Transitions into sheltered accommodation and residential care in later life:
Evidence from the British Household Panel Survey (1991-2008)

Evandrou, M., Falkingham, J., Maslovskaya, O. and Vlachantoni, A.

EPSRC The Care Life Cycle project, ESRC Centre for Population Change, Centre for Research on Ageing, Social Sciences, University of Southampton, UK

Background

The UK's population is ageing, and a key policy issue relates to the future organisation of social care provision for the older population. This paper is part of the Care Life Cycle project, funded by the UK's Engineering and Physical Research Council (EPSRC), which aims at combining Social Sciences and Complexity Science in order to investigate the factors affecting the demand for and supply of social care in the UK. The paper explores the factors associated with the transition of older people into two kinds of accommodation: residential care and sheltered accommodation, drawing on data from the British Household Panel Survey.

Introduction and conceptualisation

In 2011, people aged 65 and over formed 17% of the total UK population, and by 2033 it is expected that this figure will rise to 23% (ONS 2010). The provision of appropriate housing and long-term care is critical during a time of rapid demographic change, however the current economic context also poses challenges for policy-makers, as the budgets of local councils providing social care have been significantly cut. For example, although the rise of the gross expenditure of Councils with Adult Social Services Responsibilities in England between 2003 and 2009 matched the proportional increase in the older population (65 and over), at the same time the unit costs of providing residential care have increased by 14 per cent, and by 26 per cent for home care (NHS Information Centre, various years). Over the last two decades, the British context has also witnessed an 'intensification' of social care provision, whereby only those older people who are assessed as having 'substantial' or 'critical' need, receive support from local councils (NHS Information Centre, 2010; Laing and Buisson, 2007). Against this background, this paper aims at contribute to our understanding of the pathways into different kinds of long-term care in later life.

Existing research in this area has explored the characteristics associated with older people being more likely to move into a long-term care institution, emcompassing demographic, socio-economic and health factors. For example, one strand of such research focuses on older people's living arrangements and shows that older people living alone are more likely to enter an institution than those living with other people (Breeze et al, 1999; Pendry et al, 1999). Another part of the literature emphasises the importance of

demographic factors, such as a person's age, health status and marital status, in terms of their move into an institution (Scott et al, 2001, Grundy and Jitlal, 2007; Martikainen et al, 2008). Finally, socio-economic characteristics, such as a person's housing tenure, are an important part of an older person's move into private residential care homes, particularly for cohorts of older people where housing represents the majority of their total wealth (Glaser et al, 2003). This paper has built on existing research in order to conceptualise moves into residential care or sheltered accommodation as being affected by a wide range of factors such as the demographic, health and socio-economic characteristics of the older person, as well as policy-related factors which include the receipt of support from the state.

Data and Methods

This paper employs all 18 waves of the British Household Panel Survey (BHPS) (1991-2008). Drawing on the older population in the sample (aged 65 and over), a dataset was constructed with paired-years, in order to increase the number of transitions into sheltered accommodations and institutions, as these transitions are rare events. Two outcome variables were used for the analysis. The first referred to a person's transition into an institution (1= people who moved into an institution between two waves (time 0 (t0) and time 1 (t1)) and 0= people who did not experience such move), and the second referred to a person's transition into sheltered accommodation (1= people who moved into sheltered accommodation between two waves (t0 and t1) and 0= people who did not experience such move). The explanatory variables included indicators of a wide range of factors, and were grouped into five categories: demographic characteristics; health status; the use of formal care services; socio-economic and financial characteristics; and informal care receipt. The factor of time was also taken into account during the analysis.

The decision about the inclusion of the variables into the dataset used for the analysis was informed by the literature review, which indicated the factors which had been previously associated with such transitions, and by the availability of variables across all 18 waves, with the exception of income variables which are available only for the first 16 waves. As the aim of the study is to identify triggers for the two different types of transition, the explanatory variables were collected at t0, whereas the response variables were collected at t1. Two limitations of the dataset are highlighted in the paper: firstly, the BHPS dataset offers information about older people's move into institutions, which may include long-term care institutions such as prisons or mental-health institutions. However, based on information from the 2001 UK Census, we found that the majority of older people moving into a long-term institution in later life (more than 90 per cent) moved into long-term or residential care. The second limitation is that due to the nature of the data, we can only establish associations between the response and the explanatory variables, rather than certain causal links.

The analysis was conducted in two stages. First, exploratory analysis was conducted in order to investigate the relationship between the response variables and explanatory variables. Bivariate associations between the outcome and explanatory variables are illustrated using line graphs, which also show the statistical strength of the associations

(Pearson's chi-squared tests). Secondly, a discrete-time binary logistic regression with manual forward selection was used in order to model the probability of entering sheltered accommodation and residential care, and to identify the factors which are associated with such transitions. This part of the analysis included obtaining robust standard errors in order to control for non-independence of observations, and testing for interaction effects between specific variables (e.g. age and health status).

Results and Discussion

The analysis shows that transitions into residential care and sheltered accommodation are associated with a diverse range of factors, including demographic and socio-economic factors. In terms of older people's move into residential care, the bivariate results suggest that people aged 80 and over, women, single or widowed, people in the poorest quintile and people who have no children or one child, are the most likely to move into residential care. The multivariate analysis for such transitions showed that age, health and marital status were the factors most strongly associated with a person's move into residential care. By contrast, the move into sheltered accommodation was associated more strongly with a person's socio-economic situation than their health status. The bivariate analysis highlighted age and marital status as key characteristics vis-à-vis a person's move into sheltered accommodation, and the multivariate analysis showed that housing tenure, a person's highest educational qualifications and informal care receipt were the factors most strongly associated with a person's move into such accommodation.

The results suggest that the move into residential care or sheltered accommodation is associated with a different range of factors, and such differences are partly explained by the type of accommodation and the life course stage at which it is more likely to be prevalent among older people. An older person's move into residential care tends to take place towards the latter part of the life course, when the person's needs as a result of their health status are highest. This could explain the importance of health status in the final model for this kind of move. On the other hand, a move into sheltered accommodation may take place at an earlier part of the old age, when health status does not present a critical demand for entering long-term care. In addition, the majority of sheltered accommodation is provided by the private sector in the UK, and requires significant financial resources on the part of the older person, and often their spouse/ partner. This could explain the importance of socio-economic factors, and indirectly the importance of educational qualifications which have an impact on earnings over the life course, in the final model for moves into sheltered accommodation. The results of this paper have implications both for the design of social care provision for older people and for the quality of life of older people towards the latter part of their life course.

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