Anthropology in Urban Britain', revised version of a paper presented at the ASA Conference, Cambridge.
- Barley, N. (1986) The Innocent Anthropologist: Notes From a Mud Hut, Harmondsworth, Penguin.
- Barker, D.L. & Allen, S. (eds) (1976) Dependence and Exploitation in Work and Marriage, London, Longman.

Barnes, J. & Connelly, N. (1978) Social Care Research, published for the Policy Studies Institute, London (Bedford Square Press).

Bayler, M.J. (1973) Mental Handicap and Community Care, London, RKP.

Bebbington, A.C. (1979) 'Changes in the Provision of Social Services to the Elderly in the Community Over Fourteen Years' in Social Policy & Administration vol. 13, no. 2, pp. 111-23.

Becker, H.S. (1986) Writing for Social Scientists: How to Start and Finish Your Thesis, Book or Article, London, Chicago UP.

Bell, C. & Roberts, H. (eds)(1984) Social Researching: Politics, Problems, Practice, London, RKP.

Bengston, V.L.J., Dowd, J.J., Smith, D.H. & Inkeles, A. (1975) 'Modernisation, Modernity and Perceptions of Ageing: A Cross-Cultural Study' in Journal of Gerontology, vol. 30, pp. 688-95.

Bennett, A. (1988) Talking Heads, London, BBC.

Bergin, T., Pearce, D.N. & Shaw, S. (eds)(1974) Salford: A City and Its Past, Manchester, City of Salford.

Bernard, J. (1971) Women and the Public Interest, Aldine, Atherton, p. 90.

Bieseke, M. & Howell, N. (1981) '"The Old People Give You Life": Ageing Among !Kung Hunter-Gatherers' in P.T. Amoss & S. Harrell (eds) op cit, pp. 77-98.

Bond, M. (1980) Women's Work in a Woman's World, unpublished MA Dissertation, Department of Applied Social Studies, Warwick University.

Bornat, J., Phillipson, C. & Ward, S. (1985) A Manifesto for Old Age, London, Pluto Press.

Bowen, E.S. (1964) Return to Laughter, New York, Doubleday.

Bowles, G. & Duelli-Klein, R. (1981) Theories of Women's Studies, London, RKP.

Brearley, P. (1979) 'Welfare Goals' in N. Dickson (ed) Living in the 80s: What Prospects for the Elderly?, Surrey, Age Concern.

Briggs, A. & Oliver, J. (eds)(1985) Caring: Experience of Looking After Disabled Relatives, London, RKP.

Briggs, J. (1970) Never in Anger, Harvard, Harvard UP.

Brody, E. (1982) The Dependent Elderly and Women's Changing Role, Mimeo, Philadelphia, Philadelphia Geriatric Centre.

Bruton, F.A. (1970) History of Manchester and Salford, Wakefield, S.R. Publisher Ltd,

Bulmer, M. (ed)(1978) Social Policy Research, London, Macmillan.

- Burgess, R.G. (ed)(1982) Field Research: A Sourcebook and Field Manual, Contemporary Social Research 4, London, George Allen & Unwin.
- Burnam, S. (ed)(1979) Fit Work For Women, London, Croom Helm.
- Butler, O. (ed)(1984) Feminist Experience in Feminist Research, Studies in Sexual Politics No. 2, Manchester, Manchester University.
- Camus, A. (1960) The Plague, Harmondsworth, Penguin.
- Carver, V. & Liddiard, P. (eds)(1978) An Ageing Population, Sevenoaks, Hodder & Stoughton (in association with The Open University Press).
- Chodorow, N. (1971) 'Being and Doing' in V. Garnick & B.K. Moran (eds) Women in Sexist Society, New York, Basic Books.
- Challis, D. and Davies, B. (1980) 'A New Approach to Community Care for the Elderly' in Brit. Jnl. of Social Work, vol. 10., pp. 1-18.
- Chambers, R. (1980) 'Personal Responsibility in Old Age' in Elderly People in the Community: Their Service Needs, London, HMSO, pp. 74-82.
- Chappell, H. (1987) 'Third Person' in The Guardian, 9 December.
- Cicourel, A.V. (1964) Method and Measurement in Sociology, New York, The Free Press.
- City of Manchester (1978) Service Sector Employment in Manchester, 1971-6, Manchester, City Planning Department.
- City of Salford (1983a) 1981 Census Report, Salford, City Technical Services Department: Planning Division for HMSO.
- (1983b) City of Salford Official Guide: 1983, Gloucester, The British Publishing Company Ltd.
- City of Salford Social Services Committee (1984) Annual Report on the Domiciliary Services Section, Salford Social Services, Crompton House, 4 December.
- Clarke, C. (1984) Intensive Home Help and Home Care Services: a Directory, London, Age Concern.
- Clarke, L. (1984) Domiciliary Services for the Elderly, London, Croom Helm.
- Cline, S. (1986) 'Discretion of Disclosure: Life, Literature, Lesbianism: A Matter of Versions' in D. Farren et al. (eds) Writing Feminist Biography, Studies in Sexual Politics Nos. 13/14, Manchester, University of Manchester, pp. 114-31.
- Colson, E. & Scudder, T. (1981) 'Old Age in Gwembe District, Zambia' in P.T. Amoss & S. Harrell (eds) op cit, pp. 125-54.
- Cowgill, D.O. & Holmes, L.D. (eds)(1972) Ageing and Modernisation, New York, Appleton-Century-Crofts.

- (1978) 'Ageing and Modernisation' in V. Carver & L. Liddiard (eds) op cit, ch. 3, pp. 28-34.
- Craig, J. (1983) 'The Growth of the Elderly Population' in Population Trends, no. 32, p. 33, fig. 5.
- Crick, M.R. (1987) Comments on Paper by M. Strathern, 'Out of Context', in Current Anthropology, vol. 28, no. 3, pp. 270-1.
- Croft, S. (1986) 'Women, Caring and the Recasting of Need - A Feminist Reappraisal' in Critical Social Policy, issue 16, vol. 6, no. 1, pp. 23-39.
- Cumming, E. and Henry, W. (1961) Growing Old: The Process of Disengagement, New York, Basic Books.
- Dalley, G. (1988) Ideologies of Caring: Rethinking Community and Collectivism, London, Macmillan Education.
- Daniels, A. (1967) 'The Low Caste Stranger in Social Research' in G. Sjöberg (ed) Ethics, Politics and Social Research, London, RKP, ch. 12, pp. 267-96.
- (1975) 'Feminist Perspectives in Sociological Research' in M. Millman & R. Moss Kanter Another Voice: Feminist Perspectives on Social Life and Social Sciences, New York, Anchor Books, pp. 346-81.
- Davies, B. (1981) 'Strategic Goals and Piecemeal Innovations: Adjusting to the New Balance of Needs and Resources' in E. Matilda Goldberg & S. Hatch (eds) A New Look at the Personal Social Services, London, Policy Studies Institute, ch. iv, pp. 46-67.
- de Beauvoir, S. (1970) Old Age, Harmondsworth, Penguin.
- Denzin, N.K. (1970) The Research Act, Chicago, Aldine.
- DHSS (1976) Priorities for Health and Personal Social Services in England (A Consultative Document), London, HMSO.
- (1977) Priorities in the Health and Social Services. The Way Forward, London, HMSO.
- (1978a) Collaboration in Community Care - A Discussion Document, London, Central Health Services Council and Personal Social Services Council, HMSO.
- (1978b) 'A Happier Old Age'. A Discussion Document on Elderly People in our Society, London, HMSO.
- (1981a) Care in Action: A Handbook of Policies and Priorities for the Health and Social Services in England, London, HMSO (Welsh Office).
- (1981b) Growing Older, London, HMSO (White Paper, Cmd. 8173).
- (1981c) Report of a Study on Community Care, London, HMSO.

- (1981d) Care in the Community: A Consultative Document on Moving Resources for Care in England, London, HMSO.
- (1982) Ageing in the United Kingdom, London, HMSO.
- (1983) Elderly People in the Community: Their Service Needs: Research Contributions to the Development of Policy and Practice, London, HMSO.
- (1988) Community Care: An Agenda for Action (The Griffiths Report), London, HMSO.
- DOE Audit Inspectorate (1983) Social Services: Provision of Care to the Elderly, London, HMSO.
- Dexter, M. & Harbert, W. (1983) The Home Help Service, London, Tavistock.
- Dickson, N. (ed)(1979) Living in the 80s: What Prospects for the Elderly?, Surrey, Age Concern.
- Dingwall, R. (1980) 'Ethics and Ethnography' in Sociological Review, vol. 28, no. 4, pp. 871-91.
- Douglas, M. & Nicod, M. (1974) 'Taking the Biscuit: the Structure of British Meals' in New Society, vol. 30, pp. 744-7.
- Durwood, L. & Morton, J. (1980) Catalogue of Developments in the Care of Old People, London, PSSC.
- Easterday, L., Papademas, D., Schorr, L. and Valenine, C. (1982) 'The Making of a Female Researcher: Role Problems in Fieldwork' in R.G. Burgess (ed), op cit, ch. 9, pp. 63-7.
- Egington, A. (1983) 'Knowing Where to Draw the Line' in Community Care, 2 June.
- Eichler, M. (1980) The Double Standard: A Feminist Critique of Feminist Social Science, London, Croom Helm.
- Elder, G. (1977) The Alienated, London, Writers and Readers Publishing Co-operative.
- Engels, F. (1958) Condition of the Working Class in England in 1844, Oxford, Blackwell.
- Equal Opportunities Commission (1980) The Experience of Caring for Elderly and Handicapped Dependents: Survey Report, Manchester, EOC.
- (1982a) Who Care For The Carers? Opportunities for Those Caring for the Elderly and Handicapped, London, EOC.
- (1982b) Caring for the Elderly and handicapped: Community Care Policies and Women's Lives, London, EOC.
- (Charlesworth, A., Wilkin, D. & Durie A.) (1984) Carers and Services: A Comparison of Men and Women Caring for Dependent Elderly People, Manchester, EOC.

- Estes, C. (1979) The Ageing Experience, San Fransisco, Josey-Bass.
- Evans, M. (ed)(1982) The Woman in Question: Readings on the Subordination of Women, Oxford, Fontana Papers.
- Evers, H. (1983) 'Elderly Women and Disadvantage: Perceptions of Daily Life and Support Relationships' in Dorothy Jerome (ed) Ageing in Modern Society, London, Croom Helm, ch. 2, pp. 25-44.
- (1985) 'The Frail Elderly Woman: Emergent Questions in Ageing and Women's Health' in E. Lewin & V. Olesen (eds) Women, Health and Healing: Toward A New Perspective, London, Tavistock, ch. 4, pp. 86-112.
- Family Policy Studies Centre (1986) An Ageing Population, Fact Sheet 2, London, FPSC.
- Farran, D., Scott, S. & Stanley, L. (eds)(1986) Writing Feminist Biography Studies in Sexual Politics Nos. 13/14, Manchester, University of Manchester.
- Fennell, G. (1986) 'Structured Dependency Revisited' in C. Phillipson, M. Bernard & P. Strong (eds) Dependency and Independency in Old Age - Theoretical Perspectives and Policy Alternatives, London, Croom Helm (in association with the British Society of Gerontology).
- Fennell, G., Phillipson, C. and Evers, H. (1988) The Sociology of Old Age, Milton Keynes, OU Press.
- Ferlie, E. (1983) Sourcebook of Initiatives in the Community Care of the Elderly, Canterbury (University of Kent), PSSRU
- Finch, J. (1984a) 'It's Great to Have Someone to Talk to - The Ethics and Politics of Interviewing Women' in C. Bell & H. Roberts (eds), op cit, ch. 4, pp. 70-87.
- (1984b) 'Community Care: Developing Non-Sexist Alternatives' in Critical Social Policy, issue 9, Spring.
- (1985) 'Social Policy and Education: Problems and Possibilities of Using Qualitative Research' in R.G. Burgess (ed) Issues in Educational Research: Qualitative Research, London, The Falmer Press.
- & Groves, D. (1982) 'By Women for Women: Caring for the Frail Elderly' in Women's Studies International Forum, vol. 5, no. 5, pp. 417-38.
- (1983) A Labour of Love: Women, Work and Caring, London, RKP.
- Fisher, D.H. (1977) Growing Old in America, New York, Oxford U P.
- Fisk, M.J. (1986) Independence and the Elderly, London, Croom Helm.
- Ford, J. and Sinclair, R. (1987) Sixty Years On: Women Talk About Old Age, London, The Women's Press.
- Fransella, F. & Frost, K. (1977) On Being A Woman, London, Tavistock.

- Friedan, B. (1963) The Feminine Mystique, London, Gollancz.
- Gamarnikow, E., Morgan, D.H.J., Purvis, J. and Taylorson, D. (1983) The Public and the Private, London, Heinemann.
- Gans, H.J. (1968) 'The Participant Observer as a Human Being: Observations on the Personal Aspects of Fieldwork' in H.S. Becker, B. Geer, D. Reisman & R.S. Weiss (eds) Institutions and the Person: Papers Presented to Everett C. Hughes, Chicago, Aldine, pp. 300-17.
- Gibberd, K. (1977) Home for Life: Residential Care. What Alternatives?, London, Age Concern.
- Goldberg, E.M. & Connelly, N. (1978) 'Reviewing Services for the Old' in Community Care, 6 December.
- (1982) The Effectiveness of Social Care for the Elderly, London, Heinemann.
- Goldberg, E.M. & Hatch, S. (1981) A New Look at the Personal Social Services, London, PSI.
- Golde, P. (ed) (1970 & 1986 (2nd edn)) Women in the Field: Anthropological Experiences, London, U. of Calif. P.
- Gowler, D. and Clarke, G. (1983) 'The Employment and Training of British Social Anthropologists', paper given to ASA Conference, Cambridge.
- Graham, H. (1983a) 'Caring: A Labour of Love' in J. Finch & D. Groves, op cit, ch. 1, pp. 13-30.
- (1983b) 'Do Her Answers Fit His Questions? Women and the Survey Method' in E. Gamarnikow et al., op cit, ch. 11, pp. 132-46.
- (1984) Women, Health and the Family, Brighton, Wheatsheaf Books Ltd.
- Greater Manchester Council (1983) Census Digest 1981. Ward Profiles: Salford, Manchester, County Planning Office.
- Green, S., Creese, X. and Kaufert, J. (1979) 'Social Support and Government Policy on Services for the Elderly' in Social Policy and Administration, vol. 13, no. 3, pp. 210-18.
- Greenall, R.L. (1974) 'The Social Conscience and the Development of Social Welfare in Salford' in T. Bergin et al., op cit, ch. 5, pp. 107-23.
- Greenwood, W. (1969) Love On The Dole: A Tale of the Two Cities, Harmondsworth, Penguin (originally published by 1933, Cape).
- Griffiths, V., Humm, M., O'Rourke, R., Batsleer, J., Poland, F. & Wise, S. (1987) Writing Feminist Biography 2: Using Life Histories Studies in Sexual Politics No. 19, Manchester, University of Manchester.
- Guemple, L. (1983) 'Growing Old In Inuit Society' in J. Sokolovsky (ed) Growing Old in Different Societies: Cross Cultural Perspectives, Belmont, Wadsworth Publishing Co.

- Gusfield, J. (1981) The Culture of Public Problems: Drinking, Driving and the Symbolic Order Chicago, U. of Chicago P.
- Haber, C. (1983) Beyond Sixty-Five: The Dilemma of Old Age in America's Past, London, Cambridge UP.
- Harrell, S. (1981) 'Growing Old in Rural Taiwan' in P.T. Amoss & S. Harrell (eds), op cit, pp. 193-210.
- Harris, A. (1968) Social Welfare for the Elderly, London, HMSO.
- (1971) Handicapped and Impaired in Great Britain, London, HMSO (UPCS Social Survey Division).
- Harris, C.C. (1983) The Family and Industrial Society, London, Allen & Unwin.
- Hedley, R. & Norman, A. (1982) Home Help: Key Issues in Service Provision, London, CPA.
- Hendricks, J. and Hendricks, C.D. (1977) Ageing in Mass Society, Cambridge, Mass, Winthrop.
- Henwood, M. (1986) 'Community Care: Policy, Practice and Prognosis' in M. Brenton & C. Ungerson (eds) The Year Book of Social Policy in Britain 1985-86, London, RKP.
- & Wicks, M. (1984) The Forgotten Army: Family Care and Elderly People, London, FPSC.
- Hiebert, P.G. (1981) 'Old Age in a South Indian Village' in P.T. Amoss & S. Harrell (eds), op cit, pp. 211-26.
- Hobman, D. (ed)(1978) The Social Challenge of Ageing, London, Croom Helm.
- Holmes, L. & Rhoads, E. (1983) 'Ageing and Change in Samoa' in J. Sokolowsky (ed), op cit, pp. 119-29.
- Home Office, DES, MHLG & MOH (1968) The Report of the Committee on Local Authority and Allied Personal Social Services (The Seeborn Committee), London, HMSO.
- Horowitz, R. (1977) 'Remaining an Outsider: Membership as a Threat to Research Rapport' in Urban Life, vol. 6, no. 3, pp. 349-69.
- Howell, N., Boldy, D. and Smith, B. (1979) Allocating the Home Help Service, London, Bedford Square Press.
- Hughes, E.C. (1984) The Sociological Eye, London, Tavistock.
- Hunt, A. (1978) The Elderly at Home: A Study of People Aged 65 and Over Living in the Community in England in 1976, London, HMSO.
- (assisted by Fox, J.) (1970) 'The Home Help Service in England and Wales'. The Government Social Survey, London, HMSO.
- Issacs, B. and Evers, H. (eds)(1984) Innovations in the Care of the Elderly, London, Croom Helm.

- Itzen, C. (1984) 'The Double Jeopardy of Ageism and Sexism: Media Images of Women' in D.I.S. Bromley (ed) Gerontology: Social and Behavioural Perspectives, London, Croom Helm.
- Jackson, A. (1987) Anthropology at Home ASA Monograph 25, London, Tavistock.
- * Jenkins, R. (1984) 'Bringing It All Back Home: An Anthropologist in Belfast' in C. Bell & H. Roberts (eds), op cit, ch. 8, pp. 147-64.
- Johnson, M. and Challis, D. (with collaboration from Power, M. & Wade, B.) (1983) 'The Realities and Potential of Community Care' in DHSS, op cit, ch. 6, pp. 93-117.
- Johnson, M.L. and Cooper, S. (1983) Informal Care and the Personal Social Services a report to the DHSS, London, HMSO.
- Johnston, M. (1978) 'That Was Your Life: A Biographical Approach to Later Life' in V. Carver & P. Liddiard (eds), op cit, ch. 4, pp. 99-113.
- Judge, K., Knapp, M., Williams, A. & Wright, A. (1983) 'Resource Implications in Community Care Options' in DHSS, ibid, ch. 9, pp. 169-93.
- Kalish, R.A. (1979) 'The New Ageism and the Failure Models: A Polemic' in The Gerontologist, vol. 19, no. 4, pp. 398-402.
- Kaplan Daniels, A. (1975) 'Feminist Perspectives in Sociological Research' in M. Millman & R. Moss Kanter (eds), Another Voice: Feminist Perspectives on Social Life and Social Science, New York, Anchor Books, ch. 12, pp. 340-80.
- Kelly, A. (1978) 'Feminism and Research' in Women's Studies International Quarterly, vol. 1, pp. 115-32.
- La Fonataine, J.S. (ed) 1978) Sex and Age as Principles of Social Differentiation Introduction, ASA Monograph 17, London, Academic Press, pp. 1-20.
- Land, H. (1975) 'The Myth of the Male Breadwinner' in New Society, vol. 9.
- (1976) 'Women: Supporters of Supported' in D.L. Barker & S. Allen (eds) Sexual Divisions and Society: Process and Change, London, Tavistock.
- (1978) 'Who Cares For The Family?' in JSP, vol. 7, no. 3.
- (1985) 'Who Still Cares For the Family? Recent Developments in Income Maintenance' in C. Ungerson (ed) Women and Social Policy: A Reader, London, Macmillan, pp. 50-62.
- and Rose, H. (1985) 'Compulsory Altruism for Some or an Altruistic Society for All?' in Bean, P., Ferris, J. and Wynes, D. (eds) In Defence of Welfare, London, Tavistock.
- Latto, S. (1980) 'Help Begins at Home, Part I' in Community Care, 24 April.
- * James, N. (1984) 'A Postscript to Nursing' in C. Bell and H. Roberts op cit. ch. 8 pp. 123-146.

- Law, M. (1980) 'Post-War Employment Changes' in H.P. White (ed) The Continuing Conurbation: Change and Development in Greater Manchester, Farnborough, Gower, ch. 3, p. 37.
- Lee, G. (1985) 'Kinship and Social Support: The Case of the United States' in Ageing and Society, vol. 5, pt. 1, pp. 19-38.
- Levy, M. (1963) 'Introduction' in Drawings of L.S. Lowry, London, Jupiter Books.
- Lewis, J. (1988) 'They Cover The Waterfront' in The Guardian, 28 March, p. 30.
- McIntosh, M. (1979) 'The Welfare State and the Needs of the Dependent Family' in S. Burnam (ed), op cit,
- MacDonald, B. with Rich, C. (1984) Look Me In The Eye: Old Women, Ageing and Ageism, London, The Women's Press.
- MacIntyre, S. (1977) 'Old Age as a Social Problem. Historical Notes on the English Experience' in R. Dingwall, C. Heath, M. Reid and M. Stacey (eds) Health Care and Health Knowledge, London, Croom Helm, pp. 39-63.
- MacLean, D. (1978) L.S. Lowry, London, Medici.
- Malinowski, B. (1953) Argonauts of the Western Pacific, London, RKP, 4th imp.
- (1967) A Diary in the Strictest Sense of the Term, London, RKP.
- Marcus, G.E. & Cushman, D. (1982) 'Ethnographies as Texts' in Annual Review of Anthropology, vol. 11, pp. 25-69.
- Marks, J. (1975) Home Help Occasional Papers on Social Administration No. 58, London, G. Bell & Sons.
- Mars, G. & Nicod, M. (1984) World of Waiters, London, George Allen & Unwin.
- Marshall, M. (1985) Social Work With Old People, London, Macmillan.
- Martin, J. & Roberts, C. (1984) Women & Employment: A Lifetime Perspective, London, HMSO (DOE/UPCS).
- Matthews, S.H. (1979) The Social World of Old Women, London, Sage.
- (1986) 'Friendship in Old Age: Biography and Circumstance' in Victor W. Marshall (ed) Later Life: The Social Psychology of Ageing, London, Sage, ch. 8, pp. 233-71.
- Mead, M. (1977) Letters From The Field, 1925-75, New York, Harper and Row.
- Means, R. & Smith, R. (1985) The Development of Welfare Services for Elderly People, London, Croom Helm.
- Millett, K. (1970) Sexual Politics, New York, Doubleday.

- Millman, M. & Moss Kanter, R. (eds)(1975) Another Voice: Feminist Perspectives on Social Life and Social Science, New York, Anchor Books.
- MOH (1962) A Hospital Plan for England and Wales, London, HMSO (cmd. 1604).
- Morgan, D. (1987). 'It Will Make a Man of You': Notes on National Service, Masculinity & Autobiography Studies in Sexual Politics No. 17, Manchester, University of Manchester.
- Morrow, A. (1983) 'Finding Solutions Together' in Community Care, 1 September, pp. 18-19.
- Marcott, A. (1982) 'On the Social Significance of the "Cooked Dinner" in South Wales Social Science Information, no. 21, vols. 4/5, pp.677-96.
- Nason, J. (1981) 'Respected Elder or Old Persons: Ageing in a Micronesian Community' in P.T. Amoss & S. Harrell (eds), op cit, pp. 155-74.
- National Council for Carers and Their Elderly Dependents (1981) Differences Between ..., London, NCCEP.
- National Institute for Social Work (1982) Social Workers: Their Role and Tasks (The Barclay Report), London, Bedford Square Press.
- Nelson, C. (1974) 'Public and Private Politics: Women in the Middle Eastern World' in American Ethnologist, November, pp. 551-63.
- Nissel, M. & Bonnerjea, L. (1982) Family Care of the Handicapped Elderly: Who Pays?, London, PSI.
- Oakley, A. (1974) Housewife, London, Allen Lane.
- (1981) 'Interviewing Women - A Contradiction in Terms' in H. Roberts (ed) Doing Feminist Research, London, RKP.
- OPCS (1983) General Household Survey, London, HMSO.
- (1983) Census 1981: 'Urban Areas', London, HMSO, p. 57, table 3.
- Okely, J. (1983) The Traveller - Gypsies, Cambridge, CUP.
- (1987) 'Fieldwork Up The M1: Policy and Political Aspects' in A. Jackson (ed), op cit, ch. 4, pp. 55-73.
- Oliver, J. (1983) 'The Caring Wife' in J. Finch & D. Groves, op cit, ch. 4, pp. 72-88.
- Pahl, J. (1980) 'Patterns of Money Management Within Marriage' in Journal of Social Policy, vol. 9, no. 3, pp. 313-35.
- Pahl, R.E. (1984) Divisions of Labour, Oxford, Basil Blackwell.

- Palmore, E. & Manton, K. (1974) 'Modernisation and the Status of the Aged: International Correlations' in Journal of Gerontology, vol. 30, no. 1, pp. 199-208.
- Papanek, H. (1964) 'The Woman Field Worker in a Purdah Society' in Human Organisation, vol. 23, pp. 160-163.
- Parker, G. (1985) With Due Care and Attention: A Review of Research on Informal Care Occasional Paper No. 2, London, FPSC.
- Parker, R. (1981) 'Tending and Social Policy' in E.M. Goldberg & S. Hatch, op cit, ch. 2, pp. 17-34.
- Peace, S. (1986) 'The Forgotten Female: Social Policy and Older Women' in A. Walker & C. Phillipson (eds) Ageing and Social Policy: A Critical Assessment, London, Gower, ch. 4, pp. 61-86.
- Phillipson, C. & Walker, A. (eds)(1986) Ageing and Social Policy: A Critical Assessment, London, Gower.
- Poland, F. (1986) 'Minding and Mothering. The Tensions Between "Work" and "Care"' in The Social Care and Research Seminar, pp. 4-21.
- Porter, M. (1983) Home, Work and Class Consciousness, Manchester, Manchester UP.
- Powdermaker, H. (1966) Strangers and Friends, New York, Doubleday.
- Reid, I. & Wormald, E. (eds)(1982) Sex Differences in Britain, London, Grant McIntyre.
- Reid, J. (1985) '"Going Up" or "Going Down": The Status of Old People in Australian Aboriginal Society' in Ageing and Society, vol. 5, pt. I, March, pp. 69-96.
- Roberts, H. (1981) Doing Feminist Research, London, RKP.
- Roberts, R. (1971) The Classic Slum: Salford Life in the First Half of the Century, Manchester, Manchester UP.
- Rosaldo, M.Z. (1974) 'Women, Culture and Society: A Theoretical Overview' in M.Z. Rosaldo & L. Lamphere (eds) Women, Culture and Society, Stanford, Stanford UP.
- Rose, A. (1965) 'The Subculture of Ageing' in A. Rose & W. Peterson (eds) Older People and Their Social World, Philadelphia, F.A. Davies.
- Rose, H. & Rose, S. (1982) 'Moving Right Out Of Welfare - And The Way Back' in Critical Social Policy, vol. 2, no. 1, pp. 7-18.
- Rowlings, C. (1981) Social Work with Elderly People, London, Allen & Unwin.
- Rowntree, B. (1947) Old People. Report of a Survey Committee on the Problems of Ageing and the Care of Old People, The Nuffield Foundation, Oxford UP.

- Royal Commission on the Law (1957) Relating to Mental Illness and Mental Deficiency, London, HMSO (cmd. 1969).
- Shahrani, M.N. (1981) 'Growing in Respect: Ageing Among The Kirghiz of Afghanistan' in P.T. Amoss & S. Harrell (eds), op cit, pp. 175-192.
- Shanas, E., Townsend, P., Wedderburn, D., Friis, M., Milhoj, P. & Stehouwer, J. (1968) Old People in Three Industrial Societies, London, RKP.
- Sharp, H.S. (1981) 'Old Age Among the Chipewyan' in P.T. Amoss & S. Harrell (eds), op cit, pp. 99-110.
- Sharpe, S. (1984) Double Identity: The Lives of Working Mothers, Harmondsworth, Penguin.
- Simic, A. (1983) 'Ageing in the United States and Yugoslavia. Contrasting Models of Intergenerational Relationships' in J. Sokolowsky (ed), op cit, pp. 82-91.
- and Myerhoff, B. (1978) 'Conclusion' in B. Myerhoff and A. Simic (eds) Life's Career Ageing - Cultural Variations in Growing Old, Beverly Hills, Sage.
- Simmons, L. (1945) The Role of the Aged in Primitive Society, New Haven, Conn., Yale UP.
- Smith, D. (1974) 'Women's Perspective as a Radical Critique of Sociology' in Sociological Quarterly, vol. 44, pp. 7-13.
- 'A Peculiar Eclipsing: Women's Exclusion from Man's Culture' in Women's Studies International Quarterly, vol. 1, pp. 281-95.
- Social Care and Research Seminar (1986) On Researching the Topic of 'Care' Studies in Sexual Politics No. 11, Manchester, University of Manchester.
- Sokolowsky, J. (ed)(1983) Growing Old in Different Societies: Cross Cultural Perspectives, Belmont, Wadsworth Publishing Company.
- Solomon, D.N. (1968) 'Sociological Perspectives on Occupations' in H.S. Becker et al., op cit, Chicago, Adline Publishing Co.
- Sontag, S. (1978) 'The Double Standard of Ageing' in V. Carver and P. Liddiard (eds), op cit, ch. 10, pp. 72-81.
- Spender, D. (ed)(1981) Men's Studies Modified: The Impact of Feminism on the Academic Disciplines, Oxford, Permacon Press.
- Stacey, J. & Thorne, B. (1985) 'The Missing Feminist Revolution in Sociology' in Social Problems, vol. 32, no. 4, April.
- Stacey, M. (1981) 'The Division of Labour Revisited, or Overcoming the Two Adams' in P. Abrams, R. Deem, J. Finch & P. Rock Practice and Progress: British Sociology 1950-1980, London, Allen & Unwin.
- Stanley, L. (1986) 'A Referral Was Made : Behind The Scenes During the Creation of a Social Services Department Statistic' in The Social Care and Research Seminar, pp. 35-49.

- Stanley, L. & Wise, S. (1983) Breaking Out: Feminist Consciousness and Feminist Research, London, RKP.
- Stevenson, G. (1976) 'Social Relations of Production and Consumption in the Human Service Occupations' in Monthly Review, vol. 28, no. 3, pp. 78-87.
- Stevenson, O. (1977) Ageing: A Professional Perspective, Surrey, Age Concern.
- (1982) 'Social Trends in Care for the Elderly' in F. Glendenning (ed) Care in the Community: Recent Research and Current Projects, Keele, The Beth Johnson Foundation in association with the Department of Adult Education, University of Keele and Age Concern.
- Strathern, M. (1987a) 'Out of Context: The Persuasive Fictions of Anthropology' in Current Anthropology, vol. 28, no. 3, June, pp. 251-81.
- (1987b) 'The Limits of Auto-Anthropology' in A. Jackson (ed), op cit, ch. 2, pp. 16-38.
- Sumner, G. & Smith, R. (1969) Planning Local Authority Services for the Elderly, London, Allen & Unwin.
- Tambiah, S.J. (1985) 'An Anthropologists' Manifesto for the Eighties' paper given to ASA Conference, Cambridge.
- Taylor, R. (1985) 'Studying the Elderly Cross-Culturally' in Ageing and Society, vol. 5, pt. 2, pp. 207-22.
- Teski, M. (1983) 'The Evolution of Ageing, Ecology and the Elderly in the Modern World' in J. Sokolowsky (ed), op cit, pp. 14-23.
- Thornton, R.J. (1985) 'Malinowski and Imagination' in Anthropology Today, vol. 1, no. 5, pp. 7-14.
- Tinker, A. (1981 & 1984a (2nd edn)) The Elderly in Modern Society, Essex, Longman.
- (1984b) Staying at Home: Helping Elderly People, London, HMSO.
- Titmuss, R. (1968) 'Community Care: Fact or Fiction' in R.T. Titmuss Commitment to Welfare, London, George Allen & Unwin.
- Townsend, P. (1963) The Family Life of Old People, London, RKP.
- (1964) The Last Refuge, London, RKP.
- (1981) 'The Structural Dependency of the Elderly: The Creation of Social Policy in the Twentieth Century' in Ageing and Society, vol. -, no. 1, pp. 5-28.
- (1986) 'Ageism and Social Policy' in C. Phillipson & A. Walker (eds), op cit, ch. 2, pp. 15-44.
- & Wedderburn, D. (1965) The Aged in the Welfare State, London, G. Bell & Sons Ltd.

- Tunstall, J. (1966) Old and Alone, London, RKP.
- Twigg, J. (1986) The Interface Between NHS and SSD: Home Helps, District Nurses and the Issue of Personal Care, University of Kent, PSSRU.
- Ungerson, C. (1983a) 'Women and Caring: Skills, Tasks and Taboos' in Gamarnikow et al., op cit, ch. 6, pp. 62-77.
- (1983b) 'Why Do Women Care?' in J. Finch & D. Groves (eds), op cit, pp.
- (1985) 'Paid Work and Unpaid Caring: A Problem for Women or the State?' in P. Close & R. Collins (eds) Family and Economy in Modern Society, Basingstoke, Macmillan.
- (1987) Policy is Personal: Sex, Gender and Informal Care, London, Tavistock.
- Vischer, A.L. (1978) 'On Growing Old' in V. Carver and P. Liddiard (eds), op cit, ch. 13, pp. 94-98.
- Walker, A. (1980) 'The Social Creation of Poverty and Dependency in Old Age' Journal of Social Policy, vol. 9, no. 1, pp. 49-75.
- (1982a) 'Dependency and Old Age' Social Policy and Administration, vol. 16, no. 2, pp. 115-35.
- (1982b) Community Care, Oxford, Basil Blackwell & Martin Robertson.
- (1983a) 'Care for Elderly People: A Conflict Between Women and the State' in J. Finch & D. Groves (eds), op cit, pp. 106-28.
- (1983b) 'A Caring Community' in H. Glennerster (ed) The Future of the Welfare State, London, Heinemann.
- (1983c) 'Social Policy and Elderly People in Great Britain: The Construction of Dependent Social and Economic Status in Old Age' in A. Guillemard (ed) Old Age and the Welfare State, Beverly Hills, Sage.
- (1985a) The Care Gap: How Can Local Authorities Meet the Needs of the Elderly?, London, Local Government Information Unit.
- (1985b) 'From Charring to Caring' in The Guardian, 2 October.
- Warren C. A.T.S. & Rasmussen, P. (1977) 'Sex and Gender in Field Research' in Urban Life, vol. 6, no. 3, pp. 349-69.
- Warrington, P. (1985) The Salford Enterprise Zone, Salford, Community Resources Education Project.
- Weil, S. (in collaboration with M. Weil) (1987) 'Anthropology Becomes Home ; Home Becomes Anthropology' in A. Jackson (ed) Anthropology at Home ASA Monograph 25, London, Tavistock.
- Wenger, C. (1984) The Supportive Network: Coping With Old Age Social Services Library No. 46, London, George Allen & Unwin.

- (1985) 'Care in the Community: Changes in Dependency and Use of Domiciliary Services - A Longitudinal Perspective' in Ageing and Society, vol. 5, pt. 2, pp. 143-60.
- White, H.P. (ed)(1980) The Continuing Conurbation: Change and Development in Greater Manchester, Farnborough, Gower.
- Whyte, W. (1955) Street Corner Society, Chicago, U. of Chicago P.
- Williams, A. (1987) 'Reading Feminism in Fieldnotes' in Feminist Research Process Studies in Sexual Politics No. 16, Manchester, University of Manchester, pp. 100-109.
- Williamson, J., Stoke, I.H., Gray, S., Fisher, M., Smith, A., McGhee, A. and Stephenson, E. (1978) 'Old People at Home: Their Unreported Needs' in V. Carver and P. Liddiard (eds), op cit, ch. 17, pp. 128-40.
- Willmott, P. (1986) Social Networks, Informal Care and Public Policy, London, PSI.
- Wise, S. (1986) 'Social Services Research: A View From a Feminist Practitioner' in The Social Care and Research Seminar, pp. 58-71.
- (1987) 'A Framework for Discussing Ethical Issues in Feminist Research: A Review of the Literature' in Griffiths et al., op cit, pp. 47-88.
- Woolf, V. (1984) A Room of One's Own, London, Granada.
- World Health Organisation (1980) International Classification of Impairments, Disabilities and Handicaps, Geneva, WHO.
- Wright, F. (1986) Left Home to Care, London, Gower.
- Ziman, J. (1987) 'Late Completion of PhDs' in ESRC The Social Science PhD: The ESRC Inquiry on Submission Rates, London, ESRC, pp. 179-94.