Feasibility study for a survey of privately-funded admissions to residential and nursing homes. Final report

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May 1999

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1. Introduction

1.1 Background

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

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

- the characteristics of a sample of over 2,500 local authority-funded residents admitted in the autumn and winter of 1995/6;
- mortality, location and dependency of these admissions over time; and
- the characteristics of the current population of homes in a cross-sectional survey of over 600 residential and nursing homes in the autumn of 1996.

The PSSRU studies were designed to collect data on a comparable basis to data collected in the General Household Survey (GHS). These studies are described in section 2.2 below.

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

- financial assets, income and benefit receipt of elderly people in private households (FRS);
- informal care support of elderly people in private households (FRS);
- financial assets, income and some information about benefit receipt of people who on admission are funded or partially funded by local authorities with known initial levels of contribution towards fees (DH-funded studies);
- dependency characteristics of local authority-funded admissions and all types of funded resident in residential and nursing homes (DH-funded studies);

- cost of local authority provision and fees of independent providers which will be linked to characteristics of residents, characteristics of homes and market-related factors (DH-funded studies); and
- mortality and length of stay data about local authority-funded residents which will be linked to characteristics on admission (DH-funded studies).

However there are important gaps. There is no information about receipt of non-means tested benefits (Disability Living Allowance (DLA) and Attendance Allowance (AA)) prior to and after admission to residential care. The results of the DH-funded studies to date suggest that a proportion of privately-funded residents are less dependent than publicly-funded residents on admission[1]. This raises the issue of the extent to which this is occurring and whether such residents are admitted through choice or lack of access to appropriate alternatives[2]. This is important from a public funding perspective because if residents who could have been living in private households are being admitted to residential care they are likely to live longer in care and be more likely to run out of assets. For all privately-funded admissions the circumstances of admission, their financial resources, their access to services and to informal care will affect the decision to enter care. These factors, together with the type of home that they decide to enter, the price agreed, and their expected length of stay, could have important future financial implications for public funding. Moreover, a recent small-scale qualitative study[3] suggested that rules about the capital limits to savings are often misunderstood, resulting in the savings of people in care homes continuing to be used to meet care costs well below the £16,000 limit. This suggests that the current observed levels of spend-down are below the levels that should prevail.

1.2 Areas in need of investigation

The objectives of the proposed survey are:

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

[1] Netten, A., Bebbington, A., Darton, R., Forder, J. and Miles, K. (1998) *Cross-Sectional Survey of Residential and Nursing Homes for Elderly People: Final Report*, PSSRU Discussion Paper 1423.
[2] A study currently being conducted, funded by the OFT, should throw some light on this issue but is not including information about the dependency levels of residents or level of financial assets.
[3] Wright, F. (1998) The effect on carers of a frail older person's admission to a care home. JRF Findings, April 1998, No. 478.

The aims of the feasibility survey were:

- to identify the data that needs to be collected;
- to establish an appropriate methodology or options for collecting data;
- to identify the size of the sample required;
- to cost the different options; and
- to identify the time scale associated with each option.

The following sections describe the findings of activities undertaken as part of the feasibility study and the proposed methodologies in the light of these findings. The costs and timing of each option are discussed in a separate, confidential paper.

2. Results

The activities undertaken during the study period were:

- interviewing home managers, residents and relatives for a range of homes in England and Scotland;
- analysing data from DH-funded surveys; and
- analysing data from the Family Resources Survey (FRS).

2.1 Fieldwork

The fieldwork for the feasibility study took place in May 1998. Interviews and discussions were held with staff in a cross-section of 12 homes. The homes varied in size and included private and voluntary and residential and nursing homes. They were located in London, Nottinghamshire, Devon and Glasgow. The sample in England was drawn from homes that had agreed to be contacted in future during the PSSRU survey but that were in areas that were unlikely to be contacted as part of the ongoing longitudinal survey. The Scottish homes were drawn from the Laing and Buisson database. Interviews were attempted with a number of privately-funded residents (or their relatives) who had been admitted within approximately the last three months.

Initial recruitment of homes over the telephone was the most difficult part. Details from the databases, especially for the Scottish homes, seemed quite out of date: several of the homes had closed down; several telephone numbers were incorrect; and home managers had moved. It sometimes took several attempts and many days to contact the relevant person. Once contacted there was a need to convince managers that we were bona fide researchers. Managers could not always remember the detail of when the last few privately-funded residents were admitted. Possibly one out of five homes met the initial criterion of having admitted a privately-funded resident in the last six weeks to two months.

Following receipt of a letter and face-to-face contact, the level of co-operation increased in such a way that the interviews were able to run smoothly. The majority of managers were able to give most of the information we were looking for. In larger homes, respondents tended to either be care managers, who tended to know less about the admissions practices, or the administrative managers, who were less likely to know about the details of care for

residents. Willingness was only a problem when we suggested talking to the residents or asked managers questions which family members would be better placed to answer. In the smaller homes, respondents needed more coaxing as they tended to be more protective of their homes. It was important to make the respondent feel that we had taken due care and action in the issues of confidentiality and sensitivity.

Homes could regularly provide certain information, for example, last known domestic address, what sorts of services the residents had in their home, etc. Home managers were especially concerned to collect information relevant to the day-to-day care needs of residents, for example regarding their levels of dependency and the events which precipitated them coming into a home. However, they might not know how often they received services or what they paid for the service. Among the smaller homes the documentation was much more rudimentary. Smaller homes tended to have smaller catchment areas and hence they tended to already know quite a lot about residents before they came into the home, even though this information was not always written down and kept in files. For example, managers of the smaller homes tended not to have to refer to case notes about residents as they tended to store the information in their own heads. Managers of larger homes were much more explicit and consistent in their information needs, devising quite long forms and precise record keeping devices.

Approximately half of the residents who were eligible to be interviewed were capable of being interviewed. However, only three out of the 10 residents interviewed could give any information about the value of their property. None of the residents knew how much they were paying on a weekly or monthly basis to stay in the home. None of the residents knew about their savings. There was a tendency for residents to apologise because they could not remember things. This meant that the interview went from being a friendly chat for the resident to potentially feeling more of an imposition. Residents also got confused about the chronological ordering of events and the timing of events such as when they had moved house or when they had moved into the home. This meant that the information gleaned from interviews with residents might need to be corroborated by another person, usually a family member.

In some instances home managers could act as proxies for relatives. They might be able to provide the types of information required but it might be at a more superficial level than a relative or carer might be able to provide. For example, they might know that a resident had sufficient savings that they had to pay for their own care, but they might only tentatively know how much savings a resident might have. Alternatively, a residential home might have learned from the resident that they had three bedrooms in their last domestic home, but this might not necessarily be true. To an extent, homes are relying on others to provide them with information about residents' lives before they come into the home; relatives or carers are more likely to have been there with the resident and know the truth about the resident's situation.

Key findings were:

- There could be more than one relevant manager/respondent in a home (e.g. the care manager, the social worker, and the administrative home manager).
- Many different ways of recording health needs and capabilities of residents exist but all homes kept an admissions 'book' in some form even if it was just an A4 card, making it

possible to chart which residents had come, and which residents had left, in the previous six months.
- All homes kept information on the resident's previous domestic address, or felt that they could get this from a relative.
- Managers often felt it necessary to contact or check with families as part of the gathering of information.
- A number of managers felt they needed to ask families before giving us names and addresses so that we could write to the family.
- Most pieces of information requested are available either through the home or through a relative.
- The main area of difficulty is in asking about the financial assets which may, at best, only be possible in general terms from relatives. Home managers say that they don't pry into people's finances - any information given is given voluntarily. Residents say that they can't remember this kind of information. Relatives may give this type of information but will only give it in vague terms and even then very hesitantly. There may also be a negative correlation between readiness to give information about savings and the level of savings.
- Family/relatives tended to be in frequent contact with the homes.
- The families were the most appropriate respondents for a number of questions, including financial information, services in the home prior to admission and how the home was selected.
- Several family members may be involved with the care and financing of the resident and so it may not be sufficient to contact a single family member.
- Families would need to be contacted personally, either over the phone, or in person to gain co-operation for a self-completion form.

While the fieldwork identified a broad approach that would be feasible to administer for a full-scale survey, a number of issues will need to be resolved if such a survey is commissioned. These include:

- the integration of methodologies, that is, deciding in detail on the role of letters, phone calls, face to face visits, reminders and self-completion documents and the order in which they occur;
- the approach to getting information from families when more than one family member is involved;
- the burden on the home manager if they have to do a face-to-face interview and complete several forms for a number of privately-funded residents; and
- at what point to inform home managers that we may wish to speak to relatives of current residents, i.e. at the initial telephone screening or in a follow-up letter.

2.2 Analyses of DH-funded surveys

The PSSRU began a study of residential and nursing home care for elderly people in 1995, which was designed to provide profiles of both new (publicly-funded) admissions to homes and existing (publicly- and privately-funded) residents. The study was funded by the Department of Health and includes a longitudinal survey of 2,500 elderly people admitted to permanent residential and nursing homes care with local authority financial support during the autumn of 1995, and a cross-sectional survey of 672 residential and nursing homes for

elderly people conducted in the autumn of 1996. Information was collected about just under 12,000 residents in 617 of the homes in the cross-sectional survey. Follow-ups to the longitudinal survey have been conducted at six, 18 and 30 months after admission, and a further follow-up is planned for 42 months after admission.

Analyses of the data from the admissions survey and follow-ups and from the cross-sectional survey have been undertaken to examine:

- implications for design in establishing expected length of stay;
- what is known to date about the characteristics of spend-down cases; and
- issues for consideration in the design of the sampling frame.

Length of stay
Given appropriate information about the characteristics of self-funders on admission it should be possible to estimate the distribution of the expected length of stay of self-funders from analyses of data collected in the DH-funded survey of local authority-funded admissions. Although privately-funded residents tended to be less dependent than publicly-funded residents, as shown in tables 2.2.1 and 2.2.2[4], the overlap in the distributions indicates that reweighting would achieve adequate comparability in the analyses of length of stay. The ONS system for flagging deaths, which is being employed for the 1995 PSSRU admissions survey, could be considered as an additional means of checking comparability. Changes in dependency recorded between the admissions survey and the six month follow-up (see table 2.2.3) suggested that the level of dependency on admission may not be an adequate predictor of survival, and that a follow-up of changes in dependency should be considered.

Spend-down cases
As shown in table 2.2.4, spend-down cases had longer lengths of stay than publicly-funded or privately-funded residents, and they had intermediate levels of physical dependency. However, a higher proportion of spend-down cases were not cognitively impaired.

Sampling
The distributions of homes by size, shown in table 2.2.5, indicate that relatively small private residential homes would have to be included in the sample, although the exclusion of the smallest homes, with fewer than 10 places, would only result in the loss of 8 per cent of private residential homes. Adjusting for the relative proportions of different types of home, approximately 50 per cent of privately-funded residents appear to be accommodated in private residential homes (see table 2.2.6). Overall, less than 3 per cent of privately-funded residents are accommodated in homes with fewer than 10 places. However, as shown in table 2.2.7, privately-funded residents were more likely to be living in smaller private residential homes, and so this would counteract the smaller number of expected admissions to these homes.

Table 2.2.8 presents information on the ownership of homes included in the cross-sectional survey. Only a minority of homes had been owned for under two years, and so few problems are likely to arise from a loss of information during a change in ownership. Chains of homes

[4] It was interesting to note that this result was confirmed by home managers in the homes contacted during the fieldwork who felt that privately-funded residents were admitted at a lower level of dependency than publicly-funded residents.

are more prevalent in the voluntary residential, dual registered and nursing home categories, and it is likely that such homes are larger than homes run by smaller organisations.
The information on turnover shown in table 2.2.9 indicates that a long fieldwork period would be necessary to produce sufficient admissions. (Homes which reported admission rates in excess of 100 per cent of places per year have been excluded.) A design involving a retrospective component of six months, for which data compatible with the FRS would be collected, and a prospective component of six months, during which more detailed information would be collected, may provide a sufficiently large sample for comparisons with the FRS, as well as sufficient more detailed information on dependency on admission, which could not be collected retrospectively. The individuals included in the six month retrospective period could be followed up six months after admission and, with an extension of the fieldwork period, the prospective period sample could also be followed up. In addition, the collection of data for a period of a year would counteract seasonal variations. Table 2.2.10 presents information on occupancy and turnover by size of home[5] for the purpose of estimating sample sizes (see section 3.2).

2.3 FRS analyses

Analyses were conducted of 1995/6 FRS data on single people aged 75 years and over, a sample of 2,517. This group was chosen as a proxy for privately-funded residents, as most such residents are very elderly and probably single, divorced or widowed. The exclusion of married people from the analyses had the added advantages that issues about the intra-household division of income and assets did not have to be addressed.

The analyses concentrated on three variables: financial assets, housing assets and income. The assets variable used provided detailed information on asset values up to £20,000. Council tax band was used as a proxy for housing asset values. The income variable used related to gross income excluding housing benefit (HB), council tax benefit (CTB), and attendance allowance/disability living allowance. These benefits were excluded, as the aim was to concentrate on those aspects of income that a person would retain if admitted to residential care and that would be likely to be related to their social circumstances rather than their health state.

Fifty-three per cent of the sample of single people aged 75 and over were owner-occupiers (including those with a mortgage) and 47 per cent were tenants. The owner-occupiers were less likely than the tenants to have financial assets of under £5,000 (57 per cent as against 85 per cent) and more likely to have assets of £20,000 or more (21 per cent as against 5 per cent). Among owners, asset values varied by council tax band. Whereas 70 per cent of those in band A had assets of under £5,000, only 35 per cent of those in bands F to H had assets of under £5,000. Whereas 11 per cent of those in band A had assets of £20,000 or more, 44 per cent of those in bands F to H had assets of £20,000 or more. A multivariate analysis of financial assets would have been problematic, as the asset variable was not strictly continuous.

[5] The figures shown in table 2.2.9 differ slightly from the corresponding figures for all sizes of home shown in table 2.2.10 because, for each type of home, the information shown in table 2.2.10 was based on the same cases, whereas the figures presented in table 2.2.9 were computed separately.

Multivariate analysis was undertaken of gross income (excluding HB, CTB and AA/DLA). The dependant variable was log income. The independent variables were age, gender, marital status (whether divorced), housing tenure, council tax band, age left full-time education, years worked (with a part-time year counted as a half full-time year), and years worked squared. Gender, marital status, housing tenure, council tax band, and age left full-time education were all statistically significant (at 5 per cent level). Age was not significant (at 5 per cent level) nor was years worked. The analysis explained 20 per cent of the variance in log income.

These analyses suggest that information on gender, marital status, housing tenure, council tax band and age left full-time education would be valuable as a broad proxy for information on income and assets. They would not allow income and assets to be predicted with accuracy but would give a broad indication of the likely range.

3. Proposed Design

3.1 Overall methodology

From the fieldwork it became clear that residents themselves were rarely clear about their financial circumstances on admission, and so any information gathered from this source was likely to need to be verified. Often nobody at the care home knew anything about a resident's finances. The most reliable and informed source was the relatives who were usually very involved in the decision making. Some information was regularly available at homes about all admissions:

- the date of admission;
- age and gender;
- marital status;
- next of kin;
- source of admission; and
- previous home address.

The previous home address is of particular significance as it allows information to be obtained about the council tax banding of the dwelling. This can be linked with information in the FRS about expected levels of income and assets. This link can be investigated by more detailed information collected from a sample of relatives.

In order to make the best use of the potential sources of admission and to reduce the number of homes that need to be approached it is proposed that the following approach is adopted:

1. Home managers or administrators are interviewed about the characteristics of the home and overall receipt of AA and DLA.
2. Homes provide information about the above basic characteristics on all privately-funded admissions, together with weekly fee paid and type of room (shared or single), during the previous six months.
3. This information, together with dependency information comparable to the DH-funded surveys is collected on all subsequent privately-funded admissions for a six month period. Together this allows a full year's worth of admissions to be gained from each home, maximising the numbers and avoiding any seasonal effects.

4. A key relative of all the admissions who are alive at the time of the initial approach to homes and those who are alive six weeks after admission are approached to be interviewed.
5. The interview with the relative will focus on the decision making and care aspects of the admission with a form, which could be self-completed, requesting information about financial assets. If necessary this could be sent on to the relative who is more familiar with the financial circumstances on admission.
6. Home managers complete the dependency questionnaire as close as possible to six months after admission for all privately-funded admissions. For all those who died during the period date of death and for those that left, where they went and date that they left.
7. In Scotland, where we do not have information about publicly-funded admissions, information about publicly-funded admissions is also collected from the home. This would allow a check of the public/private comparison in Scotland. Relatives of publicly-funded admissions are not approached.

This should allow the following datasets to be established:

- data about proportions of residents receiving AA and DLA in all homes;
- basic data about source of admission, type of household, council tax band, and personal characteristics for the full sample of residents;
- information about dependency at admission for half the sample of residents;
- information about dependency six months after admission for all survivors; and
- detailed information about income, financial assets, informal support, contractual arrangements and decision making processes for those who have relatives who responded.

The detailed data requirements are shown in Appendix A.

It is proposed that a dataset which reports on the results of the retrospective sample is analysed during the study to provide an interim picture of the results. This should include about half the overall resident sample and slightly less than half of those where information about relatives are available. While predictions about length of stay would not be possible it would allow:

- a general description of the homes (including the proportions of residents receiving AA and DLA) to be identified before the end of the survey period;
- initial results about council tax bands and an indication of the response rate to questions about financial assets; and
- initial investigation of any questions of particular policy interest at that stage.

We consider that the methodology described above is both feasible and, given a sufficiently large sample, should allow the areas in need of investigation that were identified in section 1 to be addressed.

If additional funding were sought, another area of analysis that might be of interest is the degree to which people move around the country, in particular out of London, when they are choosing the home. This would not require any additional questions to be asked but would require further analysis.

3.2 Sample

One aim of the survey is to enable the characteristics of privately-funded residents to be compared with those of elderly people in private households. A suitable comparator data set would be the FRS sample of single people aged 75 years and over, a sample of around 2,500 individuals. It is assumed that the new survey would have an achieved sample of around 1,000, with around 500 residential care and around 500 nursing home care admissions.

If a proportion, p_1, of this FRS subsample had the characteristics under consideration, e.g. owner-occupation, the variance of the estimate p_1 would be at most 0.0001 (0.5*0.5/2500). If a proportion, p_2, of the new survey sample had the characteristics under consideration, the variance of the estimate p_2 would be at most 0.00025 (0.5*0.5/1000). The variance of the difference between p_1 and p_2 would thus be 0.00035 and the standard error 0.0178. This means that the 5 per cent confidence intervals for the difference between p_1 and p_2 would be +/- 0.0375. This does not allow for the design effect in either the FRS or the new survey but assumes they are both simple random samples. In practice, the variances, standard errors and confidence intervals would be larger.

Around 53 per cent of the 1995/6 FRS subsample of single elderly people aged 75 and over were owner-occupiers. The percentage of owner-occupiers among the new survey would need to lie outside the range 49 per cent to 57 per cent if the privately-funded admissions were to have a significantly different tenure rate from single very elderly people in private households. If the residential care and nursing home care subsamples were separately compared with the FRS subsample, the percentage of owner-occupiers would need to lie outside the range 48 per cent to 58 per cent if the privately-funded admissions to residential homes (or to nursing homes) were to have a significantly different tenure rate from single very elderly people in private households.

We are also interested in whether privately-funded admissions differ significantly from publicly-funded residents in terms of length of stay. The comparison is with the DH-funded survey of publicly-funded admissions, where again the sample size is 2,500. The study design means that we will have information about the proportion who die or leave shortly after admission for 1,000 admissions and for the survivors information about levels of dependency six months after admission. In addition we will have information about dependency on admission for approximately 500 residents. (For a sample of 500, the width of the confidence interval would be increased by a factor of 1.4, compared with that for a sample of 1000, i.e., a confidence interval of 48-58 per cent for a sample of 1000 would be increased to an interval of 46-60 per cent for a sample of 500.)

On this basis it would appear that an achieved sample of 1,000 would be adequate to meet the aims of the survey. Table 3.1[6] shows the likely numbers of homes that would need to be approached in order to achieve a sample of 1,000 residents. Although this assumes that a number of admissions will be achieved per home, the problem of clustering associated with homes that will reduce the effective sample size is likely to be limited. The problem is only likely to arise in larger homes and given the current situation in the residential and nursing home market it is unlikely that homes will be unduly selective.

[6] Two decimal places were retained for the figures for home size and turnover in table 3.1, but otherwise these figures correspond to those shown in table 2.2.10.

Appendix A: Data requirements

1. Home manager/administrator/social worker

(a) Home characteristics

Information as in cross-sectional home-level data

- current sector and care type and recent changes in status
- size, occupancy
- home background (ex local authority; how long have managers been running)
- part of chain/single home, size of chain
- facilities (en-suite etc.)
- type of care provided (specialities)
- services provided and who pays for what (physiotherapy, hairdressing etc.)
- trips and outings frequency
- whether on the local authority approved list
- fee setting information (what is included/excluded; contracting; relationship with local authority)
- admission/discharge rates over previous year

Other home-level information

- catchment area
- % of residents publicly funded
- % receiving AA
- % receiving DLA

(b) For each privately-funded admission during previous 6 months

Information as in PSSRU surveys

- age and gender
- source of admission
- charge
- single/shared bedroom

On the same basis as FRS

- for last domestic household:
  - address (obviously not in FRS)
  - tenure
  - type of dwelling
  - number of bedrooms
  - structure of household (single person, living with spouse, living with children etc.)
- marital status

Other
- date of admission
- date of discharge/death (if relevant)
- next of kin relationship (son/daughter/spouse etc.)
- family structure
- who organised admission (son/daughter/spouse/solicitor/local authority SSD etc.)
- who deals with financial affairs (son/daughter/spouse/solicitor/local authority SSD etc.)
- who looks after pension/bank/building society/post office account/cheque book/cash card/personal expenses/allowance

(c) For each privately-funded admission during subsequent 6 months

All information for those admitted during previous 6 months plus (as in PSSRU admissions survey)
- dependency on admission
- medical conditions/diagnoses

2. Relative/Proxy

Process of admission/care history
- receipt of services and informal help
- events (e.g. fall, bereavement)
- hospital admissions: length of stay, reason for admission
- sense of choice/alternatives open to them (types of home; community)
- reason for admission
- who made the decision about
  (i) residential-based care
  (ii) specific home
- process by which fee agreed

What looking for in residential care
- how many homes considered
- main reason for deciding on (chosen home)
- main thing that put residents off (home liked least)
- how information obtained (viewing/leaflet/brochure)
- whether had any choice
- location
- sector/home type
- price
- atmosphere/staff attitudes
- professional care
- company/friends/relatives
- services/facilities provided (single room/en-suite/activities)
- safety
- underlying requirements: privacy,…..

Personal information about resident

- marital status
- years in full-time and years in part-time employment
- age of leaving full-time education (definition?)
- educational attainment (no qualifications, O-levels, A-levels, matriculation, first degree or equivalent)
- occupation during employment years: professional/management, other white collar, skilled manual, other manual, other work
- spouse's occupation (?)
- family structure and location
- nationality
- ethnic origin

Housing history prior to admission

- moves post-retirement
- for each of last 3 dwellings (?):
  - geographical location
  - type of dwelling (flat, semi etc.)
  - number of bedrooms
  - tenure
- for last dwelling:
  - geographical location
  - type of dwelling (flat, detached, semi etc.)
  - number of rooms excluding bathrooms and toilets
  - council tax band
  - tenure (owned outright, owned with mortgage, rented)
  - if owner-occupied, who owned the property (resident, resident jointly with spouse, resident's son/daughter/other relative)
  - if owned, has property been sold or selling; if so, sale price (original purchase price if not selling)
  - number of people in household/head of household

Income and wealth (at the time of admission)

- savings (types and overall level)
- other (not original home) properties
- total value of assets excluding property (under £16,000, £16,000 - under £20,000, £20,000 - under £40,000, £40,000 - under £60,000, etc.)
- sources of income (state pension; occupational pension(s); disability benefits; income support; annuity income; other investment income; other)
- level of income (under £100 pw, £100-£150, £150-£200, etc.)

Table 2.2.1: Cumulative Percentage Distribution of Barthel Index of ADL by Length of Stay and Type of Funding (Permanent Residents Aged 65 and over, Weighted)

Barthel Index of ADL	*6 weeks or less*		*3 months or less*	
	Public	*Private*	*Public*	*Private*
Score 0 (maximum)	5.3	2.7	3.9	2.8
1	9.4	4.5	8.4	3.6
2	12.9	5.4	13.5	5.6
3	17.9	7.1	17.5	6.5
4	23.2	12.5	23.3	10.1
5	27.9	17.9	26.9	12.5
6	33.5	21.4	32.8	17.3
7	37.4	32.1	37.0	23.8
8	45.6	34.8	44.0	27.0
9	51.2	37.5	47.6	31.9
10	54.4	43.8	51.7	39.9
11	61.2	45.5	56.3	40.7
12	65.0	48.2	60.3	44.0
13	68.2	52.7	63.4	48.4
14	70.9	56.3	67.4	54.4
15	73.2	64.3	70.9	58.9
16	78.8	72.3	74.5	65.7
17	83.8	74.1	81.0	71.0
18	89.7	81.3	86.9	81.9
19	95.0	89.3	95.6	93.1
20 (minimum)	100.0	100.0	100.0	100.0
Number of residents (unweighted)	213	77	464	159

Source: PSSRU Cross-Sectional Survey of Residential and Nursing Homes, 1996.

Table 2.2.2: Cumulative Percentage Distribution of MDS Cognitive Performance Scale by Length of Stay and Type of Funding (Permanent Residents Aged 65 and over, Weighted)

MDS CPS	*6 weeks or less*		*3 months or less*	
	Public	*Private*	*Public*	*Private*
Very severe impairment	3.8	0.0	3.2	1.2
Severe impairment	17.3	10.5	19.9	13.1
Moderately severe impairment	23.4	19.3	26.6	18.7
Moderate impairment	44.2	43.0	44.4	35.9
Mild impairment	60.8	57.9	62.9	54.6
Borderline intact	76.9	72.8	77.3	68.5
Intact	100.0	100.0	100.0	100.0
Number of residents (unweighted)	213	77	464	159

Source: PSSRU Cross-Sectional Survey of Residential and Nursing Homes, 1996.

Table 2.2.3: Change in Dependency between Admission and 6 Month Follow-Up for Individuals in Residential and Nursing Homes at Follow-Up, Including Deaths, by Source of Admission (Percentages)

Dependency at admission	*Dependency at 6 month follow-up*														
	All sources of admission					*Admitted from domestic household*					*Admitted from hospital*				
	Lower	*Same*	*Higher*	*Died*	*All (no.)*	*Lower*	*Same*	*Higher*	*Died*	*All (no.)*	*Lower*	*Same*	*Higher*	*Died*	*All (no.)*
Barthel Index (grouped)															
Score >12	-	58	25	17	33	-	62	24	13	43	-	54	26	20	26
Score 9-12	28	17	26	28	25	32	18	27	24	28	25	17	26	32	22
Score 5-8	26	28	16	29	24	25	33	9	33	17	27	26	19	28	28
Score 0-4	21	32	-	47	18	26	30	-	44	12	20	32	-	48	23
All (number)	17	36	19	28	(1580)	16	41	20	23	(628)	18	33	18	31	(952)
Confusion															
Intact	-	38	36	27	21	-	41	36	23	23	-	35	35	30	19
Mild impairment	16	40	19	25	45	17	43	18	22	46	15	38	20	27	44
Severe impairment	30	37	-	32	35	38	37	-	25	31	26	38	-	37	37
All (number)	18	39	16	28	(1490)	20	41	16	23	(615)	16	37	15	31	(875)

Source: PSSRU Survey of Admissions to Residential Care, 1995, and 6 Month Follow-Up, 1996.

Table 2.2.4: Characteristics of Residents by Type of Funding (Permanent Residents Aged 65 and over, Weighted)

Characteristics of Residents	*Public*	*Spend-down*	*Private*
Length of stay (%)			
6 weeks or less	5	<1	4
6 weeks - 3 months	6	3	5
3-6 months	6	4	5
6 months - 1 year	14	11	16
1-2 years	18	15	22
2-3 years	14	17	14
3-4 years	10	14	10
4-5 years	7	11	8
5 years and over	20	26	17
Mean length of stay (months)	34	49	33
Source of admission (%)			
Private housing - alone	25	30	43
Private housing - with others	13	13	14
Sheltered housing - alone	6	6	3
Sheltered housing - with others	1	2	<1
Residential home	12	9	8
Nursing home	4	3	4
Hospital	35	35	25
Other/not known	3	2	2
Barthel Index of ADL (grouped) (%)			
Low dependence (Score >12)	44	45	50
Moderate dependence (Score 9-12)	16	15	16
Severe dependence (Score 5-8)	18	20	16
Total dependence (Score 0-4)	23	19	18
Mean Barthel Index of ADL	10.7	11.0	11.6
MDS Cognitive Performance Scale (%)			
Intact	24	30	21
Borderline intact	16	15	15
Mild impairment	14	13	20
Moderate impairment	16	14	16
Moderately severe impairment	6	5	8
Severe impairment	20	18	17
Very severe impairment	4	3	4
Number of residents (unweighted)	4433	578	1874

Source: PSSRU Cross-Sectional Survey of Residential and Nursing Homes, 1996.

Table 2.2.5: Size of Home by Type of Home (Weighted)

Size of home	*Private Residential Homes*	*Voluntary Residential Homes*	*Dual registered homes*	*Nursing homes*	*All homes*
Number of homes (unweighted)	148	122	76	159	505
Number of places					
Mean	20.0	30.3	39.2	37.7	26.6
Minimum	6	8	9	9	6
Maximum	56	100	77	180	180
Number of places (%)					
4-9	8	5	1	<1	6
10-14	18	0	3	3	12
15-19	31	16	0	4	20
20-24	19	14	9	10	16
25-29	9	10	20	23	13
30-39	8	30	21	22	14
40-49	4	20	22	19	11
50 or more	2	4	24	19	8

Source: PSSRU Cross-Sectional Survey of Residential and Nursing Homes, 1996. DP1423, table 4.1, revised.

Table 2.2.6: Location of Privately-Funded Residents by Type of Home and by Size of Home (Permanent Residents Aged 65 and over, Weighted)

Characteristics of home	*Weighted number*	*%*
Number of residents (weighted)	3100	-
Type of home		
Private residential homes	1591	51.3
Voluntary residential homes	358	11.6
Dual registered homes	369	11.9
Nursing homes	783	25.2
Total	3100	100.0
Number of places		
4-9	83	2.7
10-14	226	7.3
15-19	520	16.9
20-24	460	14.9
25-29	401	13.0
30-39	479	15.5
40-49	520	16.9
50 or more	391	12.7
Total	3081	100.0

Source: PSSRU Cross-Sectional Survey of Residential and Nursing Homes, 1996.

Table 2.2.7: Type of Funding by Size of Home and Type of Home (Permanent Residents Aged 65 or over, Weighted)

Size of home		*Private residential*		*Voluntary residential*		*Dual registered homes*		*Nursing homes*		*All homes*	
		Public	*Private*	*Public*	*Private*	*Public*	*Private*	*Public*	*Private*	*Public*	*Private*
4-9 places	No.	40	28	28	10	20	7	5	5	130	83
	%	*59*	*41*	*74*	*26*	*74*	*26*	*50*	*50*	*61*	*39*
10-14 places	No.	149	87	0	0	20	2	27	11	405	226
	%	*63*	*37*	-	-	*91*	*9*	*71*	29	*64*	*36*
15-19 places	No.	358	189	108	100	0	0	74	12	997	520
	%	*65*	*35*	*52*	*48*	-	-	*86*	*14*	*66*	*34*
20-24 places	No.	250	139	123	111	67	28	144	54	847	460
	%	*64*	*36*	*53*	*47*	*71*	*29*	*73*	*27*	*65*	*35*
25-29 places	No.	125	84	128	85	186	68	389	122	841	401
	%	*60*	*40*	*60*	*40*	*73*	*27*	*76*	*24*	*68*	*32*
30-39 places	No.	206	75	552	237	262	91	534	143	1409	479
	%	*73*	*27*	*70*	*30*	*74*	*26*	*79*	*21*	*75*	*25*
40-49 places	No.	109	34	456	208	346	146	741	272	1369	520
	%	*76*	*24*	*69*	*31*	*70*	*30*	*73*	*27*	*73*	*27*
50 places or more	No.	63	6	221	54	546	173	864	260	1405	391
	%	*91*	*9*	*80*	*20*	*76*	*24*	*77*	*23*	*78*	*22*
All homes	No.	1300	642	1616	805	1447	515	2778	879	7403	3080
	%	*67*	*33*	*67*	*33*	*74*	*26*	*76*	*24*	*71*	*29*

Source: PSSRU Cross-Sectional Survey of Residential and Nursing Homes, 1996.

Table 2.2.8: Length of Ownership, Size of Organization and Method of Acquisition of Home by Type of Home (Weighted)

Characteristics of homes	*Private residential homes*	*Voluntary residential homes*	*Dual registered homes*	*Nursing homes*	*All homes*
Number of homes (unweighted)	148	122	76	159	505
Length of ownership (%)					
Under 1 year	7	0	8	8	7
1-2 years	6	3	7	6	6
2-3 years	2	3	7	6	4
3-4 years	3	3	4	11	5
4-5 years	3	7	4	8	5
5-10 years	42	25	41	34	39
10 years and over	37	59	30	28	37
Number of homes owned by organisation (%)					
1	78	43	53	58	69
2	11	7	13	11	11
3-5	6	3	17	16	9
6-10	1	12	7	3	3
11-20	2	18	4	1	3
More than 20	1	16	5	11	5
Method of acquisition (%)					
Building inheritied/donated	1	7	5	0	2
Home inherited/donated	1	6	1	2	2
Home transferred from local authority	1	21	4	2	3
Home purchased as going concern	60	3	43	37	49
Started from scratch	33	59	43	56	41
Other	3	4	4	4	3
Not known	1	0	1	1	<1

Source: PSSRU Cross-Sectional Survey of Residential and Nursing Homes, 1996. DP1423, table 4.2, revised.

Table 2.2.9: Occupancy and Turnover by Type of Home (Weighted)

Occupancy and turnover	*Private residential homes*	*Voluntary residential homes*	*Dual registered homes*	*Nursing homes*	*All homes*
Number of homes	148	122	76	159	505
Number of places					
Mean	20.0	30.3	39.2	37.7	26.6
Minimum	6	8	9	9	6
Maximum	56	100	77	180	180
Number of residents					
Mean	16.9	28.0	32.5	32.6	22.8
Minimum	4	3	3	8	3
Maximum	53	95	73	174	174
Number of permanent residents					
Mean	16.7	27.3	31.8	32.1	22.4
Minimum	3	3	3	8	3
Maximum	52	95	72	170	170
Number of short-stay residents					
Mean	0.2	0.7	0.7	0.5	0.4
Minimum	0	0	0	0	0
Maximum	4	12	6	10	12
Occupancy (% of places)					
Mean	85.0	90.5	82.6	87.1	85.7
Minimum	29	38	4	26	4
Maximum	100	100	100	100	100
Admissions of permanent residents (% of places)					
Mean	29.1	26.2	43.4	42.5	32.9
Minimum	0	0	10	0	0
Maximum	85	78	89	97	97

Source: PSSRU Cross-Sectional Survey of Residential and Nursing Homes, 1996. DP1423, table 4.7, revised.

Table 2.2.10: Mean Size of Home, Occupancy and Turnover by Size of Home and Type of Home (Weighted)

Size of home		*Private residential homes*	*Voluntary residential homes*	*Dual registered homes*	*Nursing homes*	*All homes*
4-9 places	Mean number of places	7.8	8.6	9.0	9.0	7.9
	Mean occupancy (% of places)	73.3	67.6	100.0	88.9	74.1
	Mean admissions (% of places)	28.0	45.6	66.7	33.3	30.6
10-14 places	Mean number of places	11.7	-	14.0	11.0	11.8
	Mean occupancy (% of places)	84.2	-	85.7	81.8	84.2
	Mean admissions (% of places)	26.3	-	71.4	81.8	28.0
15-19 places	Mean number of places	16.9	17.3	-	17.4	17.0
	Mean occupancy (% of places)	85.2	93.3	-	89.7	86.0
	Mean admissions (% of places)	26.9	25.2	-	25.0	26.7
20-24 places	Mean number of places	21.5	22.0	22.4	22.0	21.7
	Mean occupancy (% of places)	90.8	87.6	85.6	91.9	90.4
	Mean admissions (% of places)	34.5	18.3	54.1	40.3	35.0
25-29 places	Mean number of places	26.3	26.4	28.1	26.5	26.6
	Mean occupancy (% of places)	82.4	92.3	76.1	91.7	85.6
	Mean admissions (% of places)	22.4	31.7	37.9	46.8	34.2
30-39 places	Mean number of places	33.4	34.2	35.3	33.8	33.9
	Mean occupancy (% of places)	88.8	92.8	84.0	79.5	85.8
	Mean admissions (% of places)	38.5	23.2	47.0	40.1	37.4
40-49 places	Mean number of places	41.5	41.7	41.6	42.1	41.8
	Mean occupancy (% of places)	81.9	91.2	85.4	88.3	86.9
	Mean admissions (% of places)	30.5	29.5	37.3	45.6	37.6
50 places or more	Mean number of places	52.7	63.7	63.6	70.1	65.0
	Mean occupancy (% of places)	75.6	91.8	83.8	82.1	81.9
	Mean admissions (% of places)	32.5	25.5	40.6	40.7	38.5
All homes	Mean number of places	19.9	30.2	38.7	37.5	26.2
	Mean occupancy (% of places)	84.8	90.3	83.1	86.4	85.5
	Mean admissions (% of places)	29.1	26.2	43.4	42.5	32.9

Source: PSSRU Cross-Sectional Survey of Residential and Nursing Homes, 1996.