GEOGRAHICAL PERSPECTIVES ON RESIDENTIAL PROVISION FOR THE ELDERLY: WITH SPECIAL REFERENCE TO THE VOLUNTARY SECTOR

MARGARET BOCHEL

Submitted to the Council for National Academic Awards in partial fulfilment for the degree of Doctor of Philosophy

Sponsoring establishment: Polytechnic South West

Collaborating establishment: Age Concern Institute of Gerontology, Kings College London

January 1990
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GEOGRAPHICAL PERSPECTIVES ON RESIDENTIAL PROVISION FOR THE ELDERLY; WITH SPECIAL REFERENCE TO THE VOLUNTARY SECTOR

Margaret Bochel

At a time of increasing concern as to how best to care for the growing elderly population in Britain, this thesis examines the spatial distribution of residential care and sheltered housing for this group of the population. With the present government policies of reducing public expenditure and reliance on State welfare services, the main focus of the thesis is on the changing role of the voluntary sector and in particular on its geographical distribution. Little is known about the size and scope of the voluntary sector in Britain, still less about the operation of such organisations in service provision.

To begin to answer these questions the project provides a general outline of the provision of residential care and sheltered housing provided by the public, private and voluntary sectors and attempts to explain the substantial spatial inequalities in provision by the use of quantitative regression analysis. The lack of complete explanation necessitated further study through in-depth interviews. Special attention was then focussed on twenty voluntary organisations and semi structured interviews were carried out to determine the major non-quantifiable factors influencing their geographical distribution.

The research found a great diversity of types of voluntary organisations and modes of operation, making generalisations problematic. However, the key findings were the almost complete lack of spatial planning. The location of voluntary services for the elderly does not result from any rational assessment of needs or demand. Rather voluntary organisations exercise very little real choice over the location of their services. The availability of capital and other resources was the factor which exerted the greatest influence on the spatial patterns found. The role of both central and local government were also important, as were the system of governance of the organisations, their principal objectives and their perceived role in relation to the public sector.

These findings, and in particular the lack of careful planning brings into question the ability of the voluntary sector to take over the role of the statutory authorities as the principal providers of services. The very ad hoc development of provision to date does not inspire confidence that the voluntary sector will be able to cope adequately with the pressing future demands of an ageing population.
ACKNOWLEDGEMENTS

There are a number of individuals and organisations whose help and support have been invaluable in enabling me to carry out and to complete this research.

Firstly I would like to thank Hilary Winchester for providing inspiration and support in the first year of the project, and for her realism at the end. Brian Chalkley bravely took on the responsibility of supervision and remained cheerful and unfailingly critical throughout. Mark Brayshay's contribution in the final stages eased the agony of writing up, and for that I am very grateful.

Thanks are due to Tony Warnes of Kings College London and to David Phillips of Exeter University for their expertise and comments on my work at various stages of the three year research period. George Giarchi from the Polytechnic South West must also be thanked for his advice in the early stages of the project. For their excellent cartography I must thank Brian Rodgers and Tim Absolom.

Devon County Council and Polytechnic South west are acknowledged for their financial support.

I would like to thank the representatives of the voluntary organisations and the local authority departments who gave their time and provided essential data for this research.

Thanks also go to Clive Charlton, not only for his excellent secretarial duties over two years, but also for his enthusiasm and encouragement. The moral support of my fellow post-graduates has been very important, as has the unflinching support and encouragement of my parents. Finally I would like to thank Bill for his patience and understanding.
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CHAPTER ONE: INTRODUCTION

1.1 The scope of the project

In keeping with the trends experienced in many other Western countries, the last century has seen a rapid ageing of the United Kingdom's population and recently there has been increasing concern about how best to provide for the growing numbers of elderly, particularly those who are frail and physically dependent. In 1911, the U.K. had only 2.1 million elderly persons (women aged 60+, men aged 65+) constituting 5% of the total population. By 1981, their numbers had increased to 8.2 million or some 15% of the population (Rees and Warnes, 1986). Although this ageing process is now expected to stabilise, the number and proportion of the "very elderly" (defined as those aged 75 and over) is projected to increase from around 2.5 million in 1971 to 3.5 million by 1996 (Rees and Warnes, 1986).

Accompanying these changes in age structure, there have been important changes taking place over the last few years in the provision made in this country of welfare and housing services for elderly people. Residential care and sheltered housing are two especially dynamic forms of provision which have been undergoing significant changes in their structure, notably in the balance of provision.
between the public, private and voluntary sectors. Although only 6% of the elderly resided in some form of institutional care (166,273 in residential homes) and 5% (308,281) lived in sheltered housing at the time of the 1981 Census (Tinker, 1981), their significance has been steadily increasing and both kinds of provision are likely to continue to play a crucial role in the future. The provision of suitable accommodation for the elderly is particularly important given that in comparison with other identifiable groups in Britain they are relatively prone to housing stress. Elderly people tend to be over-represented in the local authority and private rented sectors and under-represented in the owner occupied sector (Table 1.1). They also tend to occupy dwellings which have fewer amenities (Table 1.2) and are older, more dilapidated and less well-heated than those of the general population (Tinker, 1983; Hunt, 1978; Barnard, 1982; Butler et al, 1983).

The central purpose of this thesis is therefore to examine the spatial pattern of the provision in England of these two specialist kinds of residential accommodation for the elderly: residential care and sheltered housing. Prior to the report of the Seebohm Committee in 1969 public sector residential homes were provided by the health and welfare authorities. Following reorganisation recommended
# Table 1.1 Housing Tenure

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<td>% Owner occupied</td>
<td>51</td>
<td>58</td>
</tr>
<tr>
<td>% Private rented</td>
<td>34</td>
<td>29</td>
</tr>
<tr>
<td>% Council rented</td>
<td>15</td>
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Source: Census, 1981

# Table 1.2 Housing Amenities

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<tr>
<td>% Lacking bath</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>% Lacking inside WC</td>
<td>5</td>
<td>3</td>
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Source: Census, 1981
by Seebohm, effected by the passing of the Social Services Act 1970, homes have been provided by local authority social services departments. These departments are run by the shire counties, metropolitan districts and London boroughs. Government legislation on the registration of private and voluntary residential homes relates to all establishments of four or more persons which provide both board and personal care (Registered Homes Act, 1984). Homes which fit this description, and are therefore registered with the local authorities in which they operate, are the principal focus of the present study. Nursing homes, offering specialist nursing care, are not included. On the other hand, certain categories of "very sheltered" or "extra care" housing have been incorporated in the study. A number of local authorities, private organisations and voluntary bodies now offer such housing for those whose need for care is greater than that which can be provided either in their own homes, or in sheltered housing. In these developments residents occupy self-contained accommodation, but at the same time, they have access to a range of on-site caring services. Thus in cases where such a "very sheltered" or "extra care" development has been registered with the local social services department, it seemed sensible to include it in this study.
Sheltered housing is usually defined by three elements which distinguish it from other categories of housing: it is occupied exclusively by the elderly, there is a built-in alarm system and the schemes are supervised by a resident warden. The dwellings are, moreover, usually grouped together on a single site and are generally purpose built (Butler, Oldman & Greve, 1983). Sheltered housing takes two different forms. Category I provision is built to Parker-Morris standards with optional communal facilities, whilst Category II provision may be smaller but it must offer communal facilities. However, as Butler, Olman and Greve (1983) point out, the characteristics of sheltered housing are not precisely defined and there is a considerable diversity of types and functions. Public sector sheltered housing is provided by local authority district housing departments.

The acceleration in the process of demographic ageing has inevitably drawn attention to the possible financial implications of caring for the elderly in all the countries of Western Europe. But in Britain in the last ten years there have at the same time been a number of very significant developments. These include shifts in government policy in relation to public expenditure on services; the introduction of new legislation (such as the 1984 Registered Homes Act and the 1989 Local Government
and Housing Bill); and the publication of government-commissioned reviews of welfare provision (the Wagner Report, specifically on residential care and the Griffith Report on community care). The thrust of much government policy has been to reduce the direct responsibility of central and local government for welfare services and to place much greater reliance on provision by the private and voluntary sectors. While the spectacular growth in the private sector's provision of services for the elderly has already begun to attract the attention of social-policy researchers, and more recently geographers, the voluntary (private, non-profit making) sector, on the other hand, remains a relatively neglected area of study. The role of the voluntary sector, its geographical distribution, and its ability to provide services throughout the country, have not yet been investigated. There are considerable spatial variations in the levels of provision of services by all three sectors across the country resulting in substantial inequalities in housing and accommodation opportunities available to the elderly depending on where they happen to live. But no study has previously attempted to examine simultaneously the nationwide pattern of provision by all the sectors concerned. In exploring the spatial variations, and in examining the hitherto neglected voluntary sector, the present study breaks new ground in two main respects.
First, it provides the first comprehensive analysis of the geography of residential care and sheltered housing for the elderly covering aggregate provision, the contribution of the three sectors (public, private and voluntary), and the temporal and spatial variations in the mix between these sectors. Secondly, by concentrating in particular detail on the voluntary sector, the research contributes unique data and analysis relating to a relatively untouched area in the field of geography, and one area of growing policy significance.

Having briefly outlined the scope of the study, the next section of this chapter presents a review of the existing literature. In order to provide an adequate foundation for the work to follow, it reviews work relating to a number of subjects. Four major themes are included: the demography and geography of the elderly, the provision of residential care, the provision of sheltered housing and the operation, activities and role of the voluntary sector. The literature review provides the context for a more detailed statement of the aims of the research project. This is then followed by a review of the research methods and data sources employed in the course of the study.

After this introductory chapter, the thesis is structured around each of the three sectors which provide residential
care and sheltered housing, with emphasis being placed on
the voluntary sector. By offering an overall view of the
changing sectoral mix and its spatial distribution, Chapter
Two establishes the foundation necessary for a more
in-depth analysis of each sector. Chapters Three, Four
and Five then provide an introduction to each sector,
outlining the history of provision and analysing the
geographical distribution of services. Chapters Six, Seven
and Eight are devoted to the voluntary sector, examining in
more detail the distribution of voluntary provision, the
workings of voluntary organisations and their role in
making service provision. The final chapter provides a
synopsis of the key empirical findings of the research. A
variety of themes considered in the thesis are brought
together and discussed in the context of future provision
of residential care and sheltered housing in this country.

1.2 Literature on the process of demographic ageing:
trends and patterns

Two factors can be identified in accounting for the rapid
growth in the number of elderly people in Western
countries. First, the history of fertility is
important in determining the size of the cohorts which will
reach old age (Warnes and Law, 1984). Up to the year 2049
the elderly population of the United Kingdom will consist
of people who have already been born. Thus, the size of
the birth cohorts from 1929 to 1989 will largely determine
the size of the elderly population from now until 2049. The relatively low levels of fertility between 1926 and 1946 therefore mean that as these cohorts grow older during the next 20 years, the size of the elderly population will stabilise. But another increase will ensue thereafter in the early years of the twenty-first century, in line with subsequent increases in past fertility rates (Rees and Warnes, 1986).

Mortality decline is the second factor influencing the numbers of elderly in the population. During the mid-nineteenth century average life expectancy in the U.K. increased by less than one tenth of a year per annum. By the early twentieth century the increase had risen to half a year per annum and since 1971 there has been one fifth of a year improvement per annum (Rees and Warnes, 1986). There is a continuing debate amongst geographers and others concerning the major causes of mortality decline. While some argue that it was secured as a result of improvements in medical therapies (Griffith, 1926; Razzell, 1965; 1977), others maintain that social and environmental changes have been of greater importance (McKeown et al 1972; 1976). Whatever the causes, improvements in survival chances between 1970 and 1980 have led to an increase in life expectancy at birth from 74.9 years to 76.5 for females and 68.6 to 70.4 for males. But the measurement of life
expectancy at birth inevitably embodies the risks which attend every stage in the life cycle and it is therefore germane to note here that for those who reach retirement age the chances of surviving into more advanced old age have, in fact, improved more markedly than might be supposed when viewing the entire spectrum of age groups. Thus, life expectancy at age 60 for females improved from 19.7 years to 20.6 between 1970 and 1980 and from 15.1 to 16.1 for males over the same period (Rees and Warnes, 1986). Moreover, the elderly are not themselves by any means a homogeneous group and by concentrating on statistics relating to the whole population aged 60 and over, trends taking place within the different elderly age bands are masked. Current population projections indicate that while the growth in the elderly population in general is expected to stabilise over the next few years, the growth in the numbers aged 75 and over and those aged 85 and over will continue through the rest of this century and well into the next (Rees, 1986; Rees and Warnes, 1986; Benjamin and Overton, 1981). Since this group is likely to contain more frail people who will therefore be more in need of services such as residential care and sheltered housing than the general elderly population, they will obviously place very different demands on society in terms of service provision.
Not only has there been an absolute increase in the number of the elderly and the very elderly, but these groups have also increased their representation as a proportion within the U.K. population as a whole. This increase has been ascribed both to changing fertility rates and to external migration. Lower fertility rates, resulting from improved methods of contraception, the preference for smaller families and increased opportunities for women in the workforce, have led to a significant reduction in the younger age groups and therefore a greater proportion of elderly in the population (Rees and Warnes, 1986). External migration can influence the proportion of elderly people in the population because amongst people over the age of 60 external migration is extremely low, whereas, between the ages of 25 and 45 a significant net out-migration occurs (Rees and Warnes, 1986).

Until quite recently, academic research on old age was dominated by medical practitioners and biologists studying the physical aspects of the ageing process. Until the 1980s social research on the elderly was on a relatively modest scale. Several social studies were made in the late nineteenth and early twentieth centuries (by philanthropists such as Booth and Rowntree) concerned with wider aspects of social policy and identifying the elderly as a particularly vulnerable group. The elderly were not,
however, the main focus of study. There were several major exceptions to this general paucity in research. Examples include the survey made by the Nuffield Foundation in 1947 concerned specifically with the problems of ageing and the care of old people; the work of Townsend in 1962 on the elderly in residential homes; a survey carried out by Sumner and Smith into local-authority services for the elderly in 1969; a review of social provision for the elderly by Shenfield in 1957; and the 1965 work of Townsend and Wedderburn on the aged in the welfare state. These studies were characterised by two distinctive features. First, they were practical, problem-oriented and empirical in nature. Second, they were concerned with social policy, particularly in relation to service provision (Taylor and Todd, 1982).

The process of demographic ageing itself seems since the 1970s to have attracted an increased level of academic interest in research relating to the elderly within the disciplines not only of medicine and biology, but also sociology, social policy and geography. Several topics can be identified as having been the focus of much recent social science research on the elderly; these include the geographical distribution of the elderly, migration patterns of the elderly, the environmental context of ageing, transport and mobility, personal social services
and housing. Some of the relevant work on these topics will now be considered.

Much of the geographical research has focussed on the spatial distribution of the elderly population as a whole, as well as the geography of the most vulnerable groups of the elderly, such as the distribution of pensioners living alone and the over-75s (Law and Warnes, 1980; Warnes, 1986; Allon-Smith, 1982). Such studies have aimed to identify geographical areas of over-representation and under-representation of the elderly, as well as looking at the absolute numbers concentrated in particular places. Changes in the distribution of the elderly over time have also been studied (Rees and Warnes, 1986; Allon-Smith, 1982; Warnes, 1986). Such work has indicated that changes in the geography of the elderly must be looked at in the context of changes in the general pattern of population distribution. Between 1921 and 1971 population growth was fastest in urban and south east areas, while rural peripheries were in decline (Allon-Smith, 1982). In 1921 the elderly were over-represented in a belt across England from the south west to Norfolk. By 1971 the highest proportions of the elderly were found in the coastal areas of the south east, south west and north west (Allon-Smith, 1982; Warnes and Law, 1984). However, growth rates between these regions varied considerably. Between 1971 and 1981
there was a pause in the tendency towards the spatial
dissociation of the elderly from the general population,
although the highest representations of the elderly
continued to be found in the non-industrial southern
coastal counties. The distribution of the 75 plus age
group is similar to that of the general pensionable
population, although the middle class inland towns, such as
Bath and Oxford, also have relatively high proportions of
the very elderly. For the elderly living alone
over-representations were less frequently found in coastal
retirement towns but were more common in declining
industrial areas such as the north east (Warnes and Law,
1984).

Attempts have been made to identify the processes
producing these locational moves (Rees and Warnes, 1986;
Allon-Smith, 1982; Warnes, 1986). Such processes of change
include adjustments in the national age profile, 'in situ'
ageing, migration of the younger age groups and the
migration behaviour of the elderly population. It is the
last of these processes which has attracted the attention
of many geographers and there is now a considerable
literature relating to the migration of the elderly.

Research on elderly migration patterns has looked into the
characteristics of retired migrants (Grundy, 1986; Rees and
Warnes, 1986; Law and Warnes, 1980; Stuart, 1986); their reasons for moving (Stuart, 1986; Winchester, Grafton and Smith, 1987; Karn, 1977; Glyn-Jones, 1975); the patterns of migration (Law and Warnes, 1980; Warnes, 1983; Winchester et al, 1986; Rees and Warnes, 1986); and the impact of migration on both the destination area and on the area of origin (Law and Warnes, 1980; Grundy, 1986). It has been found that there is a marked distinction between retirement migrants and the general elderly population. Retired migrants tend to be of a high social class, to have retired early, to have no children, to have experienced non-local moves in the past and to place a high priority on obtaining suitable housing. Their reasons for moving have been identified as wishing to live by the sea with cleaner air and a better climate, to escape from a large town, to lead a more relaxed life-style, to move nearer friends or relatives or to obtain more suitable housing. Characteristically, migrants have often settled in seaside resorts. This trend was first established in the second half of the nineteenth century following the introduction of the railways. More recently, the possession of private cars has meant the elderly have begun to retire to the more remote coastal areas and inland villages. Migrants are drawn primarily from the major urban areas, in particular London. It is not surprising therefore that the favoured retirement areas on the south coast, particularly the south
west, have come under increasing pressure for the development of retirement housing, service provision and the maintenance of a good environment (Law and Warnes, 1980).

As well as examining the more 'traditional' aspects of population geography, namely distribution and migration, geographers have also studied how elderly people use and experience their environment (Rowles, 1984). Such studies, popular in the early 1980s, have focussed on the use of the physical environment by the elderly and how the spatial organisation of the environment influences the lifestyle of the elderly, for example their shopping behaviour (Golant, 1980; 1984; Peace, 1982). While these studies have been extensive in number, Rowles (1984) argued that there is still a need to reconcile activity changes related to the normal ageing process with those relating to inequalities in access to resources such as shops and transport facilities.

The main contribution of geographers to social gerontology has therefore been in studies of the distribution of the elderly population and of retirement migration. They are now beginning also to tackle issues of equity in the allocation of services to the elderly (Bebbington and Davies, 1982; Pinch, 1980; Larder, Day & Klein, 1986),
particularly the personal social services and housing. Interest has increased in the spatial distribution of services and the extent to which access to services, and the quality of service provision, is a function of where the elderly live. These issues will be discussed in the following sections.

1.3 Literature on residential care for the elderly

While geographers have been relatively active in examining the spatial patterns of the elderly, they have until recently given less attention to the patterns and processes associated with spatial variations in service provision for the elderly. According to Pinch (1980) this neglect merely reflects a general dearth of studies by geographers of welfare services. Indeed, the study of social services has been almost exclusively the domain of students of social administration with the result that research into the spatial aspects of service provision has been underdeveloped.

For the last twenty five years, following Townsend's critical examination of residential homes in 1962, there has been a considerable research output concerning different aspects of residential care. Studies have examined both specific factors concerning, for example, the design of homes and the characteristics of the residents,
and the wider issues concerning residential care, such as the debate over residential care and community care, the growth of the private sector, and welfare pluralism in residential care.

Studies of the design of residential homes have aimed to look at how it can influence the levels of activity of residents, and the extent of social interaction between them (Lipman and Slater, 1976; Lipman et al, 1979). In fact Lipman and Slater found little relationship between the physical features of the building and the behaviour of the residents, although Peace et al (1979) and Willcocks et al (1982) were persuaded that the design of the home was a key factor influencing the propensity of residents to interact with each other. They also found that residents often had problems using their wheelchairs in homes, as a result of inadequacies in the design of the building.

These studies on design can be linked to work on the quality of life provided in residential homes. Davies and Knapp (1981) looked at the level of welfare in residential homes and found the staff and the type of regime adopted to be the key determinants of the quality of life. Peace et al (1979) and Willcocks et al (1982), who also studied the quality of life in homes, found no relationship between the
type of regime and the degree of resident satisfaction.

Research has also focussed on the residents of homes, examining their characteristics, such as age, sex, sources of funding and referral, previous accommodation and area of residence (Tibbenham, 1985; Laing and Buisson, 1988). Tibbenham compared these characteristics amongst residents both in private homes and in local authority homes in Devon. He found that residents tended to be older in the local authority homes but that the sex balance was roughly similar, with the majority of residents being female. Almost one half of the residents in private homes were paid for by the Department of Social Security (DSS), the rest being privately funded. One third of referrals to private homes were made through the social services or through social workers. The majority of tenants came from the Devon area and were admitted from private households. A study carried out in 1978 by the National Institute of Social Work showed that many people move into residential care by default, because of the lack of alternative forms of care. Studies of the dependancy of residents have shown an increase in the degree of dependancy between 1971 and 1981 (Judge, 1986). Tibbenham found that residents of local authority homes were more likely to be physically dependent and mentally disturbed than those in private homes. This finding is supported by

The financial aspects of residential care have been another field of interest. Studies began as a result of the increasing costs of residential care and the change in political attitudes towards public expenditure. Since the early 1980s government emphasis has been placed on the cost-effectiveness of residential provision and the value for money which it represents. Some studies have compared the costs of residential care with those of looking after the elderly in the community. Most conclude that community care (including sheltered housing) is the cheaper option, but this statement is rarely made without some reservations. While community care may be a means of reducing government expenditure, the increased costs on the carers, usually women, in terms of the loss of employment and mental and physical stress are substantial (Parker, 1985; Equal Opportunities Commission, 1982). Comparisons of the costs of local-authority care and private-sector charges have also been made. Judge et al (1985), working on the assumption that in general the private sector produces similar outputs to the local-authority sector, tried to identify factors which would account for variations in local authority costs and private charges. They concluded that the private sector, in general, provides greater value for money as a result of factors
such as the traditional virtues of small business enterprise, low initial returns, long hours, the use of family labour and low wage rates. Darton and Knapp (1986) studied factors affecting variations in costs of local authority homes, for example, the degree of dependancy of the residents, the size of the home and the quality of care.

The growth of the private sector has been one of the most important developments in residential care over the last few years, and one which has attracted a substantial amount of interest amongst both academics and practitioners. The reasons for the growth in this sector have been a popular research topic. Studies have shown that private residential care has increased due to the rapid increase in the number and proportion of elderly people in the population, cuts in public expenditure and the relative stagnation of the public sector, the availability of DSS supplementary benefit payments to support residents in non-statutory homes, and the change in political climate favouring private enterprise (Willcocks and Peace, 1987; Peaker, 1986; Challis and Bartlett, 1985; Bird, 1984; Laurance, 1985).

A number of aspects of private residential care have been studied and comparisons have been drawn between private
care and that provided by local authorities. McCoy (1983) in a study of private homes in Suffolk contends that the public and private sectors cater for different needs and work in different operating circumstances. He argues that each sector fulfils a different role - private homes offer more long-term care to a clientele drawn from a wider geographic area, while local-authority homes are more likely to fulfil a community-orientated role.

The funding of the private sector has also begun to attract considerable academic attention. A key factor in the growth of the private sector was the government's decision to make the DSS responsible for payments to keep the elderly in private residential care. Initially, local DSS offices were given discretion to set their own limits to payments, meaning that, in general, conditions were favourable for the growth of private residential care. In reviewing this policy change Laurance (1985) reported that social service directors were concerned that more old people were entering homes than needed to as a result of the availability of DSS payments. In 1986, following a further change, introducing national limits to DSS payments, which did not cover costs in all parts of the country, he expressed concern that this was resulting in a reduction of the numbers of elderly people able to afford private or voluntary care and in the threat of closure for
some private homes. This is a concern shared by many writers. Peaker, for example, at the National Council for Voluntary Organisations, has reported on what she terms the 'crisis in residential care' resulting from these changes in DSS payments. Although she is mainly concerned with voluntary homes, the 'crisis' applies to both the private and voluntary sectors. The setting of national limits, she claims, has meant that many old people who can no longer afford private or voluntary care are now forced to struggle on in the community, in some cases placing considerable strain on relatives. The crisis has been worsened by the refusal of the majority of local authorities to provide financial support for residents in non-statutory homes, and by the passing of the 1984 Registered Homes Act and the publication of the Home Life document, prescribing minimum standards of care and thus increasing costs (Peaker, 1986).

The literature reflects concern about exploitation of the elderly in the private sector (Bird, 1984; Johnson, 1983) and about the means of regulating and controlling private homes to ensure adequate standards. Judge et al (1986) for example, ask why, if the private sector represents better value for money than the public sector (a still questionable assumption), is it not used more often by public agencies? In their opinion it is because of the
poor public image of private homes and the fears of possible exploitation. Bird (1984) argues that it is because of the rapid and haphazard growth of the private sector that the elderly are vulnerable to exploitation. While regulations do exist for the registration of private homes, under the 1984 Registered Homes Act, and minimum standards of care have been set out in the Home Life code of practice produced by the Centre for Policy on Ageing, these safeguards do not appear to have been sufficient to ensure that standards are consistent across the country. Challis (1983) demonstrates how variable regulations reflect their confused legislative and administrative origins.

Research has also focussed on the proprietors of private residential homes. Johnson (1983) for example looks at the routes of entry of proprietors into residential care and their reasons for doing so. He found that they were often professional carers, business people or people undergoing a career change and contended that the personal and occupational characteristics of proprietors exert an impact on the nature of provision, the caring regimes and the quality of life. Phillips and Vincent (1986) studied the background of proprietors of private residential care in Devon, highlighting the nature of homes as types of family business. A further study by Phillips, Vincent and
Blacksell (1986) examined private residential care as small business enterprise.

The growth of the private sector has resulted in the discussion of a 'mixed economy' and welfare pluralism as they relate to residential care (Bochel, 1987; Hynman, 1985; Willcocks et al, 1987). Hynman (1985) points out that the changes taking place in the balance of the mix of provision by the public, voluntary and private sectors have been a distinctive feature of the last decade. Judge (1986) states that residential care is an excellent example of the extent to which social policy needs to be discussed in the context of a mixed economy of welfare. Welfare pluralism is often cited as being beneficial in that it increases the choice available to clients (Hatch and Mocroft, 1983). However, Vincent et al (1988) in their Devon study argue that it is too simplistic to state that the growth of private sector residential care has increased the extent of choice for the elderly. The private sector has not necessarily expanded the range of alternative forms of care.

Issues such as the lengthening waiting lists for residential care, and the notion that residential provision represents a loss of liberty and independence (Townsend, 1981), have prompted a range of studies of alternatives.
Challis and Davies (1986), for example, have carried out extensive work on the community care policies in operation in Kent County Council. Whilst Walker (1982) states that there is a consensus in current social policy thinking that care in the community should be the policy goal, he also points out that there is no consensus as to what this should involve. While some see it as excluding residential care, others argue that residential homes should play an integral part in community care; they could provide, for example, respite care. Residential care and community care do not have to be mutually exclusive (Willcocks, 1986).

This review of the literature began by stating that geographers have neglected the study of services for the elderly. Reference has however been made by workers in other disciplines to the inequalities in service provision across the country. From as early as 1947, with the publication of the Nuffield Foundation's survey of services for the elderly, there has been an awareness of spatial inequalities in the levels of residential provision. Variations in levels of residential care were again made clear by Townsend in the early 1960s, the Seebolhm Committee and Davies in 1968, and Sumner and Smith in 1969. But it was not until geographers became concerned with issues of social justice and societal reform in the 1970s and 1980s that they began to take a real interest in the
distribution of services. Even then little was done to examine fully the residential services for the elderly. One of the few studies was that of Pinch (1980) who carried out a survey of local authority services for the elderly in Greater London and attempted to explain variations in the levels of service provision between areas with reference to factors such as need, political control and electoral marginality, local authority size, resources, costs and attitudes. He found that while a good deal of the variation could be explained by variations in needs, there were still substantial variations in amounts of service provision between boroughs with similar social conditions. Bebbington and Davies (1982) also studied the geographical distribution of local authority services used by the elderly. They found large variations in the levels of services across the country which they said could be explained by historical factors, political ideologies and policies, costs and the availability of alternative services. However, they concluded by stating that need for services among the elderly population of an area is nonetheless paramount in determining levels of provision. A third study carried out by Larder, Day and Klein (1986) at the Centre for the Analysis of Social Policy, looked at the spatial distribution of all resources for the elderly provided in institutions in England in the public, private and voluntary sectors. The emphasis of the study was,
however, on the private provision of nursing-home care. In addition to looking at each sector in turn, Larder, Day and Klein also examined the public/private mix. In order to explain the patterns of provision thereby revealed they selected several demographic and socio-economic variables with which to correlate levels of provision. These included the concentration of over 75s in the population, the proportion of the population in social classes I and II, of owner occupied households and of households with cars. They found a negative correlation between public and private provision, a negative correlation of public sector provision with population variables and positive correlation between private sector provision and population factors. These studies have begun to encourage the interchange between the study of social policy and spatial analysis but much more needs to be done at a national scale looking in more detail at each of the three sectors. The voluntary sector in particular has been neglected. In none of these three research projects was residential care or sheltered housing the major focus of a national study of services for the elderly.
1.4 Literature on sheltered housing for the elderly

Since many of the elderly live in below-standard accommodation it is not surprising that their housing has attracted considerable attention. Much interest has recently been focussed on the means of keeping the elderly in their existing accommodation through "Care and Repair" schemes, peripatetic wardens, and intensive domiciliary support (Tinker, 1983; Davies and Challis, 1986; Wheeler, 1982; 1985; 1985). However, during the initial growth period of sheltered housing in the 1970s and early 1980s, housing researchers have matched the single mindedness housing policy makers and practitioners by focussing their attention almost exclusively on sheltered housing provision. In particular, studies have been made of the role of sheltered housing, the success of sheltered schemes, the level of provision, the role of the wardens, and the growth and management of private sheltered housing. But while the literature on sheltered housing is extensive, the proportion containing reliable evidence to support statements made about the role and aims of this type of housing is small (Butler and Oldman, 1979). As Clayton (1978) points out the role of sheltered housing is ambiguous and its perceived aims vary greatly according to the philosophy of the person consulted. A national study of sheltered housing carried out by Leeds University (Greve, Butler and Oldman, 1981) concluded that a lack of
clarity prevails about the purpose of sheltered housing and about for whom it should be provided. This confusion was evident amongst both the providers and the elderly. There is even some debate on the issue of whether sheltered housing is a housing or a welfare service (Boldy, 1983; Butler, 1979; Cunnison and Paige, 1985; Cowan, 1984). There does not appear to be one overriding aim of sheltered housing, but rather a number of different aims to which different people attach different importance.

It has been argued that sheltered housing is a functional part of the general housing stock and that it should be considered as such by housing policy makers. This is particularly the case in circumstances where its presence allows local authorities to redeploy family housing by moving the elderly from under-occupied family dwellings into smaller units, thus releasing the former for other tenants (Butler et al, 1983). On the other hand, it has been argued that there has been a shift in the function of sheltered housing away from simply accommodating the elderly to providing a personal social service (Brennan, 1980; Boldy, 1983). This blurring of the distinction between housing and social services is generally regarded by these writers as being undesirable, resulting in the institutionalisation of schemes and in their becoming merely an inadequate form of residential care (Bytheway and
James, 1979). It may be noted that this problem of whether sheltered housing is properly a housing or a welfare service could be resolved if it were made the subject of joint planning between housing, social services and health authorities, since all three could then become involved. Some research has in fact been carried out to determine the extent of joint planning of this kind which is already undertaken. Although Bytheway and James (1979) found that general practitioners are instrumental in making the majority of recommendations to sheltered units, Butler (1979) stated that health authorities were very rarely involved in the planning of provision. Thus, despite the potential there is little evidence of a joint approach being widely adopted by local authorities (Butler, 1979).

The provision of "extra care" sheltered housing is a means of combining housing with care for the elderly (Bettesworth 1984) and much research interest has begun to be focussed on this new form of sheltered housing for the frail elderly. It is argued that sheltered housing could be made more intensive by providing extra facilities such as a 24 hour warden service, a sick bay, meals and laundry services. Although several such schemes have been developed, their success has not yet been evaluated. Again the housing of the frail elderly is a theme offering much scope for co-operation between housing departments and
Until recently the growth of sheltered housing had been hailed as one of the success stories in post-war housing policy (Tinker, 1983) and this view has been supported by a number of research projects. In a study of residents of Anchor Housing Association's sheltered schemes Fennell (1986) found a high degree of resident satisfaction. The British Association of Social Work (1985) also demonstrated that sheltered housing was popular with professionals who were involved with the elderly. The arguments put forward in favour of sheltered housing are that it provides small, easy-to-run housing, companionship combined with privacy, help in the event of an emergency, and allows a greater degree of choice for the elderly while releasing much needed family homes (Butler et al, 1979; Fennell, 1986; Tinker, 1987; Cunnison and Page, 1985). However, it is also said to create elderly ghettos, to result in a greater degree of dependency, and to concentrate scarce housing and domiciliary resources on a small proportion of the elderly population (Cowan, 1984; Gray, 1976). Moreover, questions have been raised about the costs of sheltered housing, the use of facilities and whether or not the elderly would choose this type of housing if there were alternatives. Satisfaction with sheltered housing appears to be linked more to the wish for small, easy-to-run homes.
rather than the provision of an alarm system and a warden (Butler et al, 1983).

The question of how much sheltered housing a local authority should provide has been discussed by a number of researchers (Edgar and Bochel, 1988; Butler and Oldman, 1979; Townsend, 1962). There are no official guidelines as to the levels of provision authorities should make, therefore it is up to each authority how much it will provide. Townsend (1962) recommended a guideline of 50 units per 1,000 of the elderly population, but the studies carried out by Edgar and Bochel and by Butler and Oldman demonstrate that this guideline has not been followed in many areas, and that variations between areas are extensive.

Research on private sheltered housing, a relatively recent provision, has examined the characteristics of the residents, management arrangements, service charges and the value for money which it represents. Fleiss (1985) studied the characteristics of the occupants of this type of accommodation in terms of their age, sex, household composition, previous employment, previous housing tenure, previous place of residence, degree of dependency and of satisfaction with their homes. Baker and Parry (1983, 1984, 1986) have produced a series of
reports of research covering the potential market for sheltered housing for sale and the characteristics and degree of satisfaction of residents in a number of schemes. Williams (1986) has also carried out a research project on the demand for private sector provision of sheltered housing for sale, focussing on North West England. His primary aim was to determine the link between private sheltered housing and existing local housing markets.

There have been very few studies of sheltered housing carried out by geographers. Sharp (1988) carried out a research project on the ageing of both buildings and residents of private sheltered housing schemes to determine the changes in the demographic and health status of residents and the likely consequences of these ageing processes on demands for health and social services. He also examined the social networks of residents and the extent to which these influenced the level of demand for caring services.

One explicitly spatial study of retirement housing (Barnard, 1982) explores the need for such housing in terms of the housing conditions of the elderly. She then goes on to examine the existing supply of retirement housing (whether purpose-built or merely small, low cost properties well-suited to, but not exclusively for, the
elderly). Noting the difficulties involved in assessing the extent of provision due to poor data sources and the problems of definition, the study found that the levels of provision varied both over time and through space. Finally Barnard goes on to consider the impact of an expanding retirement housing market on the residential opportunities open to the elderly.

While the range and variety of sheltered housing is wide, choice for the majority of elderly people is in fact severely restricted by its uneven growth across the country (Bettesworth, 1984). In a 'stock check' of provision of sheltered housing in a sample of twelve local authorities Butler and Oldman (1979) found that the range in levels of provision was wide and that explanations for this range were elusive. They found that the small rural non-metropolitan authorities were more likely to be high providers than the larger urban authorities. They further speculated that a stable population, available land, and the political will were factors favouring sheltered housing.

The literature on sheltered housing is clearly extensive, but as yet little research has been focussed on the spatial contrasts in the levels of provision made, and on the significance and explanations of these geographical
inequalities.

1.5 Literature on the voluntary sector

The election of the Conservative government in 1979 heralded a reduced commitment to State provided welfare services. The contraction of state funded services following the election has resulted in the voluntary sector returning to prominence in the discussion of welfare provision and to an increase in the amount of academic attention given to the sector.

Accounts of the history of welfare provision and many social studies concerned with wider policy issues have paid heed to voluntary effort, particularly prior to the introduction of state services, but also following the introduction of the 'Welfare State' (Nuffield Foundation, 1947; Townsend, 1962; Seebohm, 1968). However, with one or two important exceptions, such as Beveridge's *Voluntary Action* (1949), and the work of Morris (1969) and Rooff (1957), it was not until the late 1970s and the 1980s that the voluntary sector began to be a specific focus of academic attention, and then only in the field of social policy.

This recent upsurge of interest in the voluntary sector has arisen as a result of political and economic changes and
of calls for a return to the so-called Victorian values of individualism, self-help and charity, and a reduction in the role of the state. A debate has therefore developed in both academic and governmental circles as to the proper role of voluntary organisations alongside the statutory and private sectors in a democratic welfare state. Although the work of Rooff in 1957 considered the role of voluntary organisations in social policy, it is only in the last few years that the debate has reached a degree of urgency. A number of social policy academics in the 1980s have focussed attention on the relative roles of each of the three sectors and in particular have considered the welfare pluralism ideology (Hatch, 1980; Hinton & Hyde, 1982; NCVO, 1980; Brenton, 1985; Mellor, 1985; Webb & Wistow, 1987). Welfare pluralism is a philosophy which contends that the State is not the sole provider of welfare services, and that the private and, in particular the voluntary, sectors have a significant and important role to play, a role which they should be encouraged to perform. This is an issue which is discussed in some detail in Chapter Six, and will not therefore be considered further here. Whilst this literature provides interesting theoretical perspectives on welfare pluralism, outlining the ideology and issues in some detail, it refers to the voluntary sector in general. No attempt is made to assess the actual physical extent of the existing mixed economy of welfare in relation
to any particular services.

So far this account has referred to both the voluntary sector and to voluntary organisations as if they are interchangable terms. The voluntary sector, however, embraces the work of both voluntary organisations and volunteers, whether working formally or informally (Hinton and Hyde, 1982). As Smith and Freedman (1972) state in their survey of the literature on voluntary organisations that "with the exception of a few analysts most of the advocates of voluntarism fail even to make the fundamental distinction between volunteering and the voluntary association". It should therefore be made clear that this study deals only with formal voluntary organisations, and not with individual volunteers.

There is still some debate as to what constitutes a voluntary organisation. Due to the varied and complex nature of such organisations definitions tend to be what Weber (1949) calls 'ideal types', in that a certain set of characteristics are usually found in a voluntary organisation, but few fit the classification perfectly (Gill, 1986). The Wolfenden Committee (1978) based its definition on five criteria. First, that the organisation should be formed independently of the state. Second, that it should not be geared towards the pursuit of profit.
Third, the client group should not be exclusive to those who can afford to pay fees. Fourth, a voluntary organisation should be independently financed. Finally, it should not be controlled by the state. The main criticism of this model is the contention that voluntary organisations should be independently financed. According to both Kramer (1979) and Brenton (1985) the growth of the voluntary sector is often dependent, at least to some degree, on state financial assistance. Several writers have therefore defined voluntary organisations as not having to be entirely financially independent but as deriving at least some of their income from voluntary sources (Brenton, 1985; Rooff, 1957). This study employs the modified Wolfenden definition.

While most of the characteristics that distinguish a voluntary organisation from a statutory one may appear reasonably straightforward, the confusion over the relevance of funding as part of the definition of a voluntary organisation can also lead to a grey area between the public and the voluntary sectors. There are voluntary organisations which receive substantial government funding, but which are not established by statute and which are constitutionally independent (Hinton and Hyde, 1982). Since both the voluntary and public sectors, in many instances provide very similar types of services, for
similar client groups, there has been considerable comment on the marked similarities between them (Kramer, 1979). Sainsbury (1977) has observed that because of assumptions made about the identical values and goals of the two sectors, in the period following the Second World War, it was often regarded as a matter of indifference as to which sector provided services.

Classifying voluntary organisations is also fraught with difficulties. The Wolfenden Committee (1978) attempted to classify organisations by means of size, history, form of administration and the nature of the services provided. They found, however, that different patterns of classification were useful for different purposes and made the observation that "in a field where from the diversity of constituent elements systematic rigour is not easy to achieve, we have preferred that risk to the greatest risk of distorting the facts for the sake of an artificial tidiness". Hatch (1980) based his classification on whether volunteers or paid staff were responsible for the work, the beneficiaries, and the source of funding. Others have classified voluntary organisations according to their origins (Tinker, 1981) or functions. Hatch (1980) concluded that there are few, if any, essential characteristics shared by all voluntary organisations, that it is difficult to allocate organisations to any particular category and
that doing so would not necessarily enhance our understanding of the voluntary sector as a whole.

Other research on voluntary organisations has focussed on their functions, identifying several activities such as pioneering, pressure group activities, advice and advocacy services, information services and direct service provision (Johnson, 1981; Kramer, 1981; Tinker, 1981; Clarke and Davies, 1975). Sugden (1984) attempted an economic analysis of the voluntary sector, considering voluntary organisations as part of the privatisation of the Welfare State. Hatch and Mocroft (1979) studied the relative costs of services provided by voluntary organisations and the state. They found that in some situations, such as the provision of rented housing, costs within both sectors were very similar; however, in other situations, for example, the provision of meals on wheels, the voluntary sector can make provision more cheaply than the public sector. They concluded that it is not a question of whether voluntary organisations are cheaper, but in what circumstances and at what costs in terms of non-financial criteria.

The role of volunteers has also been considered (Aves Committee, 1969; Tinker, 1981; Gill, 1986). Associated with this aspects of the voluntary sector has been research into voluntarism and altruism, which has looked at why
people give and the characteristics of volunteers. The most influential of these studies has been the work of Titmuss who in his Gift Relationship (1970) looked at why people give blood voluntarily.

Literature relating specifically to voluntary sector provision of residential care and sheltered housing is extremely limited. While many general texts on housing, welfare services and the voluntary sector contain a chapter on these services there is relatively little literature giving them sole attention. And so, although the last few years have therefore seen a noticeable increase in the output of research focusing on the voluntary sector, it remains a relatively neglected area of study (Kramer, 1981; Hatch, 1980; Brenton, 1985). According to Kramer this paucity of research may be due to the ambiguity of the voluntary sector, its complexity and diversity, and the ambivalence with which it is regarded. This lack of empirical research inhibits the formulation of a more realistic assessment of the voluntary sector’s role in the Welfare State. One important gap in the literature is the omission of any spatial study of the activities of the voluntary sector. While a number of writers make a passing comment acknowledging the geographical unevenness in voluntary activity (NCVO, 1980; Wolfenden, 1978; Gladstone, 1979; Brenton, 1985; Johnson, 1981), with the exception of a
limited, geographical study of the location of branches of national voluntary organisations by Hatch and Mocroft (1977) no attempt has been made to analyse systematically the geographical distribution of voluntary-sector activity. Hatch and Mocroft worked on the assumption that the contribution of voluntary organisations to social welfare is affected by the fact that branches of national voluntary organisations are not evenly distributed. Their survey of organisations in towns in England and Wales with a population over 50,000 in 1971 (excluding London) found that voluntary organisations are more likely to be found in some kinds of towns than in others. Much of this variation could be attributable to chance - for example the existence of an enthusiastic group or individual. However, high social class was found to be the most important explanatory variable. The willingness and capacity of the voluntary sector to provide services throughout the country is therefore a significant field for new research.

1.6 Aims and objectives of the research project

The broad objective of this research is to contribute to the debate on social policy issues relating to residential care and sheltered housing for the elderly by adding a geographical perspective to those of the other social and medical sciences, and in so doing to increase the contribution of geography to the study of social
gerontology. While the geography of the elderly has been much researched (Warnes and Law, 1984; Warnes, 1986; Rees and Warnes, 1986; Allon-Smith, 1982) and the geography of service provision and housing have also been examined (Pinch, 1985; Daniels, 1986; Bourne, 1981), there have been few attempts to combine these fields of interest and to describe and analyse the geography of both kinds of residential service provision for the elderly. The research therefore aims to provide an investigation of the spatial distribution of these two services within England. The key questions addressed are: what is being provided? Where is it being provided, and by whom?

The primary aim of the project is to describe, analyse and explain the geography of the voluntary sector. In view of the existence of assumptions and doubts about the willingness and capacity of the voluntary sector to provide services in different parts of the country (Brenton, 1985) this is an important topic requiring further enquiry. At the same time, in order to avoid the main pitfall of geographical research, as identified by Taylor and Todd (1982), of pursuing disciplinary ends to the neglect of becoming heavily involved in the public debate on policy issues, this research also seeks to examine the policy implications of the findings. The key questions are therefore: Where and to what extent is the voluntary
sector making provision? What factors have influenced its geography? And what are the implications of these findings?

More explicitly, the research aims can therefore be summarised as follows:

1. to review the historical development of, and to provide an account of the changing geographical distribution of the residential homes and sheltered housing provided for the elderly by the public, private and voluntary sectors in England;

2. to identify geographical inequalities in the levels and sources of provision in England;

3. to explain the spatial distribution of these services in relation to a number of indices of need/demand, political disposition and resources;

4. to provide a more detailed analysis of the workings of the voluntary sector in its provision of residential care and sheltered housing for the elderly in order to account for its geography; and

5. to relate the findings of the study to the wider debate
on the role of the voluntary sector, and on service provision for the elderly in general.

1.7 Data and methodology

1.7.1 The national survey

The first part of the empirical research programme involved a comprehensive survey of residential services in England provided by each of the three sectors, public, private and voluntary, relating their distribution (and any changes in their distribution between 1981 and 1986) to indicators of need/demand, political disposition and resources.

Data on the levels of provision of residential homes in each of the 108 local-authority areas of England (county councils, metropolitan districts and London boroughs) were obtained from the Department of Health and Social Security (DHSS) which receives annual returns from local authorities relating to their own provision and also that made by voluntary and private establishments in their area.

Comparable information on sheltered housing was available through the Department of the Environment (DOE) which collects information on the various sectors for each district council. The data from these two sources were then standardised by calculating the levels of provision
per 1000 of the elderly population (men aged 65 and over and women aged 60). The figures thereby derived were then mapped to show the geographical distribution of services and variations in the levels of provision across England. This is the first time that these government sources of information have been used in this way. The patterns of provision are described and measures of dispersion calculated and examined.

In order to explain the patterns of provision revealed in the maps regression analysis is used to test a number of hypotheses which seek to relate geographical variations in the levels of provision to a series of carefully selected indicators (Table 1.3). The choice of variables included in the regression analysis was based largely on previous studies which have examined services for the elderly (Larder, Day and Klein, 1986; Davies et al, 1983; Pinch, 1980). Other variables more generally adopted as indicators of social deprivation were also employed. In addition, the general literature on the elderly and the voluntary sector gave some insights into potentially useful variables.

A number of variables were selected as indicators of the potential need for residential services and sheltered
housing in each local authority area and therefore as pointers to an expected high level of local authority and voluntary sector provision. These needs indicators were: the percentage of the population of pensionable age, the percentage of the population aged 75 and over, the percentage of pensioners living alone, the number of households with one or more pensioners with no or shared baths and the unemployment rate. It must, however, be stressed that there is no absolute definition of need and any study such as this is forced to fall back on proxy indicators which are inevitably value laden to some extent. (It should also be noted that including the percentage of population of pensionable age in the analysis in addition to standardising service provision per 1000 of the elderly population means that the proportion of elderly appears on both sides of the regression equation; this procedure is widely adopted and does not invalidate the analysis).

In order to account for the distribution of private sector services' proxy indicators of wealth, and therefore of potential demand, were selected. The percentage of the population in social classes I and II and the number of households with one or more pensioners who are owner-occupiers were the two main variables used in this context.
It should also be noted that several variables can be interpreted in different ways to indicate levels of provision made by more than one sector. The percentage of the population in social classes I and II, for example was employed as an indicator of demand for private services. Alternatively, it may indicate low levels of need for public residential and sheltered housing provision. The literature on the voluntary sector, however, suggests that it is in the middle class areas that voluntary activity is greatest. This variable was therefore also included as an indicator of high voluntary sector activity is greatest. This variable was also included as an indicator of high voluntary sector provision.

A number of authors have recognised the importance of the internal characteristics of local authorities in determining their levels of service provision (Pinch, 1986). Financial resources available to local authorities to provide services is one important consideration. Per capita rateable value and anticipated block grant receipt were therefore included as measures of resources. The level of overall expenditure by each authority is also an indicator of its potential to provide services for the elderly, although how these resources and the authority's subsequent expenditure of them are actually distributed
between different client groups and different services will obviously be dependent on a number of other local factors.

Finally, the literature on output studies has focussed upon the impact of party control on spending levels and hence service provision (Boaden, 1971; Danziger, 1978; Davies et al, 1971; Pinch, 1980). They hypothesise that the proportion of seats held by a political party will influence the level of spending by an authority, with Labour authorities having higher levels of expenditure on education, housing and welfare services. According to Pinch (1986) the focus on the number of seats held, rather than some binary measure of whether a party has political control, is justified on the grounds that the stronger the control the more support the party will have and the easier it is to implement its policies. Newton and Sharpe (1977), however, argue that the length of time a party has been in power is more important than its majority since policy changes take time to be implemented and revealed. The relative success of both these variables (the percentage of seats held and the number of years of control) in previous studies led to them being included in this analysis.

There are, of course, a number of other possible variables which might have been included in the regression analysis,
Table 1.3 Variables used in the regression analysis

<table>
<thead>
<tr>
<th>Variable</th>
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<tbody>
<tr>
<td>x1 % population of pensionable age</td>
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<td>x2 % population aged 75 and over</td>
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<tr>
<td>x3 % pensioners living alone</td>
</tr>
<tr>
<td>x4 % population in social classes I and II</td>
</tr>
<tr>
<td>x5 % council housing</td>
</tr>
<tr>
<td>x6 Number of households with one or more pensioners who are owner occupiers</td>
</tr>
<tr>
<td>x7 Number of households with one or more pensioners with no or shared bath</td>
</tr>
<tr>
<td>x8 Per capita rateable value</td>
</tr>
<tr>
<td>x9 Anticipated block grant receipt</td>
</tr>
<tr>
<td>x10 Total rate and grant borne expenditure</td>
</tr>
<tr>
<td>x11 % seats held by the political party in control</td>
</tr>
<tr>
<td>x12 Number of years of continuous Conservative control</td>
</tr>
<tr>
<td>x13 Number of years of continuous control by the political party in power</td>
</tr>
<tr>
<td>x14 Unemployment rate</td>
</tr>
<tr>
<td>x15 % economically active women</td>
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</table>

for example the level of community based domiciliary services, or the extent of the physical dependency of the elderly population. The limitations of time and resources restricted the study to readily available existing data sources.

The data required to compile the chosen indicators were collected from a variety of official and other published sources. These included unemployment statistics published by the Department of Employment in the Employment Gazette; data on local authority block grant receipts published by the Chartered Institute of Public Finance and Accountancy (CIPFA); and information on the political party in control of each local authority area, the number of years it had been in power and rateable values drawn from the Municipal Yearbook. Statistics relating to the characteristics of the population such as the percentage of population of pensionable age, the percentage of pensioners living alone, the housing amenities of households with one or more pensioners and the percentage of the population on social classes I and II, were obtained from the Office of Population Censuses and Surveys 1981 Census. In all these publications information on the selected indicators were available at the level of local authority areas (county councils, metropolitan districts and London boroughs).

The availability of data sets was important in influencing both the geographical scale and the choice of the time period studied. The data available from the DSS were not available in the detail required (local authority level) prior to 1981, and the most recent statistics available when the study began to use for comparison were those for
1986. Moreover, the year 1981 was thought to be a satisfactory choice as the base year for two other reasons: because it was only two years after the Conservative government came into office and therefore shows the patterns of provision before sufficient time had elapsed for the "climate for cuts" in public expenditure and for the growth of the private and voluntary sector to become entrenched, and because census statistics (an important source of data for the independent variables) are available for that particular year. England was chosen as the study area because of the availability of data and comparability of local authority areas.

Using SPSS-x, the data on residential homes and sheltered housing were then analysed by correlation and regression techniques to determine the extent and the nature of the relationships between the levels of provision existing in 1981 and 1986 (the dependent variables) and the selected indicators (the independent variables). Pearson's correlations, which are applicable to continuous data, were used. These provide a single index, the correlation coefficient, which summarises the relationship between two variables by indicating the degree to which variance in one variable may be explained by variation in another. A correlation matrix was derived to determine the extent of intercorrelation between the independent variables and
<table>
<thead>
<tr>
<th></th>
<th>% popn of pension age</th>
<th>% popn aged 75 and over</th>
<th>% pensioners living alone</th>
<th>% popn in social classes I &amp; II</th>
<th>% in council housing</th>
<th>No. h/holds with one or more pensioners - owner occupiers</th>
<th>No. h/holds with one or more pensioners - no or shared bath</th>
<th>Per capita rateable value</th>
<th>Anticipated block grant receipt</th>
<th>Total rate and grant borne expenditure</th>
<th>% seats held by political party in power</th>
<th>% of years of continuous Conservative control</th>
<th>% of years of continuous control by political party in power</th>
<th>Unemployment rate</th>
<th>% economically active women</th>
</tr>
</thead>
<tbody>
<tr>
<td>% popn of pensionable age</td>
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<td>% popn aged 75 and over</td>
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<tr>
<td>% pensioners living alone</td>
<td>-0.006</td>
<td>-0.017</td>
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<tr>
<td>% popn in social classes I &amp; II</td>
<td>0.003</td>
<td>0.085</td>
<td>0.277</td>
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<td></td>
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<tr>
<td>% council housing</td>
<td>-0.318</td>
<td>-0.312</td>
<td>-0.398</td>
<td>-0.482</td>
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<tr>
<td>No. h/holds with one or more pensioners - owner occupiers</td>
<td>0.287</td>
<td>0.35</td>
<td>-0.433</td>
<td>-0.312</td>
<td>-0.355</td>
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<tr>
<td>No. h/holds with one or more pensioners - no or shared bath</td>
<td>0.163</td>
<td>0.198</td>
<td>-0.324</td>
<td>-0.002</td>
<td>-0.163</td>
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<tr>
<td>Per capita rateable value</td>
<td>-0.378</td>
<td>-0.102</td>
<td>0.444</td>
<td>0.008</td>
<td>0.146</td>
<td>-0.141</td>
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<tr>
<td>Anticipated block grant receipt</td>
<td>0.024</td>
<td>0.013</td>
<td>0.006</td>
<td>0.101</td>
<td>0.109</td>
<td>0.054</td>
<td>-0.069</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Total rate and grant borne expenditure</td>
<td>0.004</td>
<td>0.024</td>
<td>0.077</td>
<td>0.079</td>
<td>0.18</td>
<td>0.137</td>
<td>-0.008</td>
<td>0.167</td>
<td>0.814</td>
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<tr>
<td>% seats held by political party in power</td>
<td>-0.214</td>
<td>-0.214</td>
<td>0.092</td>
<td>0.455</td>
<td>0.313</td>
<td>0.165</td>
<td>0.163</td>
<td>0.974</td>
<td>0.023</td>
<td>0.173</td>
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<tr>
<td>No. of years of continuous Conservative control</td>
<td>-0.034</td>
<td>-0.034</td>
<td>0.012</td>
<td>0.073</td>
<td>0.203</td>
<td>0.101</td>
<td>0.141</td>
<td>0.10</td>
<td>0.098</td>
<td>0.063</td>
<td>0.373</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of years of continuous control by political party in power</td>
<td>0.110</td>
<td>0.110</td>
<td>-0.407</td>
<td>0.682</td>
<td>-0.524</td>
<td>0.318</td>
<td>0.09</td>
<td>0.163</td>
<td>0.127</td>
<td>0.163</td>
<td>0.113</td>
<td>0.406</td>
<td></td>
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</tr>
<tr>
<td>Unemployment rate</td>
<td>-0.172</td>
<td>-0.203</td>
<td>0.035</td>
<td>-0.717</td>
<td>0.446</td>
<td>0.004</td>
<td>0.107</td>
<td>-0.275</td>
<td>-0.006</td>
<td>-0.004</td>
<td>-0.233</td>
<td>-0.125</td>
<td>-0.022</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% economically active women</td>
<td>-0.123</td>
<td>-0.121</td>
<td>0.843</td>
<td>0.205</td>
<td>0.117</td>
<td>-0.407</td>
<td>0.337</td>
<td>0.31</td>
<td>0.146</td>
<td>0.202</td>
<td>0.453</td>
<td>0.017</td>
<td>0.022</td>
<td>-0.359</td>
<td></td>
</tr>
</tbody>
</table>
between them and the dependent variables.

Multicollinearity refers to the situation where high correlation exists between the independent variables. Thus, if there are two highly intercorrelated independent variables, the second may essentially be explaining the same amount of variation in the dependent variable as the first, and the precision of estimation falls. Multicollinearity also causes ambiguity in the interpretation of the effects of individual variables. The greater the intercorrelation of the independent variables the less is the reliability of their relative importance as indicated by partial regression coefficients. Owing to multicollinearity an increase in one independent variable is accompanied by changes in the others and they cannot be regarded as being held constant. The correlation matrix for the independent variables used in this analysis shows relatively low levels of intercorrelation. An examination of the correlation coefficients for the variables found to be significant in each of the multiple regression equations indicates that multicollinearity has not influenced the results of the analysis (There is only one possible exception to this which is discussed when the problem arises in Section 4.3.2). It must be borne in mind when interpreting the correlation coefficients that while they
establish the presence or absence of statistical associations between two variables they do not permit definite conclusions to be drawn about causal relationships. These statistics therefore are not sufficient to explain spatial patterns of residential and sheltered housing provision, but were useful in determining which variables to include in the regression analysis.

A pattern in the spatial distribution of a dependent variable may be the result of the influence of several separate independent variables. Such an association cannot be determined through correlation analysis. However, by the use of multiple regression it becomes possible to identify such a relationship. Through this, $R^2$ - the coefficient of determination - is calculated. When expressed as a percentage it can be used as a measure of the proportion of variance in one variable explained by a combination of independent variables. Stepwise multiple regression is an objective method of overcoming multicollinearity, although if this is severe, the
intercorrelations may change as inclusion or elimination of variables proceeds. Regression analysis can be undertaken successfully only where the data conform to assumptions of normality, linearity and homoscedasticity. Testing the validity of all these assumptions is a major task. In addition it is not clear to what degree they can be violated before the results become uninterpretable (Johnston, 1980). According to Johnston (1980) most researchers are satisfied if the relationships are approximately linear and if each variable has an approximately normal distribution, but the definition of approximate is rarely given. In this study when these assumptions were tested it was found that not all of the variables were normally distributed. Since the transformation of data inevitably make it harder to interpret the multiple regression solutions based upon them it was decided that only variables with a skewness of more than ±2 (all the dependent variables and rateable value and anticipated block grant receipt) would be regarded as not having a normal distribution. These were then normalised by taking their square-rooted values.

The correlation and regression analysis was supplemented by a small number of interviews carried out with a carefully selected sample of local authorities and private developers (Chapter Three and Chapter Four). The aim of the
public sector interviews was to gain a better understanding of the processes undertaken by local authorities in determining the levels of public-sector provision of residential homes and sheltered housing in their area. The private sector interviews aimed to discover the locational decisions made by private developers. The interviews were therefore used to suggest further, often non-quantifiable, factors which help to account for the substantial geographical variations in provision. They also facilitated a more pragmatic interpretation of the developing and changing patterns of provision.

A sample of eight local authorities were chosen, four providing residential care (Devon, Knowsley, Bradford, Cleveland) and four providing sheltered housing (Hove, Solihull, Rugby, Lewisham). The selection procedure involved the identification of local authorities with either high or low absolute levels of public-sector provision. Two authorities were selected from each of these categories (high and low) for residential care and sheltered housing. The two authorities have similar levels of provision per 1,000 of the elderly population but differ in the percentage of their total provision made by the public sector; one has a relatively low percentage, the other a relatively high percentage. The authorities selected also represent a variety of geographical locations.
and different types of authority (shire counties and
districts, metropolitan counties and London boroughs). The
five largest providers of private sheltered housing in
terms of the number of units sold were selected as the
sample for the private sector. (The interview schedules for
these are in Appendices 3 and 4).

1.7.2 The voluntary sector

The second part of the research programme involved a more
detailed analysis of the voluntary sector. Due to the very
large number of organisations involved in making voluntary
sector provision of residential homes (over 300) and
sheltered housing (over 250), and the impossibility (given
the constraints of time and finance) of examining all such
agencies, a sample of twenty organisations was selected for
the study (ten in relation to residential home provision
and ten in connection with sheltered housing). In respect
of residential homes a decision was made to select the ten
largest in terms of the number of residential homes they
provide for the elderly. Since there is no national
register of voluntary organisations providing residential
homes, the first stage of this study was to construct a
national list of all voluntary organisations operating in
England. All voluntary residential homes are required,
under the 1984 Registered Homes Act, to be registered with
the social services department in the local authority in
which it operates. It was therefore possible to obtain a list from each local authority of all registered voluntary homes in their area. These lists are prepared for the use of the public seeking residential accommodation and vary greatly in the detail of information given. Most are merely a list of the names and addresses of homes. Since only a small proportion of local authorities included information on the number of places available in each home, and it would have been too costly and time consuming to ascertain the size of every home, the ten largest organisations had to be selected on the basis of the number of homes provided, rather than the number of places. The ten largest organisations were identified from these lists. The one exception to this is the Salvation Army which is one of the largest voluntary providers of residential homes but, for various reasons, many of its homes are exempt from registration. Information about the number and location of their homes was obtained direct from the organisation. Four of the 'top ten' organisations (two of which were Catholic orders) declined to participate in the interviews. In this eventuality the next in order of size were selected to replace them. The sample therefore comprises ten of the largest fourteen organisations. These are the Abbeyfield Society, Methodist Homes for the Aged, the Salvation Army, ANON (an organisation which did not wish to be named), James Butcher Housing Association, Pilgrim Homes,
Friends of the Elderly and Gentlefolk's Help, the Jewish Welfare Board, Anchor Housing Association and the Church Army.

Between them the ten organisations in the sample provide 171 homes, catering for well over 3000 elderly people. In terms of the total number of voluntary homes these ten organisations account for around 22% of the total. While the sample comprises only those organisations of national importance, (and therefore excludes the large number of small, 'one-off' organisations providing only one home) so little is known at present about the specific operation of the voluntary sector, so that to obtain some insights into its major bodies is a worthwhile contribution. Further research would have to be carried out to look at other types of providers. It was decided to concentrate on the largest providers because the resources were not available to choose a sufficient number of organisations drawn from various size bands. Semi-structured interviews were carried out with the equivalent of the Chief Executive or Director of each organisation, or in the case of the non-specialist organisations, with a senior officer involved in their provision of residential homes. The schedule of questions employed in each interview is shown in Appendix 1.
In the course of the interviews it became clear that the issue of the transfer of local authority homes to the voluntary or private sectors was one of some pertinence. A postal questionnaire was therefore sent to the 108 local authorities to determine whether or not such transfers had actually taken place.

In order to carry out the more detailed analysis of the voluntary sector, documentary evidence was obtained from each of the sample organisations. This included information on the location of the homes provided by the organisations, information which could then be compared with the distribution of all voluntary provision. The annual reports from the organisations gave details of the sources of funding, the distribution of branches, and in some cases, but by no means all, information on the history and aims and objectives of the organisation. For some of the sample organisations there was also additional documentary evidence in the form of special publications celebrating anniversaries or centenaries. These documents were useful in providing general background information on each organisation.

A similar procedure was adopted for sheltered housing. Another ten interviews were carried out with the Directors, Chief Executives or other high-ranking officers within a
selected sample of housing associations. The sample of ten housing associations was selected by taking the ten largest associations in terms of the number of units they provide for the elderly. The associations are Anchor Housing Association, the Royal British Legion Housing Association, Hanover Housing Association, James Butcher Housing Association, 'Johnnie' Johnson Housing Association, Servite Houses Ltd., Baptist Housing Association, Northern Counties Housing Association, Sutton Housing Trust and the North British Housing Association. These associations were identified from housing stock details provided by the National Federation of Housing Associations. The data refer to all housing stock provided specifically for the elderly, not just sheltered accommodation. However, this was the only practical means of selecting a sample and in most cases when the organisations were contacted it was found that the majority of units are sheltered. These associations thereby selected together provide over 50,000 sheltered units for the elderly; or over 50% of the total number of voluntary units available. Because they account for such a high proportion of the total provision, it is considered feasible to regard these associations as being reasonably representative of the workings of this part of the voluntary sector. It must, however, be borne in mind that there are a large number of housing associations which provide only one or two schemes, to which the findings of
this study will not be directly applicable. While in principle it would be desirable also to examine the operation of these smaller associations, limited resources restricted the study to only the large national organisations.

Documentary evidence from the sample voluntary organisations and from the Housing Corporation regional offices was also used in the study. Following the passing of the Housing Act 1974 voluntary sector sheltered housing, provided by housing associations, has been regulated by the Housing Corporation. The Housing Corporation is a government quango which provides the majority of housing association capital funding and is therefore able to exercise considerable control over the type and location of accommodation provided by housing associations.

Documents from the sample organisations were primarily Annual Reports providing information relating to aspects such as the location of homes or sheltered housing schemes, sources of funding, the distribution of branches, and the aims, objectives and history of the organisation. Information from the Housing Corporation took the form of Policy and Allocation Statements from each regional office in England. These provided information on the role, policy and activities of the Corporation including
determining the distribution of housing association sheltered housing.
CHAPTER TWO: THE DEVELOPING MIXED ECONOMIES OF RESIDENTIAL CARE AND SHELTERED HOUSING

2.1 Introduction

This chapter provides a general overview of the aggregate levels of residential care and sheltered housing and examines the nature of the mixed economy of provision before looking in more detail at the patterns of services provided by each of the three sectors individually. In a recent government-commissioned report on community care Sir Roy Griffith argued that who provides care "is an important, but secondary consideration". In his view it is not so much who is making provision, but rather the overall level of services and the types of services being provided that are of paramount importance. Moreover, both Griffith (1988) and Lady Wagner (1988) have made recommendations about the reorientation of the aims of public sector social services suggesting that the emphasis should shift from the direct, sometimes monopolistic, provision of services towards a new role of planning and coordinating the services offered by the public, private and voluntary sectors, and of negotiating the best possible terms for each individual client. If this new thinking is translated into policy in the future, then the overall level of provision of particular types of services will undoubtedly become a matter of increasing concern. The following section therefore examines the geographical
variations in the total level of provision of both residential care and sheltered housing in England.

2.2 Aggregate provision

2.2.1 Residential care

In 1981 the average overall level of residential care in England was 20.77 places per 1000 of the elderly population. Around this average, provision ranged from 10.89 to 51.18 places. Both these extremes were within Greater London (Waltham Forest and Havering respectively). Some places were therefore providing five times more places per 1000 of the elderly population than others. The southern counties of Devon, Somerset, Dorset, Hampshire & the Isle of Wight, East and West Sussex, Surrey and Kent had relatively high levels of provision, while the band of counties across the middle of the country, comprising Cheshire, Staffordshire, Derbyshire, Nottinghamshire, Lincolnshire and Leicestershire had low provision. In general, county councils had higher levels of provision than metropolitan districts, with only two counties being in the lowest quintile (Fig. 2.1). The extent of variation in levels of provision is shown by a coefficient of variation of 0.33. Figures 2.2 and 2.3 display this variation graphically. Figure 2.2 is a simple dispersion graph demonstrating the spread of levels of provision.
Figure 2.1 The distribution of residential places per 1000 of the elderly population 1981 and 1986.
Figure 2.2 Dispersion graph: residential places per 1000 of the elderly population 1981 and 1986

Figure 2.4 Dispersion graph: sheltered housing units per 1000 of the elderly population 1981 and 1986
Figure 2.3 Lorenz curve: the deviation from a hypothetical even distribution of residential places per 1000 of the elderly population 1981 and 1986.

Figure 2.5 Lorenz curve: The deviation from a hypothetical even distribution of sheltered housing units per 1000 of the elderly population 1981 and 1986.
Figure 2.3 shows the extent of departure from a hypothetical even distribution of homes.

By 1986 residential care for the elderly had expanded and the average total residential provision had increased to 23.89 places per 1000 of the elderly population. This growth was accompanied by an increased range in provision levels. Knowsley had 10.85 places per 1000 of the elderly population while Bolton had as many as 71.37 places per 1000 of the elderly population i.e. seven times the number. Nonetheless the overall variation had, however, decreased marginally so that the coefficient of variation was 0.30. The dispersion graph (Fig. 2.2) shows that there was a larger spread of points in 1986 and that levels of provision were generally higher. The Lorenz curve (Fig. 2.3) demonstrates a very similar pattern to that displayed in 1981. The shire counties had experienced a small increase in the number of counties with relatively high provision but the same general spatial pattern was in evidence. Greater London on the other hand experienced an overall decline in provision of residential places with a substantial decrease in the number of boroughs in the highest quintile (Fig. 2.1).
2.2.2 Sheltered housing

In 1981 the average level of sheltered housing provision made by all three sectors together was 38.26 units per 1000 of the elderly population. The Isle of Wight had the lowest overall provision with only 10.78 units per 1000 of the elderly population, while Barnsley in South Yorkshire had over fifteen times that number with 170.42 units. The scatter diagram (Fig. 2.4) shows a relatively wide spread of points and the coefficient of variation of 0.67 indicates greater geographical inequalities in sheltered housing provision than for residential care, a fact well demonstrated by the greater departure of the Lorenz curve (Fig. 2.5) from the hypothetical even distribution. Figure 2.6 shows the geographical distribution of provision. The shire counties were dominated by authorities in the top three quintiles of provision, although there is no clear pattern to their distribution. Greater London, on the other hand, had only one borough, Kingston upon Thames, in the top quintile.

By 1986 the overall level of provision had increased to an average of 45.49 units per 1000 of the elderly population. Despite this increase, significant geographical inequalities remained. The coefficient of variation had increased slightly to 0.72 and the Lorenz curve (Fig. 2.5) shows a very similar pattern to that for 1981. The
Figure 2.6 The distribution of sheltered housing units per 1000 of the elderly population 1981 and 1986.
scatter diagram (Fig. 2.4) again demonstrates that there were several counties with exceptionally high provision, Cleveland (116.31), Durham (127.39), Doncaster (157.10) and Bolton. The spatial pattern of provision in the county councils remained virtually unchanged from that in 1981. Greater London now had four borough councils in the highest two quintiles (Fig. 2.6).

It has been suggested that sheltered housing may be regarded to some extent as an alternative to residential care (Butler et al, 1983; Townsend, 1962). It might therefore be expected that local authority areas with a high level of one type of accommodation would have a relatively low level of the other. A correlation analysis was carried out to determine whether the pattern of sheltered housing provision is in fact a kind of mirror image of the pattern of residential home provision. An extremely weak correlation coefficient was obtained for both the 1981 and the 1986 patterns (indeed it was a negative association of 0.14 in 1981 and a positive association of 0.11 in 1986). Clearly there is no straightforward statistical link between the two sets of patterns and, in general, this analysis indicates strongly that access to a "home" of either kind varies enormously from place to place and provision bears little or no
relation to absolute levels of need.

2.3 A mixed economy

From the 1940s until the late 1970s, during the "hey-day" of the welfare state in Britain, the public sector was regarded as the major provider of welfare services (Webb et al 1976), and in such an environment the private and voluntary (non-profit making) sectors had, in general, low profiles both politically and in terms of their contribution to the overall level of service provision. In 1960 the public sector accounted for 66% of all places in residential institutions for the elderly in England and Wales, and over the following decade and a half this share was maintained. In 1976 it also provided 67% of all places in England. This predominance of the public sector in service provision was a practical expression of the institutional model of welfare which implies that it is the responsibility of the state to provide services for those in need, while the non-statutory agencies play a secondary or marginal role (Wilensky and Lebaux, 1965; Mishra, 1977). However, the last decade has witnessed a marked shift away from this institutional model of welfare towards a greater mix in the suppliers of some services and perhaps the beginnings of a return to a more residual
type of state welfare provision (Wicks, 1987) characteristic of the Victorian period (Mishra, 1977) in which the state plays only a 'safety-net' role.

2.3.1 The context of change

The diminution of the role played by the state in the provision of services for the elderly has coincided with the collapse of political consensus as to the proper function of the state (Wicks, 1987). From the 1940s until the 1960s both major political parties in Britain (Conservative and Labour) accepted responsibility for making substantial and universal welfare provision when in government. Since the election to power in 1979 of the present Conservative government there has been a polarisation of political opinion about the role of the state. Apart from Tory philosophy, certain key factors are said to have contributed to this change and to the growing lack of confidence in and anxiety about the future of the welfare state. These include the worsening economic climate, the changing structure of the population and the results of social policy research (Wicks, 1987).

Economic factors have been of particular importance in changing attitudes towards the welfare state. In the 1950s and 1960s social services had expanded in line with
sustained economic growth. With the onset of economic recession, the ability to finance an expanding service provision from tax revenues was questioned (Walker 1982). Increasingly the poorer sections of the population were brought into the tax system, shifting the balance of the burden of taxation from the better off towards those with lower incomes. In consequence those most in need were paying proportionally more for their own social services (Wicks, 1987). Moreover, in addition to existing demand, rising unemployment resulted in increased calls on the resources of the welfare state (Walker, 1982). Against this background of rapidly changing circumstances, it was also argued by those on the right of the political spectrum that high public expenditure on welfare services was a burden on the economy, depriving the private sector of the resources necessary for expansion and thereby inhibiting economic growth. According to Wicks (1987)

The worsening economic climate could not fail to affect the Welfare State and social policy moved to the centre stage of economic and political debate...The association between social expenditure and the state of the economy was now at the heart of controversies surrounding future policy and led to the breakdown of any past consensus about the desirability of a large and growing Welfare State.

The changing demography of Britain, in particular the ageing structure of the population, was also important because of the implications for further increasing demands
imposed on already stretched welfare services - health, social services and social security (Loney et al, 1983). This problem was heightened by the trend towards retirement at the earliest age possible, by the increased costs of personnel in the very labour-intensive services required for caring for the elderly, and by the introduction of expensive new technology in hospital services (Wicks, 1987).

Accumulating research throughout the 1960s and 1970s by social policy academics such as Towsend and Wedderburn (1965) demonstrated, moreover, that the welfare state was simply not achieving many of its original goals. Poverty remained widespread and considerable inequalities persisted. Scepticism increased as to how much could in fact be achieved by statutory services alone as evidence emerged to show no clear reduction in many of the problems of the post-war period despite an inexorable rise in the proportion of public expenditure devoted to the social services (Hadley and Hatch, 1981). Brian Abel-Smith wrote in 1964 that

Britain's public services are now a bad advertisement for socialism. Deprived of adequate resources, the public sector is forced to protect itself with queues and rationing...in the public sector there is still too often an atmosphere of wartime austerity.

In the face of these problems and anxieties there was a
need to address seriously the problem of how to meet new and increasing needs and for a re-evaluation of the role of the state relative to that of the other sectors. A climate thus existed in the late 1970s and the early 1980s in which new thinking on welfare provision could take place.

a vital new debate is beginning, or perhaps an old debate is being renewed, about the proper role of government, the welfare state and the attitudes on which it rests. (Margaret Thatcher, 1977 quoted in Wicks, 1987)

Arguments began to be deployed undermining the welfare state ideal and questioning the assumptions on which policies for the development of the social services had been based (Hadley and Hatch, 1981; Gladstone, 1979; Harris and Seldon, 1979). Major contributions to this new thinking have come from all sections of the political spectrum, the New Right, the Far Left, the feminist movement and those (broadly social democratic) associated with the idea of welfare pluralism. A different mix in the providers of services was implied by the New Right's emphasis on the private sector, a substantial withdrawal of state services and the attendant bureaucracy, to be replaced by a freedom of choice in a competitive market (Harris and Seldon, 1979; 1987). The proponents of welfare pluralism also opposed a statutory public-rented monopoly of service provision albeit they rejected the
minimalist call for disengagement by the state (Brenton, 1985). Thus they too advocated a smaller role for the public sector, a larger role for the voluntary and informal sectors and greater local participation in decision making (Hadley and Hatch, 1981; Nissel et al, 1980; Gladstone, 1979).

The election in 1979 of the most radical Conservative government since the war added impetus to the reappraisal of the relative roles of the different sources of social services and the relationships between them. The government has also been in a position to initiate the much-vaunted process of "rolling back the frontiers of the state", enabling and encouraging other sectors to play a larger role. Monetarist economic policies and the government's ideological objection to reliance on state welfare services and public housing (Wicks, 1987) have required the curtailment of public expenditure and greatly opened up the market for the private and voluntary sectors. The government has also given both practical and moral support to the non-statutory agencies to make provision for the elderly. For example, an amendment to the 1980 Social Security Act in November 1980 made the then Department of Health and Social Security (DHSS) financially responsible for all elderly people in need of residential care (note: Health and Social Security were divided to form
two separate ministries in 1988). Approximately one third of all residents in private residential homes are paid for to some extent by the DSS Supplementary Benefit Scheme (Bartlett and Challis, 1985), through which social security offices are able to pay a standard amount per week towards the cost of caring for a resident in a private home. The rhetoric in government documents such as Growing Older (1981) and Care in Action (1981) demonstrates the ideological support given to the private sector and to the notion of the state as merely the co-ordinator of services provided by others. For example, in Growing Older (1981) there is a call for greater co-operation and collaboration between the various sectors with government support

Public authorities need to encourage the caring agencies to work together, and to develop networks of provision to meet local needs. Voluntary bodies and private individuals offering help should be able to rely on the wholehearted support of the public services.

2.4 The mix of provision in England 1981 - 1986

It is now appropriate to examine in more detail the changes in the mixed economies of residential care and sheltered housing between 1981 and 1986 in England as a whole and in the spatial variations in the mix of provision. In accordance with an institutional model of welfare, the public sector was by far the major provider of care for the elderly in 1981 (with 62.3% of the total number of
places) while the private and voluntary sectors played only a very secondary role. However, by 1986 DHSS data for residential care (see Table 2.1) showed a remarkable level of change and a shift towards a more residual model of welfare could be identified. Although the public sector is still the major provider, due to the adoption of the community care policy (looking after the elderly in the community rather than in residential establishments) and a reduction in government spending on public services, it has experienced a decline in both the absolute number of places and in its share of the total provision. By 1986 public sector places had fallen by over 2,000 and their percentage share of the total had dropped to 48.9%. In contrast the private sector increased its percentage share at the expense of both the public and voluntary sectors. An increase of almost 50,000 places (a growth of 60.5% between 1981 and 1986) meant that by 1986 the private sector accounted for 37.1% of the total provision. In the sheltered housing field, only a small change occurred in the mix, primarily because private sheltered housing is only a very recent development, so that despite the rapid growth of the private sector between 1981 and 1986 (a 58.8% increase) its share of total provision is still relatively insignificant at 4% (Table 2.2). Figures 2.7 and 2.8 show the magnitude of the movement from a local authority dominated provision of residential care and sheltered
### Table 2.1 Residential Care: the changing national mix of provision in England 1981 - 1986

<table>
<thead>
<tr>
<th>Year</th>
<th>Public</th>
<th>Priv.</th>
<th>Vol.</th>
<th>Public</th>
<th>Priv.</th>
<th>Vol.</th>
<th>% Change in Number</th>
<th>% Share of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1981</td>
<td>108398</td>
<td>31338</td>
<td>26037</td>
<td>62.3</td>
<td>19.3</td>
<td>18.4</td>
<td>-2.0</td>
<td>62.3</td>
</tr>
<tr>
<td>1986</td>
<td>106237</td>
<td>80586</td>
<td>30512</td>
<td>61.5</td>
<td>19.5</td>
<td>19.0</td>
<td>-1.8</td>
<td>59.7</td>
</tr>
</tbody>
</table>

Source: DHSS, 1982; DHSS, 1987

### Table 2.2 Sheltered Housing: the changing national mix of provision in England 1981 - 1986

<table>
<thead>
<tr>
<th>Year</th>
<th>Public</th>
<th>Priv.</th>
<th>Vol.</th>
<th>Public</th>
<th>Priv.</th>
<th>Vol.</th>
<th>% Change in Number</th>
<th>% Share of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1981</td>
<td>244261</td>
<td>5478</td>
<td>57544</td>
<td>79.2</td>
<td>2.1</td>
<td>18.7</td>
<td>-13.0</td>
<td>79.2</td>
</tr>
<tr>
<td>1986</td>
<td>280741</td>
<td>15717</td>
<td>91406</td>
<td>72.4</td>
<td>4.0</td>
<td>23.6</td>
<td>-13.0</td>
<td>72.4</td>
</tr>
</tbody>
</table>

Source: DOE, 1981; DOE, 1986
Figure 2.7 The magnitude of the shift from a local authority dominated provision of residential care towards a greater contribution being made by the private sector.

For cartographic reasons it is not possible to represent all local authority areas on the figure.
Figure 2.8 The magnitude of the shift from a local authority dominated provision of sheltered housing towards a greater contribution being made by the voluntary sector.

For cartographic reasons it is not possible to represent all local authority areas on the figure.
housing to a mix in provision in which the private sector plays a greater role in residential care and in which the voluntary sector makes a larger contribution in sheltered housing. The slope and length of each line depicted in Figures 2.7 and 2.8 indicate the direction and the extent of the shift in each local authority area. From the diagrams it is clear that the general pattern of shift is much less clear cut for sheltered housing than for residential care. The reason for this is that sheltered housing is a relatively new service and as such the contribution of the voluntary, and in particular the private sectors, is very recent and still relatively limited. Moreover, the key point in the context of this research is that when these national figures (Tables 2.1 and 2.2) are disaggregated according to local authority areas, it is clear that there are substantial variations in the mix of sources of provision between different parts of the country. These spatial variations and the factors which lie behind them will be discussed first with reference to residential care and secondly with reference to sheltered housing.
2.5 Residential care

In 1981, whilst most areas already exhibited a mixed economy, considerable geographical variations were evident in the components of the mix. For example, in 1981 residential care in local authority areas such as Knowsley, Cleveland, Rotherham and Bexley was dominated by the public sector, while in East and West Sussex there was a relatively balanced mix of provision between the three sectors and in areas such as Devon and Cornwall residential care was provided mainly by the private and public sectors with only a very limited contribution from the voluntary sector. But between 1981 and 1986 the spatially uneven growth of the private sector added a new dimension to the geographical variations in sectoral mix. By 1986, although there were still some local authorities in which the mix in provision was relatively limited, elsewhere there had been a complete reversal in the roles of the public and private sectors. (see Tables 2.3 and 2.4).

In 1981 there were 5 areas (the metropolitan districts of Knowsley, Barnsley and Walsall and the London boroughs of Barking and Dagenham and the City of London) in which there was no mix in the provision of residential care places for the elderly; all the available places were provided by the public sector. By 1986 there were no longer any local authority areas in which the public sector was the
Table 2.3 Residential care: presence of each sector in 1981 and 1986

<table>
<thead>
<tr>
<th></th>
<th>Number of local authority areas</th>
<th>All three sectors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Only one sector</td>
<td>Two sectors</td>
</tr>
<tr>
<td></td>
<td>public</td>
<td>public/private</td>
</tr>
<tr>
<td>1981</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>1986</td>
<td>0</td>
<td>7</td>
</tr>
</tbody>
</table>

Source: DHSS, 1982; DHSS, 1987

Table 2.4 Residential care: the percentage mix of sectors 1981 and 1986

<table>
<thead>
<tr>
<th></th>
<th>Public sector</th>
<th>Private sector</th>
<th>Voluntary sector</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&gt;50</td>
<td>&gt;60</td>
<td>&gt;70</td>
</tr>
<tr>
<td>1981</td>
<td>91</td>
<td>75</td>
<td>58</td>
</tr>
<tr>
<td>1986</td>
<td>65</td>
<td>46</td>
<td>27</td>
</tr>
</tbody>
</table>

Source: DHSS, 1982; DHSS, 1987

Table 2.5 Residential care: the main providers in 1981 and 1986

<table>
<thead>
<tr>
<th></th>
<th>Public sector</th>
<th>Private sector</th>
<th>Voluntary sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>1981</td>
<td>99</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>1986</td>
<td>83</td>
<td>15</td>
<td>5</td>
</tr>
</tbody>
</table>

Source: DHSS, 1982; DHSS, 1987
exclusive provider. In both years there were a small number of authorities in which only two sectors were in operation, but the number of these had fallen by 1986 (Table 2.3).

Although nationally the public sector is no longer so dominant, there are instances in which the shift towards the other two sectors has been relatively limited. In Table 2.4 the number of local authorities in which each sector provided a certain percentage of the total provision is shown. In 1981 the public sector provided over 50% of the total number of residential places in 91 out of the 108 local authority areas of England; by 1986 this was the case in only 65 areas and the number of cases in which the public sector provided over 90% of places had dropped from 17 to 3. Nonetheless, as Table 2.5 shows, the public sector remains pre-eminent in terms of the number of local authorities in which it is still the largest (though not necessarily the majority) provider. In a few south coast authorities such as East and West Sussex, Devon and Cornwall, the private sector was the largest provider by 1986.

Having reviewed the general pattern of the recent sectoral changes it is now relevant to examine in more detail the geographical dimensions of these recent developments. The
key questions relate to the characteristics of those areas in which the mix is greatest and in which the largest changes have taken place. Further it is important to establish whether different trends are emerging in different areas of England.

From Figure 2.9 three broad groupings can be defined which existed in 1981 and against which it is possible to illustrate variations in the shift towards a mixed economy of provision. These were (a) areas of public-sector dominance in which the public sector provided over 60% of all residential places; (b) areas in which the voluntary sector appeared to be relatively more important than elsewhere. Such areas were defined wherever the level of provision accounted for by the local authority fell below 60% and that of the private sector below 25%; and (c) areas in which the private sector provided over 25% of all places and in which the local authority made less than 60% of provision. For 1981 the graph (Fig. 2.9) shows a tight concentration of authorities in the bottom left hand corner, that is in areas with high public sector provision. The geographical distribution of these three groups is mapped in Fig. 2.10. This clearly shows that in 1981 there were only a few areas in which the local authority provided less than 60% of all residential places - these were mainly concentrated in the traditional south
Figure 2.9 The percentage mix in the provision of residential places by the public, private and voluntary sectors 1981 and 1986.
Figure 2.10 The geographical distribution of the mixed economy of residential places 1981 and 1986.
coast seaside retirement areas (where the private sector accounted for over 25% of provision) and the Home Counties and Outer London boroughs (in which the voluntary sector played a larger role). But by 1986 the picture had altered significantly. A general shift towards a greater mix in provision is clearly depicted in the more dispersed scatter of points on the graph (Fig. 2.10), showing a large fall in the number of areas, particularly the Shire counties, in which the public sector had provided over 60% of all residential places, and a substantial increase in the number of areas in which the private sector made over 25% of provision.

In addition to the insights obtained through this exercise of spatial disaggregation it is also of value to identify the differences between the types of local government authority responsible for residential provision—the shire counties, the metropolitan districts and the London boroughs (see Fig. 2.10). In the shire counties and metropolitan districts there has been a substantial decrease in the percentage of public sector provision, a small fall in the proportion contributed by the voluntary sector and a large increase in the percentage of private residential places. For the London boroughs these changes were notably less dramatic, showing a relatively higher level of voluntary residential care, a small decline in
public provision and only a modest rise in private care

In order to explain these marked geographical variations in the provision made by each sector a stepwise multiple regression analysis was carried out on both the 1981 and 1986 data to determine the relative importance of a number of independent variables (indicators of need, political disposition and resources). The results of the regression analysis showed that only those variables relating to the characteristics of the population were of any influence in explaining variations in the mix of provision of residential care - for example, the percentage of the population in social classes I and II, the percentage of the population of pensionable age, and the percentage of the pensioners living alone - and even these generally had only limited explanatory power (see Tables 2.6, 2.7 and 2.8). Clearly further analysis is required to uncover meaningful explanations of the spatial variations in the provision of residential homes in English local authority areas and this is a theme which will be returned to later in Chapter Three.
Table 2.6 Influences on the percentage of residential places provided by the public sector

<table>
<thead>
<tr>
<th>Variable</th>
<th>Coefficient</th>
<th>$R^2$</th>
<th>$R$ change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. 1981</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constant</td>
<td>158.349</td>
<td>0.406</td>
<td>0.406</td>
</tr>
<tr>
<td>$x_4$ % population in social classes I and II</td>
<td>-1.647</td>
<td>0.406</td>
<td>0.406</td>
</tr>
<tr>
<td>$x_1$ % population of pensionable age</td>
<td>-2.677</td>
<td>0.538</td>
<td>0.132</td>
</tr>
<tr>
<td>$x_7$ No. of households with one or more pensioners - no or shared bath</td>
<td>-0.002</td>
<td>0.562</td>
<td>0.024</td>
</tr>
<tr>
<td><strong>B. 1986</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constant</td>
<td>65.001</td>
<td>0.333</td>
<td>0.333</td>
</tr>
<tr>
<td>$x_4$ % population in social classes I and II</td>
<td>-1.278</td>
<td>0.333</td>
<td>0.333</td>
</tr>
<tr>
<td>$x_1$ % population of pensionable age</td>
<td>-7.569</td>
<td>0.453</td>
<td>0.120</td>
</tr>
<tr>
<td>$x_3$ % pensioners living alone</td>
<td>0.975</td>
<td>0.482</td>
<td>0.362</td>
</tr>
</tbody>
</table>

Table 2.7 Influences on the percentage of residential places provided by the voluntary sector

<table>
<thead>
<tr>
<th>Variable</th>
<th>Coefficient</th>
<th>$R^2$</th>
<th>$R$ change</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. 1981</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>constant</td>
<td>-10.64</td>
<td>0.31</td>
<td>0.31</td>
</tr>
<tr>
<td>$x_4$ % population in social classes I and II</td>
<td>1.18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. 1986</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>constant</td>
<td>-42.56</td>
<td>0.24</td>
<td>0.24</td>
</tr>
<tr>
<td>$x_4$ % population in social classes I and II</td>
<td>1.16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$x_3$ % pensioners living alone</td>
<td>1.01</td>
<td>0.30</td>
<td>0.06</td>
</tr>
</tbody>
</table>

Table 2.8 Influences on the percentage of residential places provided by the private sector

<table>
<thead>
<tr>
<th>Variable</th>
<th>Coefficient</th>
<th>2 R</th>
<th>2 R change</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. 1981</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>constant</td>
<td>2.44</td>
<td>0.32</td>
<td>0.32</td>
</tr>
<tr>
<td>x6 No. of households with one</td>
<td>1.32E-04</td>
<td>0.32</td>
<td>0.32</td>
</tr>
<tr>
<td>or more pensioners - owner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>x1 % population of pensionable age</td>
<td>2.33</td>
<td>0.47</td>
<td>0.15</td>
</tr>
<tr>
<td>x3 % pensioners living alone</td>
<td>-1.13</td>
<td>0.55</td>
<td>0.39</td>
</tr>
<tr>
<td>B. 1986</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>constant</td>
<td>71.38</td>
<td></td>
<td></td>
</tr>
<tr>
<td>x6 No. of households with one</td>
<td>2.71E-04</td>
<td>-0.42</td>
<td>0.42</td>
</tr>
<tr>
<td>or more pensioners - owner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>x3 % pensioners living alone</td>
<td>-1.43</td>
<td>0.49</td>
<td>0.07</td>
</tr>
</tbody>
</table>

2.6 Sheltered housing

In 1981 there was a relatively limited mixed economy of provision of sheltered housing. The public sector was dominant, the private sector played only a very marginal role and the voluntary sector made varying levels of provision. For example, in Barnsley, Doncaster, Cornwall, Buckinghamshire and Sandwell the public sector provided over 85% of all sheltered units. In Northumberland, Stockport, Liverpool, Kensington and Chelsea, Wandsworth and Sutton the public and voluntary sectors provided around 50% each of the total provision; in Manchester and Harrow the voluntary sector was the main provider; in Waltham Forest all three sectors made a roughly equal contribution and in the majority of other areas the public sector was the dominant provider, supplemented primarily by the voluntary sector. Between 1981 and 1986, however, there was a marked increase in the number of local authorities in which all three sectors were making provision (Table 2.9).

Table 2.10 shows the degree to which the percentage mix between the sectors in sheltered housing provision changed between 1981 and 1986. The number of areas in which the local authority provided over 70% of the total provision declined from 116 to only 85 in the 5 year period, while the voluntary sector increased its share to over 30% in 13 areas and to over 20% in another 15. Despite these
Table 2.9 Sheltered housing: the presence of each sector in 1981 and 1986

<table>
<thead>
<tr>
<th>Number of local authority areas</th>
<th>Only one sector public</th>
<th>Two sectors public/private</th>
<th>All three sectors public/voluntary</th>
</tr>
</thead>
<tbody>
<tr>
<td>1981</td>
<td>3</td>
<td>0</td>
<td>49</td>
</tr>
<tr>
<td>1986</td>
<td>1</td>
<td>0</td>
<td>32</td>
</tr>
</tbody>
</table>

Source: DOE, 1981; DOE, 1986
*There was no data available for 17 local authorities in 1981 and 15 local authorities in 1986.*

Table 2.10 Sheltered housing: the percentage mix of sectors 1981 and 1986

<table>
<thead>
<tr>
<th>Number of local authority areas</th>
<th>Public sector &gt;50 (%)</th>
<th>&gt;60 (%)</th>
<th>&gt;70 (%)</th>
<th>&gt;80 (%)</th>
<th>&gt;90 (%)</th>
<th>Private sector &gt;5 (%)</th>
<th>&gt;10 (%)</th>
<th>&gt;15 (%)</th>
<th>&gt;20 (%)</th>
<th>&gt;30 (%)</th>
<th>&gt;40 (%)</th>
<th>&gt;50 (%)</th>
<th>Voluntary Sector &gt;10 (%)</th>
<th>&gt;20 (%)</th>
<th>&gt;30 (%)</th>
<th>&gt;40 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1981</td>
<td>86</td>
<td>79</td>
<td>62</td>
<td>39</td>
<td>15</td>
<td>14</td>
<td>7</td>
<td>3</td>
<td>44</td>
<td>21</td>
<td>9</td>
<td>2</td>
<td>44</td>
<td>21</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>1986</td>
<td>82</td>
<td>71</td>
<td>53</td>
<td>26</td>
<td>6</td>
<td>9</td>
<td>12</td>
<td>4</td>
<td>59</td>
<td>29</td>
<td>13</td>
<td>3</td>
<td>59</td>
<td>29</td>
<td>13</td>
<td>3</td>
</tr>
</tbody>
</table>

Source: DOE, 1981; DOE, 1986

Table 2.11 Sheltered housing: the main providers in 1981 and 1986

<table>
<thead>
<tr>
<th>Number of local authority areas</th>
<th>Public sector</th>
<th>Private sector</th>
<th>Voluntary sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>1981</td>
<td>89</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>1986</td>
<td>86</td>
<td>0</td>
<td>5</td>
</tr>
</tbody>
</table>

Source: DOE, 1981; DOE, 1986
changes the public sector in 1986 remained the major, if not the majority, provider in most local authorities (Table 2.11).

Figure 2.11 shows graphically the variations which exist in the mix of sectors providing sheltered housing. From this figure three broad groupings were identified. These were (a) areas with high public sector provision (>80%) and with relatively low voluntary and private provision; (b) areas in which the voluntary sector played a larger role than in (a) in supplementing public sector provision and in which the private sector was still very marginal; and (c) areas in which the private sector made a greater, although still relatively small (>5%) contribution. The geographical distribution of these groups can be seen from Figure 2.12 which demonstrates that in 1981 there was high public sector provision in the northern metropolitan counties but that the local authority provision was not so dominant in East Anglia and south east England. By 1986 south of a line from the Wash to Gloucestershire there were few areas in which the public sector had very high provision.

Again correlation and regression analysis was used to examine those factors which might be important in influencing the percentage of provision made by each of the
Figure 2.11 The percentage mix in the provision of sheltered housing units by the public, private and voluntary sectors.
Figure 2.12 The geographical distribution of the mixed economy of sheltered housing provision 1981 and 1986
three sectors in 1981 and 1986. However, for sheltered housing the regression analysis was even less useful than that for residential care, being able to explain only 21% of the variations. No individual variable could explain more than 8% of the total variance in provision (Tables 2.12, 2.13, 2.14). It emerges therefore that the complex geography revealed in Fig. 2.12 is not really explicable by the independent variables in the regression analysis.

2.7 Summary and conclusions

The last twenty years in Britain have witnessed, for various reasons, a crisis of confidence in the Welfare State and a consequent reappraisal of policies concerning the role of the various sectors in welfare provision. There has been a shift away from an institutional model of welfare towards a more mixed economy of service provision. The cases of residential care and sheltered housing for the elderly are two manifestations of this general trend and of the effects of the changing ideology about the role of the state. However, this movement has been uneven across the country. Provision in some local authority areas is still dominated by the public sector, while in others the private sector has become the major provider of residential care. Simple descriptive statistics show that geographical inequalities are greater for sheltered housing than for residential care. Over the five year period 1981 to 1986,
Table 2.12  Influences on the percentage of sheltered housing provided by the public sector

<table>
<thead>
<tr>
<th>Variable</th>
<th>Coefficient</th>
<th>R</th>
<th>R change</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. 1981</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>constant</td>
<td>1116.949</td>
<td></td>
<td></td>
</tr>
<tr>
<td>x14 Unemployment rate</td>
<td>167.057</td>
<td>0.068</td>
<td>0.068</td>
</tr>
<tr>
<td>B. 1986</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>constant</td>
<td>127.016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>x13 No. of years of continuous control by the political party in power</td>
<td>-0.767</td>
<td>0.083</td>
<td>0.083</td>
</tr>
<tr>
<td>x3 % pensioners living alone</td>
<td>-1.211</td>
<td>0.164</td>
<td>0.081</td>
</tr>
</tbody>
</table>

Table 2.13 Influences on the percentage of sheltered housing provided by the voluntary sector

<table>
<thead>
<tr>
<th>Variable</th>
<th>Coefficient</th>
<th>$R^2$</th>
<th>$R$ change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. 1981</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>constant</td>
<td>2.24</td>
<td>0.09</td>
<td>0.09</td>
</tr>
<tr>
<td>x5 % council housing</td>
<td>-0.33</td>
<td>0.15</td>
<td>0.06</td>
</tr>
<tr>
<td>x9 Anticipated block grant receipt</td>
<td>0.04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>x1 % population of pensionable age</td>
<td>1.23</td>
<td>0.20</td>
<td>0.05</td>
</tr>
<tr>
<td><strong>B. 1986</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>constant</td>
<td>-40.25</td>
<td>0.07</td>
<td>0.07</td>
</tr>
<tr>
<td>x3 % pensioners living alone</td>
<td>2.05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>x11 No. of years of continuous control by the political party in power</td>
<td>0.86</td>
<td>0.18</td>
<td>0.11</td>
</tr>
</tbody>
</table>

Table 2.14 Influences on the percentage of sheltered housing provided by the private sector

<table>
<thead>
<tr>
<th>Variable</th>
<th>Coefficient</th>
<th>$R^2$</th>
<th>$R^2$ change</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. 1981</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>constant</td>
<td>-3.87</td>
<td>0.08</td>
<td>0.08</td>
</tr>
<tr>
<td>$x_{14}$ Unemployment rate</td>
<td>-0.44</td>
<td>0.08</td>
<td>0.08</td>
</tr>
<tr>
<td>$x_{3}$ % pensioners living alone</td>
<td>0.39</td>
<td>0.13</td>
<td>0.05</td>
</tr>
<tr>
<td>B. 1986</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>constant</td>
<td>6.08</td>
<td>0.14</td>
<td>0.14</td>
</tr>
<tr>
<td>$x_{6}$ No. of households with one or more pensioners - owner occupiers</td>
<td>5.62E-05</td>
<td>0.14</td>
<td>0.14</td>
</tr>
<tr>
<td>$x_{14}$ Unemployment rate</td>
<td>-0.35</td>
<td>0.21</td>
<td>0.08</td>
</tr>
</tbody>
</table>

when both forms of provision have actually undergone considerable growth, the severity of these marked spatial inequalities has been little changed.

The recent reports by Wagner and Griffith have both emphasised the benefits likely to be secured by pursuing even further diversity in the sources of provision of care, thus contributing towards the likely continuance and even acceleration of the trends outlined above. Griffith (1988) takes the view that

There is value in a multiplicity of provision, not least from the consumer's point of view, because of the widening of choice, flexibility, innovation and competition it should stimulate.

The emergence in recent years of a mixed economy of service provision in itself embodies important implications not only for policy makers, but also for elderly persons themselves, in relation to factors such as choice and standards of care. Furthermore, the geographical unevenness in the mix adds an important spatial dimension to many of these implications, a factor so far largely ignored by commentators in other fields. But the important conclusion to be drawn from the results of the analysis presented in this Chapter is that the development of a mixed economy of care is not bringing about a more equal distribution of provision across the country. Still less does provision appear to relate closely to the
distribution of need. It is necessary to determine how these inequalities have come about so as to be able to formulate more effective policies for the future. In order to obtain a deeper understanding the following three chapters examine in detail the provision made by each sector.
CHAPTER THREE: THE ROLE OF THE PUBLIC SECTOR

3.1 Introduction

The purpose of the following three chapters is to provide an outline of the geographical distribution of service provision for elderly persons by each of the three sectors, public, voluntary and private. Each chapter begins with a general introduction to its particular sector, and then proceeds to examine its history and the development of its service provision, both for residential care and sheltered housing. In each case this is followed by an analysis of the national distribution of the services provided and a brief outline of how the geography of provision has changed between 1981 and 1986. In order to identify some possible explanations for variations in levels of provision across the country, a regression analysis of factors which may influence the provision of services is examined. A small sample of case study areas was selected to provide further insights into the factors influencing service provision. Finally, the implications of the identified geographical distribution of services are discussed.
3.2 Local Authority Residential Homes

3.2.1 Introduction

Public sector residential provision for the elderly has, historically, been through a number of overlapping phases. In brief, these phases comprise the period before 1834 when local parishes provided relief and accommodation for the poor elderly and central government took virtually no responsibility. In the second phase (1834-1909) mixed workhouses, supervised by local Boards of Guardians under the guidance of central government, accommodated destitute elderly, who were treated in the same manner as the able-bodied unemployed, the sick, the lunatic and orphaned children. During the third phase (1909-1948) segregated workhouses began to be used, where care was provided separately for each category of need. In 1927 the local authorities took over from Boards of Guardians the administration of the Poor Law. In the fourth and subsequent phases (1948 onwards) care of the elderly was provided by local authorities on a universal basis (that is not just for the destitute). More recently the government policy of community care has resulted in two further phases. The first of these (in the 1960s and 1970s) involved a high level of state responsibility and placed emphasis on care in small residential homes and in the elderly persons' own homes. The second community care
phase - the one currently in operation - continues to lay emphasis on care in the home and not in institutions, but with the new assumption that the role of the public sector will be substantially reduced and that the private and voluntary sectors will play a larger part. Developments in residential care are outlined in more detail in the following sections.

3.2.2 The workhouses

The public sector has a long history of providing accommodation for those in need dating back to the Poor Laws first enacted in the Tudor era. There is an extensive literature describing Poor Law legislation and institutions (Brundage, 1978; Knott, 1986; Marshall, 1968); however, for the purposes of this study, attention is directed towards the development of the modern system of residential care for the elderly beginning with the 1834 Poor Law Amendment Act. Under the terms of this Act, children, the sick and those at the end of their economically active life, either as a result of poor health or old age, were accommodated in workhouses along with the able-bodied unemployed. These institutions provided for their inmates in such a way as "to punish the poor for their destitution, and discourage them from the dangerous temptation of procreating further paupers" (Hobsbawm,
Conditions were deliberately made worse in the workhouses than those endured by the lowest wage-earners outside in order thereby to encourage the poor to work (Hobsbawm, 1968; Mathias, 1969). Public aid was therefore regarded as a last resort and was given only to those who had no other means of support. Such an approach to poverty was the result of the laissez-faire attitudes and the harsh moral outlook which predominated among the ruling classes at the time. It was believed that through self-help and hard work, poverty could be avoided; it was the responsibility of the individual, not the state, to improve his or her position. With such an outlook the poor were commonly regarded as a single group, of which all members were equally deserving of their poverty; and as such the workhouses operated with no concern for the needs of the different groups within them (Thane, 1982). According to the Majority Report of the 1909 Royal Commission on the Poor Law, except for a tiny minority, old people in workhouses were crowded into dormitories and day rooms, with few comforts and with little to occupy them (Townsend, 1962).

From the 1860s it began increasingly to be recognised that the workings of the economy may exert some influence on levels of unemployment and that there may in fact be some 'deserving' poor. Although the government accepted this
new notion, self-help was still strongly advocated and charitable effort was regarded as the best means to help provide for the deserving poor. Moreover, a continued role for the family in caring for the elderly was still taken very much for granted. However, a new collectivist approach to poverty was advocated by the Fabians and other groups and individuals during the closing years of the nineteenth century. The Fabians campaigned not only for the social ownership of resources and economic planning, but also for extensive central and local government measures to provide institutional and other relief for those in need.

The existing system of mixed workhouses was condemned in both the Majority and Minority Reports of the 1909 Royal Commission on the Poor Law. The Minority Report recommended their abolition and replacement by separate specialised care for the aged, children, the sick and the lunatic, since their needs were regarded as different from those of the able-bodied unemployed (Thane, 1982). The Majority Report merely argued the case for reforms to be made to the existing workhouse system.

The 1909 Commission revealed substantial variations between local authorities in the extent and quality of provision. Poor Law Institutions were funded by householder
rates raised by local authorities. Revenue incomes therefore varied markedly between rich and poor authorities and there was no mechanism by which funds could be transferred from one to another. Although thereafter the government encouraged the development of specialised institutions, no subsidy was provided to help with their establishment. While ratepayers in the larger towns and cities were generally willing to finance such developments, others were unwilling or unable to do so. Moreover, the extent of the local political concern for such problems and the ability of local officials to deal with them were also important in determining levels of provision (Thane, 1982). Effective action to bring about changes was hampered by divisions of opinion amongst both politicians and expert advisors alike. Though the Liberal government of the time favoured the notion of making more radical changes, in practice it failed to do so owing to the opposition to rate equalisation by both the civil service and the richer local authorities (Thane, 1982).

Subsequently, in London and other large cities specialised institutions were opened, supplementing the local provision of workhouse accommodation. Elsewhere old-style general mixed workhouses remained in operation being regarded as "the neatest and most economical way of dealing with dire need" (Townsend, 1962).
During the First World War and the inter-war period institutional care for the elderly received little public attention. In fact, in the inter-war period, the Poor Law was focussed primarily on unemployment and in as much as there was any new public policy concerned with the elderly, it was aimed at cutting public expenditure through the reduction of old age pensions. Little attention was paid to the need for residential care. The governments of the 1940s were preoccupied with preparations for the establishment of the National Health Service, an improved education service, and remedial measures to tackle both low wages and deficient family housing. Inevitably therefore, the care of the elderly was accorded low priority at this time (Thane, 1982).

3.2.3 The National Assistance Act 1948

Developments in the care of the elderly after the Second World War were related to two key factors. First there was rising popular demand for change which had emerged during the war, reaching a peak in support for the Beveridge Report which called for a 'Welfare State'; and second, there was the election of a Labour government which for the first time had a decisive majority. The social reforms of Atlee's post-war government, involving the provision of
health care, social security and education, "established something qualitatively new, a new approach to the use of the power of the state consciously in the interests of social justice for the mass of the population, a 'Welfare State'" (Thane, 1982). Under this new Welfare State it became possible for the government to accept greater responsibility for the care of the elderly, in the manner called for earlier by the Fabians, and for reducing inequalities in provision not only between social classes but also between geographical areas.

Although attitudes towards the care of the elderly had been changing since the inception of the Poor Law Amendment Act in 1834 and various recommendations had been made as to how best to accommodate the elderly poor, it was not until the publication of the results of the Nuffield Foundation Survey in 1947 that central government finally devised any effective policy explicitly for the care of the elderly, other than treating them as only one part of the poor. Established by Lord Nuffield, the Foundation had as one of its objectives "the care and comfort of the aged poor" (Nuffield Foundation, 1947). In order to achieve this objective the Foundation set up a Survey Committee under the chairmanship of Seebohm Rowntree to collect information on the work carried out by public authorities, voluntary organisations and private bodies in caring for old people.
in a variety of locations in Britain. The report was aimed primarily at central and local government "as the bearers of the major responsibility for the welfare of the aged among the community" (Nuffield Foundation, 1947).

The survey revealed that as a result of the Widows', Orphans' and Old Age Contributory Pensions Act and the Old Age and Widows' Pensions Act of 1940, (which provided supplementary pensions) there was no longer really acute deprivation among the elderly, but poverty did still exist. Moreover, there were a large number of able-bodied elderly who, while able to care for themselves, were unable to maintain a home of their own, and who required help with housework and medical care when ill, rather than financial assistance. Many of these elderly people were unwilling to become dependent on their families and did not wish to be a burden to them. This group saw small residential homes as an acceptable form of assistance. There were also those who were in need of some support due to infirmity who could well be accommodated in residential homes. The Foundation recommended residential care as a cheaper means of caring for such elderly people than domiciliary services.

The provision of domiciliary services...when added to the cost of old age and supplementary pensions, may often raise the total cost of preserving the independence of old people much above the cost of caring for them in Institutions or Homes.
In 1947, 1.16% of the pensionable population lived in publicly-provided institutions and homes, but there was plentiful evidence that the real level of need was much greater. Thus, it was pointed out that there was already a high demand for places in the voluntary sector homes that were available and that the Charity Organisation Society was able to accommodate only 7% of applicants for places in their homes. (Nuffield Foundation, 1947). However, while making these recommendations, the report also pointed out that, with the rapidly increasing proportion of elderly people in the population,

on the one hand there is a natural desire of the community to minister generously to the needs and comfort of old age; on the other hand, the change which is taking place in the age-distribution of the population will, in the not very distant future, result in so great a preponderance of those in the older age-groups that...the burden of maintaining the aged may become so great as to result in lowering of the national standard of living.

Despite this reservation expressed by the Nuffield Foundation, the National Assistance Bill was introduced in 1947 by the Minister of Health, Aneurin Bevan, with the words:

We have decided to make a great departure in the treatment of old people. The workhouse is to go...We have determined that the right way to approach the problem is to give the Welfare Authorities...the power to establish separate Homes...(Quoted in Townsend, 1962).
Under Part III of the National Assistance Act, passed in 1948, the Poor Law was finally abolished and local authorities (counties and county boroughs) were required to provide residential accommodation for all persons who "by reason of age, infirmity or any other circumstances are in need of care and attention which is not otherwise available to them" (National Assistance Act, 1948). Accommodation of different descriptions was to be provided for the different groups of persons in need. Although some enlightened local authorities were already making this kind of provision, now for the first time elderly people everywhere were to be afforded access to specialised homes provided at public expense. Homes were to be built and managed by each local authority which was obliged to finance both their construction and their day-to-day operation; residents would qualify if they had lived previously in the local authority area in which the home was located; and for those residents who were unable to pay an economic rent the authority was to assess the client's ability to pay and determine a lower rate of payment (Townsend, 1962).

Although this policy was widely accepted, progress in actually implementing it was initially slow. Demand for places in local authority homes (which were generally regarded as acceptable now that they were no longer
associated with the Poor Law) far exceeded supply. In the years immediately following the introduction of the Act the opening of homes was impeded by the general post-war scarcity of building materials and labour, by the priority given by the government to replenishing the stock of family dwellings and by the low priority given to capital expenditure on health services. (At this time residential homes were part of health and welfare services which were being provided by the local authority health departments: now they are provided by social services departments). The Ministry of Health report for 1951 stated that it had become clear by the end of the year that the necessity for restricting capital expenditure and the demands of the defence programme for labour and materials would entail a temporary slowing up in the construction and bringing into use of new small Homes.

Thus, from the end of the war until 1954, though 798 small homes were provided for the elderly in England and Wales, only 43 of these were actually in new, purpose-built accommodation (Sumner and Smith, 1969). The relatively slow pace of development led to the rapid "silting up" of those homes which had been built in the early 1950s as the early residents became older and more infirm, therefore requiring more care and making less room available for new residents (Davies, 1968). In 1953 there was a waiting list of 7,354 for local-authority residential places (Sumner and Smith, 1969). To deal with this the Ministry advocated
in 1955 the building of larger, purpose-built homes and from the 1960s this new policy shift was widely adopted.

3.2.4 Community care

Until the 1960s residential homes were seen as the best means of caring for the elderly. However, more recently they have been heavily criticised, for example by Townsend (1962) in *The Last Refuge*. Townsend recognised the dilemma of reconciling the medical and administrative need to offer institutional care which meant the segregation of old people from the rest of the population but at the same time catering for the personal desire of many of the elderly themselves to remain as part of the community in their own homes. He argued that individual and social needs are difficult to meet in an institutional setting. The responsibility of society should be to preserve the freedom and self-determination of individuals, respect their need for privacy, safeguard their health, help them to live an independent life in their own homes, ensure their means of occupation, help maintain their relationships with the community, make it possible to establish new relationships, provide an adequate income, and provide equal access to resources (Townsend, 1962). He suggested that residential homes should in future be used only for those very infirm elderly, or as a temporary measure for rehabilitation, and he recommended that housing and domiciliary services should be improved to help keep
the elderly out of institutions. Concern had also arisen about the quality of life in residential homes: a statement by a chief welfare officer in 1960 pointed to the problems of residents in settling in and the boredom experienced by them. Townsend warned that the quality of life in the homes was often unacceptably low. [Townsend’s warnings may perhaps still be relevant if recent reports of conditions in certain local authority homes are symptomatic of a wider problem. There have been recent cases of the physical abuse of residents in homes; the Nye Bevan home in Camberwell, London in June/July 1987 is an example of this.]

In addition to concerns about the quality of care provided in an institutional setting, the question of the relatively high costs of caring for the elderly in residential homes has recently come to attention, particularly in view of the present government’s policy of limiting public expenditure. In terms of economic costs, the gross unit costs of old people’s homes rose by two-fifths between 1970 and 1975, and net unit costs rose by three-fifths (Challis and Davies, 1980 in Walker, 1982). According to Davies and Challis (1986) the annual unit costs of caring for an elderly person in a residential home was around £4,000 in 1981, the care of all old people in this respect accounting for one-quarter of gross expenditure on social services.
The elderly who remain in their own homes receive only 2% of the total budget. Davies and Challis concluded that since the costs of keeping the elderly in residential care are more than seven times those of caring for the elderly in their own homes attempts should be made to prevent entry into institutions.

Partly as a result of these concerns, the concept of community care, looking after the elderly in the community rather than in institutions, has come increasingly to the fore since the 1960s. This has been reinforced by recent calls for a reduction in public-sector care and a return to the Victoran values of self-help and reliance on family, friends and voluntary organisations. The community care concept first became explicit in 1946 when the Curtis Committee recommended that children could be best cared for in small groups or private households. Proposals for similar policies for the elderly soon followed. Indeed as early as 1958 the Minister of Health stated that the underlying principle of our services for the old should be this: that the best place for old people is in their own homes, with help from the home services if need be.

However, since then progress towards making community care a reality has been very slow. From the 1970s there has been a continuous debate as to the most appropriate means of caring for the elderly (Bosanquet, 1975; Walker, 1982).
There has been no clear definition of community care and the types of service provision which it should involve. According to Walker (1982) community care "is all things to all politicians and policy makers", and whilst there has been a general consensus on the adoption of a policy of community care, at various times the term has been interpreted to include a variety of forms of care. In 1977 the DHSS explicitly defined community care as covering "a whole range of provision, including hospitals, hostels, day hospitals, residential homes, day centres and domiciliary support" (Walker, 1982), but by 1978 it was much less precise in arguing that the primary objective of its policy in relation to elderly people was to enable them to remain independent in the community for as long as possible. It is argued that individuals should be integrated within the community in non-institutional settings supported by a wide range of services to avoid admission into residential homes.

At times then, residential care has been considered as part of the community care package and its continued existence has been justified on those grounds. However, even when institutional care is regarded as the antithesis of community care, there is nevertheless still a need for residential homes, particularly since there has been a lack of a clear and consistent policy and there have been
insufficient resources devoted to make community care a reality (Walker, 1982). As well as the more traditional residential care there is now a perceived need for the use of residential homes on a short-stay basis (Allen, 1986). According to the DHSS discussion document, A Happier Old Age (1978), the number of the very elderly could "be expected to increase substantially the demand for places in residential homes". Therefore, while it is recognised that there is a greater need for domiciliary services and sheltered housing, local authorities are still called upon to provide more residential homes, indeed to "find room" for more "within a reduced capital programme" (DHSS, 1978).

Growing demands have come at a time of major cuts in capital expenditure and local authorities are less able to provide places to meet these needs. There has been a fall in the number of public sector residential care places in the early 1980s (see Table 3.1) and as a result local authority homes are "hugely over-subscribed" (Laurance, 1986). This was one reason why, in the early 1980s, the public sector's provision became more heavily supplemented by both the voluntary and private sectors, as the elderly, confronted by long waiting lists for local-authority homes, have turned to these sectors for care.

Table 3.1 shows the development of public sector
Table 3.1 The growth of public sector residential care 1946-1986

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of places</th>
<th>No. per 1,000</th>
<th>% of total residential provision of places</th>
</tr>
</thead>
<tbody>
<tr>
<td>1946*</td>
<td>62,957</td>
<td>11.7</td>
<td>66.26</td>
</tr>
<tr>
<td>1960*</td>
<td>69,159</td>
<td>13.9</td>
<td>59.21</td>
</tr>
<tr>
<td>1965*</td>
<td>74,959</td>
<td>15.6</td>
<td>67.04</td>
</tr>
<tr>
<td>1976+</td>
<td>103,488</td>
<td>12.8</td>
<td>62.20</td>
</tr>
<tr>
<td>1981+</td>
<td>108,398</td>
<td>12.7</td>
<td>48.89</td>
</tr>
<tr>
<td>1986+</td>
<td>106,237</td>
<td>12.3</td>
<td>-2.00</td>
</tr>
</tbody>
</table>

* figures are for England and Wales
+ figures are for England only

Sources: Data for this table have been collected from a variety of sources. The Nuffield Foundation report gave the figure for 1 May 1946: this includes public assistance institutions and homes run by local-government bodies. The 1960 figure is recorded by Townsend (1962) for 1 January and again includes public-assistance institutions and homes. Sumner and Smith (1969) was the source for the 1965 figure. In 1976 the DHSS began collecting statistics on residential care and therefore provide data for the last three figures.
residential care over the period 1946-1986. The various phases can be identified by the number of places provided per 1,000 of the elderly population. Between the passing of the National Assistance Act in 1948 and the introduction of the community care argument in the 1960s there was a fairly rapid expansion in the number of places, with an increase from 11.7 per 1,000 of the elderly population in 1946 to 15.6 places per 1,000 in 1965. Then came the community care phases advocating a reduction in residential care which was later reinforced by a reduction in government spending on any kind of service for the elderly. These phases resulted in a decrease in the number of places per 1,000 of the elderly population in the 1970s and only a slow growth in the absolute levels of provision, followed most recently by an absolute decline.

3.2.5 The geography of public sector residential homes: a historical background

The geographical distribution of public sector residential accommodation for the elderly has never been evenly spread across the country. Substantial variations between local authorities have always existed. While some variation would be expected due to the differing demographic, economic and social circumstances facing local authorities, levels of provision do not necessarily correlate with levels of need (Sumner and Smith 1969). In the 1930s and 1940s variations occurred as a result of local authorities
exercising permissive rather than obligatory powers to establish specialised homes, and because of the absence of central government guidance and subsidies. As a result, the ability and willingness of ratepayers and councillors to finance what were generally costly institutions exerted considerable influence on levels of provision. In the years after 1948 the distribution of residential homes was determined largely by the location of the old workhouses and other premises suitable for conversion - factors again not necessarily reflecting the distribution of need (Davies, 1968). According to Townsend, in 1960 there were geographical variations in provision that were "so striking as to justify further inquiry" (Townsend, 1962).

Although the called-for research was never undertaken, at the time of his survey (1 January 1960), Townsend himself pointed to the differences in levels of local authority provision between the county councils and county boroughs, with the boroughs having over 40% more places than the counties (albeit part of the discrepancy may be accounted for by the boroughs having larger elderly populations). However, the variations were much more marked for different local authority areas, regardless of type (see Fig. 3.1). Townsend's data showed that the national average was 21 beds per 1,000 of the elderly population. Around this average, accommodation provision ranged from 10 in
Figure 3.1  The distribution of public sector residential places per 1000 of the elderly population 1960.
Staffordshire to 57 in Hastings. Those areas with relatively low public sector provision were concentrated on the south coast (Devon, Cornwall, Dorset, Hampshire, East and West Sussex and Kent) as well as in some of the other seaside resorts and the more prosperous counties of Lancashire, Durham, East Suffolk and Essex. Areas with a high number of local-authority residential places per 1,000 of the elderly population were primarily concentrated in a band across the Midlands from Hereford and Gloucestershire to Lincolnshire (Holland) and Norfolk. Other areas with relatively high provision included the northern counties of Cumberland, Northumberland and the North Riding. Sumner and Smith (1969) found that within their sample survey local authority provision ranged from 10.3 places per 1,000 of the elderly population to 26.2 places, and claimed that such variations were partly the result of the varying levels of voluntary and private provision of homes. Sumner and Smith's data demonstrated that areas with high rates of local authority residential accommodation had few places in homes provided by the other two sectors. Those places with low public provision, particularly if located within a retirement area (rural counties and more prosperous coastal areas) had relatively large numbers of voluntary and private homes. Sumner and Smith also suggested that in local authority areas where there were relatively few hospital beds available there was a greater number of
places provided in residential homes. More recently, as residential homes have become more numerous, differences in levels of provision between local authorities still remain. It is noticeable that in the period between 1934 and 1948 it was London and the other large towns and cities which provided the highest levels of public-sector residential accommodation for the elderly (Sumner and Smith, 1969; Townsend, 1962) and today it is still the metropolitan boroughs which have the highest proportions of local authority places (Bochel, 1987).

3.3 Distribution of local authority residential homes

The distribution of local authority residential places for the elderly for 1981 and 1986 will now be considered and the main changes between these dates will be identified. An attempt will also be made to explain the differences in levels of provision which have been found to exist between the local authority areas of England.

3.3.1 The pattern of provision in 1981

In England as a whole in 1981 the public sector was by far the major provider of residential care for the elderly, accommodating 108,398 residents and accounting for 62% of the total number of places. However, as can be seen from the scatter diagram, the Lorenz curve and the coefficient of variation of 0.35 (Figs. 3.2, 3.3), when the levels of
Number of places per 1000 of the elderly population

1981
Residential Places

1986

1981
Sheltered Housing

1986

1981 and 1986 sheltered housing units per 1000 of the elderly population

Figure 3.2 Dispersion graph: public sector residential places and
Figure 3.3 Lorenz curve: the deviation from a hypothetical even distribution of public sector residential places and sheltered housing units per 1000 of the elderly population 1981 and 1986.
provision are standardised to take account of the varying sizes of the elderly population in different local authorities, significant differences remain in the levels of public sector provision across the country (Fig. 3.4). Two extremes were identified, namely the City of London, which offered no residential places at all for the elderly, and Havering, which was the best endowed with 50.04 places per 1000 of the elderly population. Discounting these two somewhat anomalous extremes, provision is nonetheless found to range from only 7.89 places per 1000 of the elderly population in the London borough of Merton to more than three times that level in Manchester, which offered 24.53 places per 1000 elderly.

The existence of a north-south contrast is immediately obvious from the maps (Fig. 3.4). Those areas in which levels of public-sector provision are lowest are clearly concentrated in the south and south west, in particular the non-metropolitan counties containing the traditional seaside retirement resorts - Devon, Dorset, East and West Sussex and Kent. These 5 areas are all in the lowest quintile and provide between 9.95 (Devon) and 10.74 (East Sussex) places per 1000 of the elderly, compared with the far north where Cleveland, Cumbria, Durham and Northumberland, in the two highest quintiles, all provide more than 16 places per 1000 of the elderly population.
Figure 3.4 The distribution of public sector residential places per 1000 of the elderly population 1981 and 1986.
A second observation which can be made from the maps is the substantial variation in levels of provision between the non-metropolitan counties and the metropolitan districts. The areas covered by the metropolitan counties of Greater Manchester, West Yorkshire, Tyne and Wear and South Yorkshire have particularly high numbers of residential places, with the majority of districts within each (and in the case of South Yorkshire, all the districts) being in the highest quintiles and providing more than 15.51 places per 1000 of the elderly population. This is in contrast to the non-metropolitan counties, where only 6 out of 38 provide a comparably high number of places and only 6 rank above the bottom three quintiles.

Greater London itself provides an interesting example of the contrasts in levels of provision by the public sector. The Inner London boroughs have relatively high levels of provision (with the exception, as already noted, of the City of London), while the Outer London boroughs have relatively low local authority provision of residential homes (Fig. 3.4). A closer examination of the figures shows that it is within Greater London that the largest extremes exist (The City of London and Havering). However, even excepting these two boroughs, the range in levels of provision within London is still strikingly large, namely
from only 7.89 in Merton to 23.22 in Islington.

3.3.2 The pattern of provision in 1986

By 1986, although the public sector was still the major provider of residential care for the elderly, the number of residents provided for had dropped by over 2,000 to 106,237, and its share of total residential places had declined from 62% to 49%. The striking differences in levels of local authority provision between areas remained virtually unchanged. There is only a very marginal change in the coefficient of variation to 0.32 indicating that the unevenness observed in 1981 had not significantly altered. Moreover, the scatter diagram (Fig. 3.2) and the Lorenz curve show a very similar pattern to that for 1981 (Fig. 3.3). Provision in 1986 ranged from 0 places per 1,000 of the elderly population in the City of London to 47.04 places per 1,000 of the elderly population in the district of Bolton in Greater Manchester.

The north-south contrast evident in 1981 persisted strongly in 1986 (Fig. 3.4). The south coast counties continue to stand out as areas of low levels of public-sector residential care, particularly since Cornwall, Hampshire and the Isle of Wight by then also ranked in the lowest quintile along with Devon, Dorset,
East and West Sussex and Kent. Indeed the level of provision within this group of counties had not significantly changed from that observed in 1981 and ranged from only 8.01 places per 1000 of the elderly population in the Isle of Wight to 10.13 in Cornwall. In the case of the northern counties, as before, the four counties of Cumbria, Northumberland, Durham and Cleveland again ranked in the two highest quintiles by providing more than 14.5 residential places per 1,000 of the elderly population.

Again, as in 1981, there was a significant contrast in the levels of public-sector residential care provided by the metropolitan counties and the shire counties. The majority of the districts of Greater Manchester, West Yorkshire, South Yorkshire and Tyne and Wear ranked in the highest two quintiles, providing more than 14 residential places per 1000 of the elderly population. This compares with only eight of the shire counties which offered such high levels of provision.

Greater London continues to display an inner-outer contrast, with the Inner London boroughs (except, of course, the City itself) in general having relatively high levels of provision in comparison with the Outer London authorities. Islington had the highest level of provision with 22.24 places per 1000 of the elderly population and
Merton had the lowest with 7.31 places.

Having made a preliminary appraisal of the pattern of provision in England in 1981 and 1986, and having noted the changes which occurred between these two dates, regression analysis was used in order to try to explain further these spatial contrasts by relating the patterns to a variety of indicators of need, resources and political disposition of the local authorities (as outlined in the data section of Chapter One).

3.4 Data analysis: local authority residential homes

A stepwise multiple regression analysis, a basically exploratory exercise, was carried out in order to determine the relative importance of a number of independent variables in explaining the varying levels of provision between English local authorities. The analysis was initially carried out on the 1981 data set to determine those factors which may have accounted for variations in the levels of provision at that time. It was then repeated for the 1986 data set to determine whether the levels of variation had remained constant and which factors may be of some significance in explaining how and why any changes have occurred.
3.4.1 Regression analysis: 1981 pattern of provision

The regression analysis provided the following results (Table 3.2).

The F value for the regression is significant at the 0.01 level indicating that the overall regression analysis was significant. The t values also indicate that the individual regression coefficients for variables entered into the equation are significant at either the 0.01 or 0.05 level. The three step model for 1981 was able to explain 33% of the variation in the dependent variable of local authority residential places. The percentage of pensioners living alone was found to account for 19.7% of the overall explanation with a positive correlation coefficient. According to Warnes and Law (1984), the percentage of pensioners living alone can be used as an indicator of the elderly population most likely to suffer from physical, economic and social problems and thus are most likely to have the sort of 'needs' to which the local authority is expected to respond. The higher the percentage of pensioners living alone the more residential provision by the public sector would be expected (albeit, paradoxically it could be argued that the more pensioners there are living in residential homes the less there will be living alone).
Table 3.2 Influences on provision of local authority residential places

<table>
<thead>
<tr>
<th>Variable</th>
<th>Coefficient</th>
<th>R</th>
<th>R change</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. 1981</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>constant</td>
<td>3.193</td>
<td></td>
<td></td>
<td>0.000</td>
</tr>
<tr>
<td>x3 % pensioners living alone</td>
<td>0.058</td>
<td>0.197</td>
<td>0.197</td>
<td>0.000</td>
</tr>
<tr>
<td>x2 % population aged 75 and over</td>
<td>-0.133</td>
<td>0.291</td>
<td>0.094</td>
<td>0.006</td>
</tr>
<tr>
<td>x4 % population in social classes I and II</td>
<td>-0.019</td>
<td>0.334</td>
<td>0.043</td>
<td>0.019</td>
</tr>
<tr>
<td>Significant F = 0.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. 1986</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>constant</td>
<td>1.957</td>
<td></td>
<td></td>
<td>0.001</td>
</tr>
<tr>
<td>x14 Unemployment rate</td>
<td>0.043</td>
<td>0.228</td>
<td>0.228</td>
<td>0.001</td>
</tr>
<tr>
<td>x3 % pensioners living alone</td>
<td>0.058</td>
<td>0.307</td>
<td>0.079</td>
<td>0.003</td>
</tr>
<tr>
<td>x2 % population aged 75 and over</td>
<td>-0.110</td>
<td>0.343</td>
<td>0.036</td>
<td>0.032</td>
</tr>
<tr>
<td>Significant F = 0.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The percentage of the population aged 75 and over added 9.4% to the total explanation. This variable, however, displayed a negative association with the number of local authority residential places. On the face of it, the negative correlation coefficient is a puzzle. However, it may simply reflect the fact that in many popular retirement areas, for example the English south coast, the existence of a large elderly population has encouraged the private sector to establish itself to an extent where it now predominates and there is therefore less need or demand for public sector residential homes. Thus, in precisely those areas where one might expect high levels of public provision to match high levels of potential demand, an alternative means of provision actually serves to reverse the statistical link. This argument, however, did not stand up to statistical testing. No significant correlation was found between the levels of public sector care and levels of private sector provision.

The final variable which made a significant contribution to the explanation of variations in public sector residential provision (adding 4.3%) was the percentage of the population in social classes I and II. This variable had a negative correlation coefficient. Since the percentage of the population in social classes I and II was adopted as an indicator of affluence, and therefore as an indicator of
relatively low public sector provision this result was as expected.

3.4.2 Regression analysis: 1986 pattern of provision

For the 1986 data again F is significant at the 0.01 level and each of the regression coefficients were found to be significant at the 0.01 or 0.05 level. In the 1986 analysis the levels of explanation of the variance in the distribution of residential homes were very similar to those for 1981. In 1981 33.4% of the variance could be explained by three variables; in 1986 three variables accounted for 34.3% of the variance. But only two of the variables, the percentage of pensioners living alone and the percentage of the population aged 75 and over, were significant in both years.

The most significant factor explaining variations in public sector residential care in 1986 was found to be the unemployment rate. This variable accounted for 22.8% of the explanation, with a positive correlation coefficient. Unemployment was used in the analysis as an indicator of need in an area. It was expected that the higher the level of unemployment the more potential need there would be for public sector residential care. The findings here therefore support the hypothesis.
The percentage of pensioners living alone added 7.9% to the explanation with an expected positive correlation. The same reasons as those outlined above relating to the provision of residential homes in 1981 may be advanced to explain the role of this factor. The percentage of the population aged 75 and over was able to increase the level of explanation of the regression by 4.3%. As in 1981 this variable displayed a negative relationship with the levels of public sector residential care. Again the arguments put forward in the previous section, relating to the 1981 data, can be presented to account for this negative correlation.

3.5 Local authority sheltered housing

3.5.1 Introduction

The term sheltered housing was first coined as a description of specialised housing for the elderly during the second world war. As noted in Chapter One such housing is usually characterised as grouped dwellings, occupied by the elderly, but supervised by a resident warden and a built-in alarm system (Butler, Oldman & Greve, 1983). However, the term was originally used in reference to the geographical siting of dwellings for the elderly and stems from a statement made by the Ministry of Health in 1944 that "All dwellings for old people should be sited within
easy distance of churches and shops...To assist in keeping the dwelling warm a sheltered site should be chosen" (Butler et al, 1983). When defined as it is now, sheltered housing is a relatively new form of provision, although the principle behind it is very old. The provision of housing for the elderly originated in the voluntary sector and dates from before AD 939 when the first almshouse was recorded (National Federation of Housing Associations, 1985). The traditional medieval almshouses are generally considered to be the forerunners of modern sheltered housing since they provided independent housing for the elderly (NFHA, 1985). According to Townsend (1962) the first housing scheme developed along these lines in modern times was sheltered housing built in the Dorset district of Sturminster Newton in 1948. However, there may have been one or two schemes in operation before the second world war. Butler et al. (1979) for instance point out that some of the almshouses built in the interwar period can be classified as modern sheltered housing. Clayton (1978) reports the existence of such an inter-war scheme in her study of Durham.

Despite these few early developments sheltered housing in its present form did not begin to expand significantly until the 1960s. The 1948 National Assistance Act empowering local authorities responsible for health and
welfare services to contribute financially towards the building and welfare programmes undertaken by the district authorities responsible for housing provision had very little impact on levels of provision. In 1957 councils were authorised to make grants for sheltered housing schemes without ministerial consent (Townsend, 1962); this produced only modest further development.

In the early post-war years residential care was still the preferred means of caring for the elderly and there were no national guidelines referring to sheltered housing. This meant that the initial development was slow and uneven. Originally, the building of sheltered housing was confined to only a few housing authorities in the West Country, although it is unclear why this should have been the case. The geographical growth of this type of housing probably occurred by means of a diffusion process whereby representatives of one council visited another district's scheme and sought to reproduce a similar programme in their own area. Sumner and Smith (1969) gave evidence of the operation of a diffusion process when they said

One of the earliest schemes in Britain was built in the mid-fifties by a rural district council in one of the counties visited. The county welfare officer said that the initiative was taken by the rural district council...and that it had learned of the idea from a housing authority in a neighbouring county...Several housing authorities said they had learned of the idea from other
authorities, and that officials and councillors had visited schemes in other areas.

This analysis of the process is backed up by Clayton's study of County Durham (1978) in which she found that the first scheme in the county was opened following a visit by district councillors to a sheltered housing scheme in North Yorkshire.

In other cases the first sheltered schemes were often built solely on the basis that sheltered housing was a good idea worth trying, with no special evidence of need or of the success of its operation elsewhere. The spread of sheltered housing therefore depended very much on the particular interests of the authorities' councillors or officers. Thus, for example, in one of Sumner and Smith's case-study counties sheltered housing had been strongly opposed but this attitude suddenly changed because "one vociferous member of the council in the past objected to warden-schemes, but recently he visited another local-authority's scheme and was very taken with the idea, so now thinks we ought to do something" (Sumner and Smith, 1969). In a few places the degree of co-operation between the upper-tier local authority (which in the 1960s was county health and welfare) and the lower-tier (district housing) was an important influence. Housing authorities were sometimes encouraged to develop sheltered housing
schemes by the health and welfare authority which was able to contribute towards the cost of sheltered housing. In some counties it was the architects who brought the idea of sheltered housing to the attention of housing and welfare officials when, in trying to make the best possible use of the available land, they suggested building a scheme linked to a welfare home. In one county borough the first sheltered housing scheme originated from a boundary change and was therefore simply acquired from another area. It is difficult to generalise about the origins of sheltered housing since the schemes tended to vary between local authorities and, moreover, they have very rarely been related to a precise assessment of the degree of need or demand for the service (Sumner and Smith, 1969).

In the early years, the development of warden schemes was hindered in some authorities by the negative attitude of the local councillors. In some local authorities sheltered housing schemes were looked upon as "fancy ideas" and therefore there was little, if any, such development. Also those factors that affected the pace of building residential homes in the years after the war - the lack of building materials, labour, finance and the emphasis on family housing - also meant that the spread of sheltered housing was initially a slow process (Butler et al., 1983). By 1958 there were only 134 schemes with 2,938
dwellings in county council areas in England and Wales, and 84 schemes comprising 1,254 dwellings in county boroughs. At that time there were still 27 county councils and 32 county boroughs with no sheltered housing schemes (Townsend, 1962).

3.5.2 An alternative to residential care

The main impetus to the subsequent very rapid increase in sheltered housing provision in the 1960s was the concern over the general housing situation, in particular housing shortages, both of family dwellings and housing for the elderly, and a change in government attitude towards the care of the elderly. The community care lobby, which saw community care as an alternative to residential care, argued that residential homes were inefficient because of the expenditure of large sums of money on only a very small proportion of the elderly population. It was also argued that residential care was inhumane and not what the elderly themselves wanted (as pointed out in Section 2.2). Old people preferred to retain their independence as members of the community, living in their own homes, for as long as possible. Residential care should be the last resort only. This argument was fired primarily by Townsend's The Last Refuge, published in 1962. In this Townsend attacked residential care for being used as
a rescue device for the present generation of old people whose differing needs cannot be met because good housing, adequate pensions and comprehensive local domiciliary services are not yet provided.

Walker twenty years later (1982) supported this when he said that

Local authorities and housing associations also need to respond to the challenge posed by demographic trends by developing a flexible and imaginative package of housing options for elderly tenants and owner-occupiers. Transfers across local authority boundaries, improvements, adaptations, more purpose-built accommodation in general and more sheltered housing in particular.

Townsend also pointed out that people entering residential homes were generally considered to be infirm, inactive and unable to perform personal and household tasks unaided. In practice, however, he found that between a half and two-thirds were quite capable of managing on their own. Those elderly people who were admitted to homes were very often not offered any practicable alternative. He concluded that

...the residential Home, at least as it has taken shape in the post-war years, is misconceived and inappropriate. It does not fit rationally into a coherent system of services for the elderly and handicapped.

Townsend then went on to explore the alternatives to residential care which, despite the claim of the Minister of Health in 1958 that services should be
provided which would allow the elderly to remain in their own homes, he felt had not been adequately looked into by either the Labour or Conservative governments. Among other things he strongly advocated the rapid expansion of sheltered housing for those elderly people who lived alone, who had no family support, who were infirm or housebound and for whom there was too little suitable accommodation (such as one and two bedrooomed flats and bungalows) to serve their needs. (While the annual new-build total of one-bedroomed accommodation rose to 22,000 in 1959 the number of households comprising one or two elderly persons was increasing at around 40,000 a year.)

3.5.3 Encouragement from the government

As a result of these concerns, throughout the late 1950s and 1960s, central government gave positive encouragement to the development of sheltered housing through the publication of a series of housing circulars and other reports which advocated the building of special housing for the elderly and gave information and advice on sheltered housing provision. One of the first signs of the government’s interest in special housing for the elderly appeared in the report of the Phillips Committee appointed in the early
1950s to review the economic and financial problems in providing services for the elderly. While this committee concentrated on the provision of pensions it did consider some aspects of housing, in particular "...the extent to which the provision of suitable housing for the old can help them to lead happy and comfortable lives in their own homes" (Phillips Committee, 1954). They concluded that

As it is desirable on grounds of both social happiness and finance that the old should be encouraged to live at home as active members of the community and look after themselves as long as possible, suitable housing for the old is a first requirement.

Thereafter, expert and official inquiries began to address more seriously the whole question. The Guillebaud Committee reporting in 1956 on the costs of the health service stated that special housing was

A genuine economy measure, and also a humanitarian measure in enabling old people to lead the sort of lives they would much prefer.

Also in 1956 the Ministry of Housing and Local Government inquired as to whether

having regard to the needs of other sections of the population, old people were receiving a reasonable share of the accommodation provided and whether it was of a kind which was best suited to their physical needs and financial circumstances.
During the late 1950s and early 1960s sheltered housing figured in a number of government circulars to local authorities about housing for the elderly. In 1957 the circular 18/57 Housing of Old People, was published "...to remind housing authorities of the importance of making adequate provision for the special requirements of old people..." by way of smaller dwellings and the provision of services, such as a warden, to make it possible for old people to continue in their own homes. In order to encourage such provision the circular reminded county councils of their powers to contribute towards the expenses of district councils in providing housing specially for old people. It also emphasised the fact that by providing for the elderly housing authorities would, at the same time, be releasing accommodation available for the young.

A subsequent circular 55/57 Housing Accommodation for Old People (1957) reiterated this last benefit when it stated that

Provision of one bedroom dwellings both in new and converted properties will make it possible for houses at present occupied by old people to be released for occupation by larger families, while at the same time providing more conveniently for the old people themselves.
The design bulletins Flatlets for Old People (1958), More Flatlets for Old People (1960), and Some Aspects of Designing for Old People (1962) again emphasised the aim of helping to keep the elderly in their own homes and outlined a variety of types of flatlets suitable for old people, giving advice on design and management of such schemes and services which should be available, for example a warden, an alarm system and a communal living room.

In 1961 a joint circular (10/61 Services for Old People) of the Ministry of Housing and the Ministry of Health called for co-operation between the various authorities providing for the elderly. Again the need for special housing was stressed.

It is widely recognised today that old people want to lead an independent life in their own homes...To make this possible, housing authorities must provide...a full range of small bungalows, flats and flatlets designed for old people; some in which they can be fully independent...others in which some friendly help is available in the person of a warden; others still in which provision can be made for some communal facilities in addition to a warden.

The most influential circular 82/69 Housing Standard and Costs: Accommodation Specially Designed for Old People was published in 1969. In this the government outlined standardised features which should be included
in sheltered schemes, suggested optimum sizes, and introduced the concept of Category 1 and Category 2 schemes for the active and less-active elderly respectively (Butler et al., 1983).

Despite the government's incentives in the 1960s for housing associations to build more sheltered housing schemes (see Chapter Five) the local authorities remained the main provider of this type of accommodation, accounting for more than 70% of the total number of units. In the late 1970s and early 1980s, with the increase in the proportion of owner occupiers in the housing market and the government's policy of extending this further, the public sector was increasingly seen as a residual sector providing only for those with special needs, of whom the elderly were a priority category. Michael Heseltine, the then Secretary of State for the Environment, stated in a House of Commons debate in 1979 that

> We certainly intend to ensure that local authorities are able to build homes for those in greatest need and I have in mind especially the elderly in need of sheltered accommodation and the handicapped.

However, the dominance of the public sector, even in this specialised housing provision, is now being eroded. The present government's policy of curtailment
of expenditure on public sector housing has meant that fewer resources are available to district authorities to provide such housing. The policy of both Labour and Conservative governments to stimulate a greater contribution from housing associations (e.g. by setting up the Housing Corporation to channel government funds and provide advice to the voluntary housing movement - see Chapter 5) has meant that there should be less need for public sector sheltered housing. The emergence (for reasons to be discussed later - Chapter 4) of private builders in the construction of sheltered housing for the elderly has reduced demand by owner occupiers for this type of provision made by the public sector.

Very recently the whole ideology behind sheltered housing and its use as the primary response to the housing and care needs of the elderly has come under question, again resulting in a reduction in public sector provision. Sheltered housing is no longer universally considered to be an unqualified success and is now criticised for creating not only greater dependence, but also elderly "ghettos", and for concentrating both housing and welfare services on a privileged few. Concern has now also arisen about how to care for the frail elderly within a sheltered
housing setting, as many of the original, previously active elderly tenants are becoming increasingly old and frail (Boldy, 1983; Butler et al., 1983; Cowan, 1984; Fielding, 1985; Tinker, 1983). This over-dependence on sheltered housing is an example of how the community care concept has been almost too powerful in "committing resources to implement proposals without fully articulating their logic and continuously evaluating their performance" (Davies and Challis, 1986). Other forms of care and extra-care housing for the elderly are now being considered, in particular "Staying Put" schemes (Tinker, 1984), which will divert public resources away from sheltered housing provision, albeit that some may be merely transferred to an "extra-care" form of sheltered housing which is now the subject of experimentation. As a result of these changes there has been a reduction in public-sector provision of conventional sheltered housing relative to provision by the voluntary and private sectors.

Table 3.3 shows the growth in the number of public-sector sheltered dwellings between 1950 and 1986. In 1950 sheltered housing was only just emerging as another means of caring for the elderly and therefore there were then very few sheltered
Table 3.3 The growth of public sector sheltered housing 1950-1986

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of units</th>
<th>No. per 1,000 elderly popn.</th>
<th>% total sheltered housing provision</th>
<th>% change no. units</th>
</tr>
</thead>
<tbody>
<tr>
<td>1950*</td>
<td>7,000</td>
<td>86.0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1960*</td>
<td>18,060</td>
<td>2.8</td>
<td>89.0</td>
<td>+79.10</td>
</tr>
<tr>
<td>1970*</td>
<td>86,579</td>
<td>10.9</td>
<td>83.3</td>
<td>+22.21</td>
</tr>
<tr>
<td>1977+</td>
<td>190,000</td>
<td>29.0</td>
<td>79.2</td>
<td>+12.99</td>
</tr>
<tr>
<td>1981+</td>
<td>244,261</td>
<td>30.1</td>
<td>72.4</td>
<td></td>
</tr>
<tr>
<td>1986+</td>
<td>280,741</td>
<td>34.6</td>
<td>72.4</td>
<td></td>
</tr>
</tbody>
</table>

* figures are for England and Wales
+ figures are for England only

Source: The DoE has been collecting data on sheltered housing since 1979 and is the source of the figures for 1981 and 1986. The figures for 1950, 1960 and 1970 are taken from Butler et al (1983). For 1977 the data are from the study undertaken by Oxford Polytechnic on behalf of the DoE.
dwellings. By 1960, however, the number of dwellings had more than doubled to 18,060. Throughout the 1960s and 1970s, with the growing popularity of community care as the favoured means of caring for the elderly, the number of public dwellings increased dramatically from 18,060 in 1960 to 86,060 in 1970 and 190,000 in 1977. This growth continued during the 1980s with an ever larger number of dwellings per 1,000 of the elderly population being supplied, although the rate of growth has recently begun to decline in line with government pressure to reduce public expenditure.

3.5.4 The geography of sheltered housing provision: a historical background

There are still no national guidelines relating to the geographical distribution of sheltered dwellings in England and local authorities are free (within the limits of financial constraints) to build as they please. Government policies have guided and shaped the development of sheltered housing, but have not prescribed how much there should be. Although there are no official guidelines, Townsend's The Last Refuge (1962) had recommended that there should be 50 units per 1000 of the elderly population. While this figure has not been met across the whole country "the ratio of 50:1000 has been so thoroughly absorbed into
professional thinking that, sometimes with no awareness of its sources, it is quoted by housing officers as if it were carved on tablets of stone" (Butler et al., 1983) and it seems that it is this figure that providers are striving to meet. In 1977 provision ranged from 228 units per 1000 of the elderly population in the district of Sedgefield to 1 unit per 1000 in the London borough of Kensington and Chelsea. In general, in 1977, the Northern region had the highest levels of provision, with 48 units per 1000 of the elderly population, while the South East and Greater London had the lowest levels with only 13 units per 1000. The spatial distribution therefore was strikingly uneven. In part this reflected the autonomy of local authorities in which the impetus to provide still largely depended upon the interests of individual councillors or officers, rather than any objective assessment of need in a broad social sense. There is, however, some evidence that the level of sheltered housing now being provided is correlated to a wider judgement about local housing need, albeit in a rather indirect way. Thus, for example, in many local authorities the provision of sheltered housing has been stimulated by the shortage of small dwellings and the increase in the number of one and two person households, of which the elderly
form an important element. A larger supply of sheltered dwellings thus releases larger houses for family occupation. In Butler et al's sample study of 12 local authorities (1977-81) it was found that those areas with relatively high levels of local authority housing tended also to have high levels of sheltered housing, possibly because in these areas sheltered housing was seen as a functional part of the housing stock (Butler et al., 1983). Great variations in the levels of provision between local authorities continue to exist as section 3.6 will demonstrate.

3.6 Distribution of local authority sheltered dwellings

3.6.1 The pattern of provision in 1981

In 1981 the public sector provided 79% of all sheltered dwellings for the elderly, with a total of 244,261 units throughout the country. However, as in the case of residential care, the distribution of this service varied considerably across the country (Fig. 3.5). While some local authorities provided over 100 dwellings per 1000 of the elderly population (Durham 118.6, Barnsley 167.7 and Doncaster 145.9 - the high levels of provision in Barnsley and Doncaster may be an example of the diffusion process in operation) others were providing less than 10 - for example Manchester (6.7), Coventry (8.9), Bromley (6.7) and Newark (1.2). This low provision is in some cases a reflection of
Figure 3.5 The distribution of public sector sheltered housing units per 1000 of the elderly population 1981 and 1986.
the high provision of residential homes, but there is no clear or simple link between the two kinds of accommodation; indeed a correlation of the two indicated a weak level of positive association (a correlation coefficient of 0.11). The City of London can again be identified as an exceptional case having no sheltered dwellings for the elderly. The coefficient of variation was again calculated and, at 0.84, it shows a very high degree of variance between local authority areas. Indeed it indicates a level of spatial variation which is more than twice that of public sector residential care. The dispersion graph (Fig. 3.2) also demonstrates a wide spread of points and the Lorenz curve shows a considerable departure from a hypothetical even spread (Fig. 3.3).

From the maps it can be seen that, unlike the distribution of residential places for the elderly, there is no clear spatial pattern of sheltered housing provision within the shire counties and no evidence of any sharp north-south contrast. However, there is some difference between the shire counties (with only 9 of them in the bottom two quintiles) and the metropolitan counties and the London boroughs. While the metropolitan districts have relatively greater variations within them than the shire counties, in general the former have a greater proportion of districts in the lower quintiles. Greater
London has 22 out of 33 of its boroughs in the lowest two quintiles, and only 4 boroughs in the highest two quintiles. There is no Inner-Outer London distinction (unlike the public sector provision of residential care).

South Yorkshire is interesting in that it contains districts with only the extremes in levels of provision, Barnsley, Doncaster and Rotherham each have more than 65 dwellings per 1000 of the elderly population and are in the highest quintile, while Sheffield is at the other extreme, with only 11.9 units per 1,000 elderly.

3.6.2 The pattern of provision in 1986

By 1986 local authorities were providing 72.2% of sheltered housing for the elderly (a decrease in their share of 7% in 5 years) with a total of 280,741 dwellings in England. As in 1981 provision was very uneven across the country ranging from 0 places per 1,000 of the elderly in the City of London to 154.86 places per 1,000 in Doncaster. Indeed, the coefficient of variation of 0.90 indicates a further increase in spatial inequality amongst the English local authority areas.

Between 1981 and 1986 the pattern of public sector sheltered housing in the shire counties had undergone
little significant change (Fig. 3.5). The distinction between the county councils and the London boroughs observed in 1981 remained in evidence in 1986. Again there are only 9 shire counties in the lowest two quintiles while Greater London still has relatively low levels of provision. There are 22 London boroughs in the bottom two quintiles and only 6 in the highest two quintiles.

3.7 Data analysis: local authority sheltered housing

3.7.1 Regression analysis: 1981 pattern of provision

Table 3.4 shows that both the overall regression analysis and the individual regression coefficients are significant at the 0.01 level (the F and t values). Only two of the independent variables contribute to an explanation of variations in local authority sheltered housing provision. Moreover, these 2 variables together account for only 15.4% of the total variation. The percentage of the population of pensionable age was found to account for 8.8% of the explanation of variance. This variable displayed a negative association with levels of local authority sheltered housing. It is not clear why this should be the case, but it is of course part of the nature of the regression analysis technique that on occasion 'rogue' results may occur.
Table 3.4 Influences on the provision of local authority sheltered housing

<table>
<thead>
<tr>
<th>Variable</th>
<th>Coefficient 1981</th>
<th>R 2</th>
<th>R change 2</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. 1981</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>constant</td>
<td>10.532</td>
<td>0.088</td>
<td>0.088</td>
<td>0.000</td>
</tr>
<tr>
<td>x1 % population of pensionable age</td>
<td>-0.211</td>
<td>0.088</td>
<td>0.088</td>
<td>0.009</td>
</tr>
<tr>
<td>x2 Per capita rateable value</td>
<td>-0.131</td>
<td>0.154</td>
<td>0.066</td>
<td>0.011</td>
</tr>
</tbody>
</table>

Significant F = 0.001

B. 1986

<table>
<thead>
<tr>
<th>Variable</th>
<th>Coefficient 1986</th>
<th>R 2</th>
<th>R change 2</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>constant</td>
<td>16.391</td>
<td>0.093</td>
<td>0.093</td>
<td>0.000</td>
</tr>
<tr>
<td>x14 Unemployment</td>
<td>0.090</td>
<td>0.093</td>
<td>0.093</td>
<td>0.080</td>
</tr>
<tr>
<td>x15 % economically active women</td>
<td>-0.134</td>
<td>0.141</td>
<td>0.048</td>
<td>0.013</td>
</tr>
<tr>
<td>x1 % population of pensionable age</td>
<td>-0.206</td>
<td>0.197</td>
<td>0.056</td>
<td>0.016</td>
</tr>
</tbody>
</table>

Significant F = 0.000

The per capita rateable value was shown by the regression analysis to add a further 6.6% to the total explanation. This variable also had a negative correlation coefficient, as anticipated. It was hypothesised that the higher the rateable value of an area, the more affluent its population is likely to be, and the less need or demand there will be for local authority sheltered housing.

3.7.2 Regression analysis: 1986 pattern of provision

In 1986 the regression analysis and regression coefficients were again significant at the 0.05 level. The analysis was able to explain only 19.7% of the variance with a three step model. The unemployment rate alone accounted for 9.3% of variations between local authority areas with a positive association with the level of public sector sheltered housing as anticipated. Using unemployment levels as an indicator of generally low prosperity in an area it is expected that the higher the rate of unemployment, the greater the need for local authority sheltered housing.

The second variable to come out of the regression analysis was the percentage of economically active women. This variable displayed a negative correlation coefficient and added 4.8% to the explanation of variance. The percentage
of economically active women was adopted as a measure of the potential pool of carers, since it has traditionally been women who have carried out the informal care of elderly dependents. It would be expected then that the higher the percentage of women working the greater need there would be for statutory services. This hypotheses was not therefore borne out by the results of the regression analysis.

Finally, the percentage of the population of pensionable age added 5.6% to the overall explanation of the regression analysis. As in 1981 there was a negative association between this variable and the level of public sector sheltered housing. It may simply be that this is a rogue result derived because of the complicated nature of multiple regression analysis whereby the combined effects of some variables are different from their individual influences.

The results of the correlation and regression analysis show that explanations of the spatial pattern of the provision of local authority elderly-person accommodation (whether residential homes or sheltered housing) are not easily found in rational statistical models which seek to explore objectively the links between the level of supply in an area and a range of other social indicators. However, this in itself is interesting and noteworthy. It may be
because some of the factors which exercise an influence on
the amount of provision in a local authority area do not
easily lend themselves to numerical measurement and cannot
therefore be built into a multiple regression equation. It
may, however, alternatively simply point to the fact that
the level of supply reflects no overall rational response
to the level of need. A small number of interviews with
local authority providers of residential homes and
sheltered housing were carried out to gain further insights
into factors which may be important in influencing the
distribution of these public sector services.

3.8 Local authority case studies: residential care

Four local authorities were chosen so that interviews could
be conducted with officials about their provision of
residential care for the elderly. These included two
county council social services departments (Devon and
Cleveland) and two metropolitan district social services
departments (Knowsley and Bradford). As noted in section
1.7.1, they were selected on the basis of having either
high or low absolute levels and percentages of public
sector provision (Table 3.5 and Fig. 3.6). The findings
reported below represent the views expressed by officials
in the county councils.

3.8.1 Devon

Devon is an area of low public sector provision of
Table 3.5 Local authority residential care sample

<table>
<thead>
<tr>
<th>Authority</th>
<th>No. places per 1,000 elderly population</th>
<th>% in public sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Devon</td>
<td>8</td>
<td>20</td>
</tr>
<tr>
<td>Knowsley</td>
<td>9</td>
<td>80</td>
</tr>
<tr>
<td>Bradford</td>
<td>16</td>
<td>46</td>
</tr>
<tr>
<td>Cleveland</td>
<td>16</td>
<td>80</td>
</tr>
</tbody>
</table>

Source: DHSS, 1987

Table 3.6 Local authority sheltered housing sample

<table>
<thead>
<tr>
<th>Authority</th>
<th>No. places per 1,000 elderly population</th>
<th>% in public sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hove</td>
<td>7</td>
<td>53</td>
</tr>
<tr>
<td>Solihull</td>
<td>38</td>
<td>71</td>
</tr>
<tr>
<td>Rugby</td>
<td>88</td>
<td>88</td>
</tr>
</tbody>
</table>

Source: DOE, 1986
Figure 3.6 Public sector residential care and sheltered housing sample authorities.
residential care (8 places per 1,000 of the elderly population) and with a low percentage of its total provision provided by the public sector. The lack of recent expansion in the public sector, combined with historical factors and the early adoption of a community care policy probably help to account for this low provision. Devon has not built a new residential home for the elderly since local government reorganisation in 1974. Before this reorganisation Devon county council was responsible for only rural Devon and therefore did not cover Torbay, Plymouth and Exeter. Since there has been no expansion since 1974, the present level of provision is a result of activity in this field prior to local government reorganisation. Although at that time the urban areas were quite heavily involved in building residential homes (therefore these areas now have relatively high provision per 1,000 of the elderly population), the level of provision for the county as a whole is relatively low due to limited provision in the rural areas prior to 1974.

As has been explained, around the mid-1970s, as a result of financial considerations and changes in philosophy, local authorities began to realise that elderly people wished to stay in their own homes and that they should be assisted to do so whenever possible. Thereafter Devon county council adopted a deliberate community care policy, thereby
reducing the need for any expansion in traditional residential care.

There has been a long tradition of private residential care in Devon. As far back as the 1960s the county appointed two registration officers to regulate activity in the private sector and this indicates the priority given to this sector and perhaps helps to account for the relatively low percentage of total provision made by the local authority. In Devon there has also been a large supply of guest houses and hotels which, with a declining seaside holiday trade, have been ripe for conversion into private residential homes.

While provision in both the private and voluntary sectors is expected to continue to grow, they will in future be neither encouraged nor discouraged to do so by the local authority. In December 1987 a voluntary trust approached Devon offering to run their residential homes for the elderly. This proposal was rejected by the committee. However, the Conservative members were in favour of the proposal and of a general increase in the "contracting-out" of services, while the Labour representatives believed that it was the responsibility of the local authority to make direct provision of services and the Alliance had mixed feelings. The political composition of the council at the
time was thus the crucial factor accounting for the rejection of the proposal. Devon was at that time a "hung" council with no Chairperson and therefore no casting vote. The decision to turn down the voluntary agency's offer was carried by a majority of only one vote when a Conservative member reversed his decision. However, the issue is certain to be raised again at future council budget meetings.

3.8.2 Knowsley

Knowsley metropolitan district council also has low provision for the elderly in residential homes (9 places per 1,000 of the elderly population) but over 80% of total provision is made by the public sector. According to the representative there are two main factors accounting for this. Like Devon, Knowsley has adopted a community care policy for the elderly since the late 1970s, although this was not actually made explicit until 1985. No new residential homes have been built in the district since 1974 and the local authority aims to keep as many elderly as possible in their own homes for as long as possible while providing rehabilitation, respite and rotating care in residential institutions. An illustration of the authority's commitment to community rather than institutional care is that in 1985 a policy was agreed that residential homes should provide only short-term services
A second reason why Knowsley has low residential provision for the elderly is its recent demographic history. While all local authorities in which interviews were conducted gave children top priority (owing to the statutory requirements placed on them to make provision for child care) Knowsley has had particular child care problems. Seven years ago the authority topped the European rank order in terms of its child numbers per 1,000 of the total population. It is also a relatively deprived area and suffers has a high juvenile delinquency rate. Resources therefore have been concentrated on Knowsley's child population, rather than on the elderly, to a greater extent than in most local authorities.

There has been relatively little private or voluntary sector development of residential care in Knowsley. So far there has been no policy to encourage either sector to make provision for the elderly but rather the reverse has been true and there has been strong opposition to such developments from the Labour-controlled council (although it is not a particularly militant council). Officers are not permitted to recommend potential residents to these homes, not only because of Labour ideology but also because...
the local authority has vacant places in its own homes and it does not therefore want to pay, and indeed cannot afford to pay, top-up charges (the difference between the charges made by the home and the amount the resident can afford to pay or the amount they receive from the DSS). However, it is likely that in the near future, due to financial constraints, the local authority will go into partnership with the voluntary sector to provide more care for the elderly. A feasibility study is already being undertaken for the joint management of their existing old people's homes with the voluntary sector.

3.8.3 Bradford

In Bradford there is a relatively high level of provision of residential homes made by the public sector (16 places per 1,000 of the elderly population) but only 46% of total residential care is provided by the local authority.

One reason why Bradford district council has made relatively high provision is that, following a Dilapidation Survey carried out in 1983 on residential institutions, it was decided to continue building residential homes for the elderly, largely as replacements for the old workhouses and for other inappropriate buildings. Although, because of the combination of pressures to increase staffing ratios
and to reduce capital expenditure, the numbers of places in residential homes are being reduced, provision is still being made at a time when many local authorities are closing down their homes.

Bradford did not adopt a community care policy until 1981 when it became clear that there was a need for some form of care that fell between the essentially cleaning service provided by home helps and the institutional care provided by residential homes. The aim of the local authority now is therefore to keep the elderly in their own homes with a flexible package of service provision available within the community, of which residential homes form a part. The council recognises that there is still a short-term need for residential care as community-based services are not yet adequately developed to cope with the growing needs of the elderly, particularly with the changes taking place in health authority provision. According to the Bradford representative health authorities are moving away from long-term care to treatment-based models of care and in so doing are losing a large number of beds previously designated for the elderly. The onus is therefore falling back onto the local authority social services department. It is also recognised that there will always be some elderly people for whom there is no alternative to residential care.
There is a strong and growing private sector of residential care in the Bradford area, mainly because of its large supply of grand, large-scale houses, which are ideal for redevelopment and conversion into private old peoples' homes. The voluntary sector is not yet particularly active in Bradford, and until very recently has not been given any encouragement by the local authority. The council are now attempting to build up partnerships with the voluntary sector, in which the local authority would staff homes and allocate places while the voluntary sector would secure capital, build and manage homes. However, because Bradford is a Labour controlled council, it is difficult politically to get proposals for partnerships accepted, although it is anticipated that this will change if the Conservatives regain power in 1990. The issue of partnerships and joint planning is seen as being an important one for the future. (It must be noted that since the interview was conducted control of the council has passed to the Conservatives as a result of a by-election).

3.8.4 Cleveland

Cleveland has both relatively high absolute levels of public sector provision (16 places per 1,000 of the elderly population) and a high percentage of total provision
provided by the public-sector (80%). As in the case of Devon, inheritance of homes from before local government reorganisation in 1974 is an important influence on levels of present provision. In 1971 a variety of boroughs and town councils were brought together to form the county of Teeside. Each of these areas had previously competed to have the best service provision and therefore committed themselves to large capital expenditure on residential services. Teeside was, in the 1970s, a relatively rich authority and therefore continued this policy of high capital expenditure. In 1974, with local government reorganisation, again all the constituent boroughs of Cleveland had large capital expenditure programmes which Cleveland was committed to continue and which have resulted in the very high present provision of residential homes in the county.

In addition, Cleveland has still not adopted a community care policy and therefore, until 1986, there were still considerable waiting lists for places in residential homes. In the last couple of years, however, the council have been looking into how a community care policy might be implemented. Thus, only very recently has residential care come to be seen as only a last resort.

The official interviewed from Cleveland believed that
provision thus remains concentrated in the public sector primarily because of the antipathy of both the local politicians and the staff of the local authority towards the operation of private and voluntary sector homes. Cleveland has always been a Labour controlled council and therefore the privatisation of residential services goes against the ideology of the councillors. However, as in other local authorities, it is envisaged that in the future, because local government will not be given resources sufficient to make further provision themselves, the voluntary sector will have to be approached to help fill the gap.

3.9 Local authority case studies: sheltered housing

As in the case of residential care, four authorities were selected for interview (Hove, Solihull, Rugby and Lewisham, Fig. 3.6). In this case it is district authorities which are responsible for service provision. Again authorities were chosen on the basis of both their absolute levels of public sector provision and according to the percentage of their total sheltered units provided by the public sector (Table 3.6). Lewisham refused to grant an interview so only three local authorities are reported on. Again the information given in this section are the views of the officials interviewed.
3.9.1 Hove

Hove district, like East Sussex as a whole, is an area with low public provision of sheltered housing per 1,000 of the elderly population (7) and with only a relatively small percentage of total provision made by the local authority (53%). Despite inheriting its first sheltered housing schemes in its amalgamation with Portslade after local government reorganisation, Hove itself did not build any sheltered housing until 1978 when a new housing Director, with new ideas, was appointed. However, despite the efforts of this new Director, and the priority given until very recently, to the elderly in housing, there has still been relatively little sheltered housing development. There appear to be two reasons. One is that Hove has always been a Conservative controlled council which has shown very little interest in public housing of any sort and therefore has done little to encourage new initiatives. The second important reason is the lack of available land suitable for the building of new sheltered housing schemes, and the lack of financial resources available for redevelopment on existing sites. Although it is possible for the local authority to carry out conversions of existing property, the Right to Buy system means that, as more people are buying their council properties, it will be
increasingly difficult to convert whole blocks of council housing into sheltered housing.

The voluntary sector is relatively active in Hove and housing associations are encouraged to build whenever possible. The housing department hosts a six-monthly forum of housing associations active in the area, the Housing Corporation and the National Federation of Housing Associations. On these occasions ideas are floated with the aim of increasing the involvement of the voluntary sector. The housing department will assess needs and approach housing associations who may be willing and able to provide. It is envisaged that the council will continue to make money available and support housing associations in the future, particularly since government pressure to reduce public expenditure has meant that the council is unable to finance new developments itself. However, again, land availability acts to limit provision, even by the voluntary sector.

3.9.2 Solihull

Solihull district council is a relatively high provider of public sheltered housing (38 places per 1,000 of the elderly population), but nevertheless provides a relatively low proportion of the total sheltered housing in its area.
In 1974, local government reorganisation involved the amalgamation of part of Birmingham City council with Solihull district council. Until 1980, however, tenants in this new area of Solihull continued to pay rent to Birmingham City while paying rates to Solihull. In 1980, Solihull at last purchased all the housing in this area from Birmingham and in so doing acquired new forms of sheltered housing in addition to their own, more traditional-style sheltered housing and thereby considerably increased their total stock.

Councillors in Solihull have always been enthusiastic to make provision for the elderly, therefore the council has always received strong support for sheltered housing. This concern for the elderly has traditionally been cross-party. However, there is also a pressing need for family housing. Many council houses are under-occupied by elderly people and through building for the elderly these houses can be released for families thus meeting the needs of both client groups.

The provision of sheltered housing by the private and voluntary sectors is actively encouraged in Solihull. Some of the council-owned land which becomes available is
put out to tender with a "particular purpose" brief (which is usually sheltered housing). The council believe that the money made from the sale of the land can usually be ploughed back into the public sector to increase the overall level of council housing in the area. The private sector is also very quick to step in and build sheltered housing for sale on other land that becomes available.

Solihull council does not envisage much change in the operation of its service provision in the near future; the finance is available, as is the political commitment, to continue to make provision as they are now. It is anticipated that there will be a further increase in sheltered housing and very-sheltered housing, with the aim of dropping the old production-line type of service provision and providing a more integrated "continuum of care". The local authority is therefore not averse to approaching the private and voluntary sectors to aid in the development of this type of care programme.

3.9.3 Rugby

Rugby is an area with high provision of public sector sheltered housing both in terms of absolute numbers (88 per 1,000 of the elderly population) and as a percentage of total provision (88%). This high level of provision is
largely a result of a relatively long tradition of sheltered housing provision in Rugby. The district has continued to provide this form of housing with the support of council members. Sheltered housing has always been favourably regarded and has been supported by the council whatever its political disposition. There have never been serious problems in securing the funds necessary to provide housing for the elderly.

The provision of sheltered housing is concentrated in the public sector with very little activity by private or voluntary organisations, unlike other more affluent districts in the county such as Coventry or Leamington Spa. As yet the local authority has been able to satisfy the needs of the elderly in its area, so there has been no market for the private or voluntary sectors, and they have not been actively encouraged by the council to make provision.

It is anticipated that there will be a continued need for sheltered and very-sheltered housing. Although there has been an increase in home care services, there are insufficient resources available to cater for all the elderly in this way. This factor, combined with the phasing out of many residential homes in the area, means that the local authority will continue to provide specialised housing to cater for the growing number of elderly. If, however, the public sector were unable to continue making their own provision, then the voluntary sector would be approached to build in conjunction with the local authority.
3.10 Summary and conclusions

The provision of public sector residential care and sheltered housing has been sporadic and geographically uneven. Analysis has revealed that this distributional pattern cannot be explained by the use of a set of indicators of need, political disposition or resources. Indepth interviews with a small sample of local authorities have shown that there is a variety of other factors influencing levels of provision of residential care and sheltered housing and that these vary substantially from one local authority to another. For example, the individual history of provision in an area, the extent and type of community care policy adopted, the analysis of needs by the local authority, the attitudes of the councillors and their political ideologies, the level of activity in the private and voluntary sectors, the analysis of the state of existing provision, the availability of land, the influence of individual councillors or officers, or groups and the financial resources available may all help to shape the local pattern of provision. Given the large number and variety of different factors which can determine an area's level of provision it is not surprising that regression modelling proved to be of only limited value. Provision is not a straightforward response to need, but rather it appears to be highly complex and irregular, responding to the particularities and
idiosyncracies of individual places thus yielding little to help identify general trends in spatial patterns. The very small size of the interview sample does of course mean that the local authority profiles presented towards the end of this Chapter do not shed very much light on the interpretation of the general patterns of provision described earlier. It is, however, reasonable to speculate that these spatial differences have arisen for reasons similar to those put forward to account for the circumstances prevailing in the case of the seven authorities chosen for special study. Although it is impossible, therefore, to offer precise explanations for the different levels of provision in the various parts of England, it is nonetheless reasonable to conclude that the supply of public sector accommodation for the elderly will rarely reflect any objective assessment of need, but will instead have resulted from a whole range of local - often highly idiosyncratic - influences. This is surely the key message to emerge from the analysis and review presented in this Chapter.
CHAPTER FOUR: THE ROLE OF THE PRIVATE SECTOR

4.1 Private Residential Homes

The key ingredients in the nature of the demand for private sector residential accommodation for the elderly were identified by Townsend (1962) when he wrote that

Some old people take particular pride in their independence and feel that so long as they can pay for any services they may need they will preserve their rights to privacy and to living in the kind of way to which they will have become accustomed. They fear discomfort, restriction and loss of status, which they believe are the consequences of entering local authority or voluntary Homes. To pay charges in a private Home, they seem to feel, is but one short step from paying charges in a hotel or guest-house.

Given this emphasis on privacy and independence, it is perhaps not surprising to find that the history of private sector provision of residential care is not as clearly documented as either that of the public sector or the voluntary sector. Thus, although reference is made to the existence of private residential homes in the Nuffield Foundation Survey of 1947 there is no evidence of the number of homes in operation. The reason for this is that prior to the 1948 National Assistance Act private homes were not obliged to register with the local authority. With the passing of this Act, and subsequently the 1984 Registered Homes Act, all homes owned and run for profit were required to be registered (National Assistance Act,
1948). A local authority can refuse to register a home, or it can cancel an existing registration in cases where the proprietor is deemed unfit to run it or when the premises, staffing or equipment are inadequate, or if the services and amenities do not meet the needs of the residents. Moreover, local authorities have the right of inspection, but evidence from Townsend's survey in 1960 showed that in fact many homes were visited at most only once a year and that often even these infrequent inspections were inadequate.

They look through a crack in the door instead of going in a room. They don't do their job at all. It is purely nominal. They just sit in the study and say "Hello" and "Are you all right?" They send along inefficient clerks who don't know their job. (Quoted in Townsend, 1962).

On 1st January 1960, the first date for which figures are available, there were 1,106 homes registered in England and Wales nearly all catering for old people (with around 9,800 elderly residents). Between 1960 and 1962 the total number of private homes increased by more than 100 (Townsend, 1962). However, even with the registration procedures, local authorities were still not able to provide accurate figures on the precise level of supply of private residential homes. No clear definition of 'Old Persons' Homes' was given in the act to differentiate them from boarding houses, guest houses and hotels. According to the National Assistance Act a disabled or old
persons' home is defined as

any establishment the whole or main object of which is, or is held out to be, the provision of accommodation...for persons...who are old...or substantially and permanently handicapped by illness, injury or congenital deformity or such other disabilities as may be prescribed by the Minister.

In the absence of clear ministerial guidance, each local authority adopted a slightly different definition of an old people's home. While some local authorities registered premises with only two elderly or disabled persons, others registered only those with at least four or five. Some local authorities classified 'old' people as being of pensionable age, others as those people aged 65 and over or 70 and over. Comparisons between areas were therefore not necessarily valid. Moreover, the borderline between a residential home and a boarding house was often rather blurred and local authorities found they had little power to enforce registration (Sumner and Smith, 1969; Townsend, 1962). Also a number of homes continued to operate unregistered and the local authority often had no means of knowing of their existence. In the survey carried out by Sumner and Smith in 1965 the welfare officer of one 'retirement' county stated that

There are 23 or 24 private homes in this county and there are probably many more not known to us
A further problem was the pressure on local authority homes for which there were long waiting lists. This prevented some local authorities from refusing or cancelling registrations for private homes. According to Sumner and Smith (1969) one official was quoted as saying that

Because we are in a plight in the county, we have got to learn to live with the private homes...If we are successful in closing a home, we have then got to accommodate 10-20 people.

The evidence which does exist suggests that many private homes for the elderly were often converted hotels and semi-detached houses varying greatly in both size and quality, but that most were in buildings over 25 years old. They were generally situated in the long-established middle-class districts of large towns and cities or on the fringes of country towns or villages. Private homes catered primarily for the middle-class elderly: in Townend's sample survey over 60% of residents were in the Registrar General's Social Classes I, II and III.

Hawkey Manor is occupied by a retired clergyman, a university professor, a colonel's widow, a solicitor's widow, an actor, a music teacher and so on. 'Some intellectuals couldn't boil an egg. That's why they're here'. (Quoted in Townsend, 1962)

In the 1950s and 60s charges varied considerably between homes, ranging from three and a half guineas to thirty guineas per week (£3.67 to £31.50). In many cases extra
Payments were sought from residents to meet the costs of heating, nursing help and other services. However, there was a small proportion of residents who were supported by grants of around £3.10.6 from the National Assistance Board, although proprietors often complained that this was inadequate.

A charge is made of 5 guineas per week, and 5 1/2 guineas 'for incontinence'. Mrs. Claysworth complained very strongly about the National Assistance Board. 'Their maximum is £3.3.6. and they say we should keep them for £3.3.0. and pay 7s. 6d. pocket money. I ask you - how can that be possible? I really think that it ought to be investigated. In local authority Homes many have to go into the chronic sick hospitals. The charges there may be £12 a week or more and even in the local authority Homes it costs £6 or more for them to be looked after. People come here to retire and our local authority would have all those people on their hands, but for the likes of us'. (Townsend, 1962)

Many private residential homes were run by women who opened the home because at the time of their marriage, or with their own advancing age, they were no longer able to hold nursing posts or posts of an adequate status, or they found the hospital routine too arduous or insufficiently rewarding. Opening a home was seen as a desirable alternative form of occupation. In other cases the loss of a close relative or an awareness of the disadvantage and problems encountered in caring for an old person in their own home, spurred women into action (Townsend, 1962). Although it is necessary to be cautious in making
generalisations, the evidence therefore suggests that in the 1960s, private old peoples' homes were usually small, highly variable in quality and owned by middle-age females who had formerly worked in the nursing profession.

No accurate figures are available as to the ratio of staff to patients because of the irregular hours worked by many staff and the amount of help given by the proprietor's family. However, it does appear that there was in fact a higher ratio of staff to patients than in public and voluntary residential homes, particularly in the smaller, more expensive homes.

When following his survey in 1960 Townsend considered the future of private residential care, he concluded that while some private homes provided comfort, homeliness, privacy and security and the fact that tenants pay full charges made them feel independent, in many the disadvantages far outweighed the advantages. There was considerable overcrowding, poor standards of staffing and of amenities, and frequently a neglect of the physical, psychological and social needs of the residents. He therefore proposed that

No Home with any resident who is permanently incapacitated should be run for private gain - defining as incapacitated a person who suffers from a particular long-term disability or has
been bedfast for at least one month or housebound for at least three months and requires various services, such as assistance with dressing. This does not necessarily mean that many existing private Homes would have to be closed or incapacitated residents removed...The object would be to invest the ultimate responsibility of management in a local trust or committee rather than leave them in the hands of a private individual.

Of course, despite Townsend's recommendations of nearly thirty years ago, private residential homes have remained in operation and in recent years have increased rapidly in number. This recent surge must be seen as an inevitable consequence of the cut-backs in public expenditure since the late 1970s. It has become increasingly difficult for local authorities to meet all of the demands imposed on them for the residential care of the elderly. The present Conservative Government advocates a reduction in the role of the public sector in the provision of such services. As Malcolm Wicks (in Walker, 1982) has commented, the government's view implies that "although the social services will play a part, the challenge of Britain's ageing population is essentially something for others to tackle" The private sector, along with voluntary organisations, has taken up this challenge, particularly in the 1980s. Table 4.1 indicates clearly the growth in residential provision by the private sector. In 1960 there were 9,825 places, only 2.2 per 1,000 of the elderly population for England and Wales. By 1976 the absolute
Table 4.1 The growth of private sector residential care 1960-1986

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of places</th>
<th>No. per 1,000 elderly popn.</th>
<th>% total res. provision</th>
<th>% change no. of places</th>
</tr>
</thead>
<tbody>
<tr>
<td>1960*</td>
<td>9,825</td>
<td>2.2</td>
<td>10.29</td>
<td>-</td>
</tr>
<tr>
<td>1976+</td>
<td>21,320</td>
<td>2.6</td>
<td>14.93</td>
<td>-</td>
</tr>
<tr>
<td>1981+</td>
<td>31,838</td>
<td>3.9</td>
<td>19.75</td>
<td>+ 33.04</td>
</tr>
<tr>
<td>1986+</td>
<td>80,586</td>
<td>9.3</td>
<td>37.08</td>
<td>+ 60.49</td>
</tr>
</tbody>
</table>

Sources: The figure for 1960 is from Townsend's survey of provision for 1960, the data for 1976-1986 are from the DHSS.
* figure is for England and Wales
+ figures are for England only
number of places had increased substantially to 21,320, although this still accommodated only 2.6 per 1,000 of the elderly. However, between 1981 and 1986 private provision increased by 60% (almost 49,000 places) and now provides for almost 10 out of every 1,000 old people.

It has been made relatively easy to establish private residential homes, particularly as proprietors are protected by the Industry Act of 1972. Under this act small business persons can protect themselves and their banks against collapse through the Small Firms Guarantee Scheme. This scheme covers the bank up to 80% of the applicant's obligations should the business fail (Bird, 1984). The major clearing banks have been very willing to make loans available for this type of enterprise, encouraging the opening of private homes on the basis of profits available (Bird, 1984). Private homes have been seen as a viable way to secure substantial profits, particularly as demand appears to be inexhaustible.

In every authority the demand for residential care for the elderly exceeds supply, even after all the alternative sources of care and support available, of home helps, sheltered housing and so on have been explored. (Smith, 1982).

A further incentive was given to private residential care with the amendment of the Social Security Act, in November 1980. This made the DHSS financially responsible for all
elderly people in need of residential care but with limited financial resources of their own. Approximately one third of residents in private residential homes are paid for by the DHSS Supplementary Benefit Scheme (Bartlett and Challis, 1985). According to Bartlett and Challis (1985) "in some homes just one or two residents supported by Supplementary Benefit make the difference between profitability and non-profitability". If this is the case then it is not surprising that the increased availability of such payments has served to encourage a comparable increase in the number of private residential homes: it has even been argued, although this is not a universal view, that the growth has been almost entirely dependent on central government subsidy (Cooper, 1985). In December 1982 DHSS yearly payments for residential care totalled £39m, while by 1984 they were estimated to be £190m (Cooper, 1985). Until 1985 local social security offices had discretion to set their own limits to these payments, therefore making private residential homes more profitable in some areas than others, resulting in the differential growth of the private sector (Johnson, 1983; Bartlett and Challis, 1985).

However, the abolition of the discretion of local authorities to set limits in 1985 and, more importantly, the cut-backs in supplementary payments made
available to the elderly for this purpose have prompted a remarkable slowdown in the process of expansion. Some private homes have been obliged to close down, while others no longer accept residents supported by the DSS or have cut down the quality of the service they provide to their residents in an attempt to reduce costs (Laurance, 1986). (This situation is, of course, similar to that experienced by the voluntary sector - see Chapter Five).

Clearly the Government has been caught between two contradictory aspects of policy. Namely, the desire to foster growth in private sector provision whilst at the same time it wishes to control public expenditure. (Cooper, 1985)

The development of private residential homes has been uneven across the country. In 1960 (see Fig. 4.1) 49 of the 146 local authority areas had no private residential homes whatsoever; these areas of dearth were principally located in the north of England, the Midlands and Wales (eg. Durham, Staffordshire, Barnsley, Birmingham, Doncaster, Leicester, Rochdale, Salford and West Bromwich). By contrast, Hastings had the highest level of private homes with 33.1 per 1000 of the elderly population. The main concentrations were London, and the south coast resorts, which were rapidly developing as areas to which the middle-classes retired. The 6 counties of Kent, Middlesex, Surrey, East Sussex, Devon and Somerset accounted for 34% of total private provision, and only 17 counties and
Figure 4.1 The distribution of private sector residential places per 1000 of the elderly population 1960.
boroughs provided 61% of the total private accommodation (Townsend, 1962). Despite the rapid increase in levels of provision in the 1980s, there is still a very uneven distribution of private places between local authorities, with certain obvious areas of concentration. And it is to a discussion of these spatial patterns of provision that this chapter now turns.

4.2 Distribution of Private Residential Homes

4.2.1 The pattern of provision in 1981

In 1981 the private sector was providing 19% of all residential homes for the elderly in Great Britain, catering for 33,691 residents. The spatial contrasts in levels of provision are very striking indeed and yield a coefficient of variation of 1.04, three times greater than that for the public sector in the same year. Seventeen local authority areas still had no private sector residential homes, all of which were metropolitan counties and London Boroughs - for example Barking and Dagenham, Kensington and Chelsea, Salford, Gateshead, Wirral, Solihull and Doncaster. At the other extreme, however, the Shire counties on average offered more than 10 places per 1000 of the elderly population (for example Devon (18.2), East Sussex (13.5), and West Sussex (11.6)). The scatter
diagram (Fig. 4.2) shows a clustering of points at the lower levels of provision. The Lorenz curve (Fig. 4.3) shows a relatively large deviation from a hypothetical even distribution of provision.

The geographical distribution (Fig. 4.4) presents a clear pattern of a South coast concentration of high levels of provision in the traditional seaside retirement resorts of Devon, Dorset, East and West Sussex, Kent, Cornwall, Hampshire and the Isle of Wight and also in the other seaside retirement resorts of Lancashire and Suffolk. This is interesting because it is these counties which displayed the lowest levels of public sector residential care in 1981 (see Chapter Three), although a test of correlation carried out to determine whether these contrasting patterns of supply by the two sectors were indeed inversely correlated, in a statistical sense, yielded only a very weak negative coefficient of 0.26. Clearly if a relationship does exist between the two patterns of provision it is neither simple, nor very strong.

The contrast between the Shire counties and the metropolitan districts has already been referred to, with relatively lower levels of provision being found in the metropolitan areas (Cleveland is the only shire county in the lowest quintile). South Yorkshire is a particularly
Figure 4.2 Dispersion graph: private sector residential places and sheltered housing units per 1000 of the elderly population 1981 and 1986.

Identical copies of this Figure appear as Figures 3.2 and 5.3 but it is included again here for ease of consultation.
Identical copies of this Figure appear as Figures 3.3 and 5.4 but it is included again here for ease of consultation.

Residential Homes
1981

Sheltered Housing
1981

1986

Lorenz curve: the deviation from a hypothetical even distribution of private sector residential places and sheltered housing units per 1000 of the elderly population in comparison with the public & voluntary sectors 1981 and 1986.
Figure 4.4 The distribution of private sector residential places per 1000 of the elderly population 1981 and 1986.
good example of the low levels of provision in the metropolitan areas, where only the district of Sheffield contains any private places (1.0 per 1000 of the elderly population).

Finally, it may be noted that Greater London displays an interesting dichotomy of provision in that the Inner London boroughs offer relatively low levels of private sector residential care (with only Greenwich not being in one of the lowest two quartiles), while the Outer London Boroughs have relatively high provision.

4.2.2 The pattern of provision in 1986

By 1986 the geographical inequalities identified five years earlier were substantially reduced (coefficient of variation of 0.83), although they were still over twice those displayed for the public sector in the same year. The dispersion diagram (Fig. 4.2) for 1986 displays a greater range in levels of provision than for 1981, but a slightly more even spread between these extreme values. Moreover, the Lorenz curve (Fig. 4.3) also shows a slightly closer fit to the hypothetical even distribution of places. Even so, the Shire counties still have higher levels of private residential provision than the metropolitan districts and London boroughs. And the South coast
retirement resorts continue to stand out as having high levels of private residential care. However, the block of counties formed by Wiltshire, Gloucestershire, Oxford, Berkshire, Buckinghamshire, Surrey and Warwickshire, which were all in the second highest quintile in 1981, had been broken down by 1986 to show a more diverse pattern of provision. High levels of provision are also newly evident around the metropolitan counties. The metropolitan districts of Bolton and the Wirral are interesting in that in 1981 they were in the lowest quintile of provision, but by 1986 they were in the highest. As in 1981 the Inner London boroughs have relatively low provision compared to the Outer London boroughs (Fig. 4.4).

The distribution maps and the statistical measures of dispersion clearly indicate an uneven pattern of supply, and significant changes in the five year period between 1981 and 1986. But it is now necessary to try to explain both the patterns and the changes in provision across the country. To this end regression analysis has been employed and the results will now be described.

4.3 Data Analysis: Private residential homes

Table 4.2 shows the results of the regression analysis which attempts to explain the geography of provision
Table 4.2 Influences on the provision of private residential places

<table>
<thead>
<tr>
<th>Variable</th>
<th>Coefficient</th>
<th>( R )</th>
<th>( R ) change</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. 1981</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>constant</td>
<td>1.798</td>
<td>0.342</td>
<td>0.342</td>
<td>0.014</td>
</tr>
<tr>
<td>x6 No. households with one or more pensioners - owner occupiers</td>
<td>9.530E-06</td>
<td>0.342</td>
<td>0.342</td>
<td>0.002</td>
</tr>
<tr>
<td>x2 % population aged 75 and over</td>
<td>0.384</td>
<td>0.469</td>
<td>0.127</td>
<td>0.000</td>
</tr>
<tr>
<td>x3 % pensioners living alone</td>
<td>-0.093</td>
<td>0.563</td>
<td>0.094</td>
<td>0.000</td>
</tr>
</tbody>
</table>

Significant \( F = 0.000 \)

B. 1986

<table>
<thead>
<tr>
<th>Variable</th>
<th>Coefficient</th>
<th>( R )</th>
<th>( R ) change</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>constant</td>
<td></td>
<td>0.399</td>
<td>0.399</td>
<td>0.000</td>
</tr>
<tr>
<td>x6 No. households with one or more pensioners - owner occupiers</td>
<td>0.251</td>
<td>0.399</td>
<td>0.399</td>
<td>0.002</td>
</tr>
<tr>
<td>x8 Per capita rateable value</td>
<td>-0.177</td>
<td>0.475</td>
<td>0.076</td>
<td>0.000</td>
</tr>
<tr>
<td>x2 % population aged 75 and over</td>
<td>0.330</td>
<td>0.565</td>
<td>0.090</td>
<td>0.000</td>
</tr>
<tr>
<td>x4 % population in social classes I and II</td>
<td>0.033</td>
<td>0.603</td>
<td>0.038</td>
<td>0.009</td>
</tr>
<tr>
<td>x11 % seats held by the political party in control</td>
<td>-0.014</td>
<td>0.630</td>
<td>0.027</td>
<td>0.014</td>
</tr>
</tbody>
</table>

Significant \( F = 0.000 \)

4.3.1 Regression analysis: 1981 pattern of provision

The table shows that for the 1981 data both the F and t values (the overall regression analysis and the individual regression coefficients) are significant at the 0.01 level. Three variables (the number of households with one or more pensioners who are owner occupiers, the percentage of the population aged 75 and over and the percentage of pensioners living alone) explain 56.3% of the variance in private provision of residential places for the elderly. Of these, the number of households with one or more pensioners who are owner occupiers is the most significant, accounting for 34.2% of the variance with a strong positive association. This variable was included as an indicator of the relative affluence of the elderly population which might then be taken to indicate a greater market potential for the private sector. In addition, it has been argued that it is the elderly owner-occupiers who are some of the most in need of care since many ultimately encounter a stage when they are no longer financially and physically capable of the upkeep of their homes (Grundy, 1986). However, the census variable employed in this analysis does not distinguish only those owner-occupied households inhabited solely by the elderly, and thus it is...
difficult to assess these ideas precisely. Unfortunately a more finely tuned census indicator is not available.

The percentage of the population aged 75 and over was the second variable to come out of the regression analysis, adding 12.7% to the total explanation, with a positive coefficient. The private sector therefore tends to be over-represented in those areas where there is a large number of elderly people.

The third variable was the percentage of pensioners living alone. This variable had a negative association with the level of private sector residential provision and added 9.4% to the explanation of variance. The negative correlation is because areas with a high proportion of elderly people living alone contain some of the most disadvantaged elderly. Therefore, there is a very limited market for private sector residential homes. This situation may in part be further explained by the fact that those local authorities with a high percentage of pensioners living alone already have high levels of public residential homes, again possibly giving less potential for private provision. Such interpretations do demand a certain degree of caution, however, since the patterns of private and public provision were earlier shown to be linked at the aggregate level in only the most modest and
weak manner.

4.3.2 Regression analysis: 1986 pattern of provision

For 1986 again both the overall regression analysis and the coefficients of each of the variables were significant at the 0.01 level. In this case five variables were able to account for 63% of the variance in the provision of private residential care, a higher level of explanation than for 1981. The most significant of these were the number of households with one or more persons of pensionable age who were owner occupiers. This variable alone accounted for 39.9% of the variance, with a positive correlation coefficient, as anticipated for reasons outlined above.

The per capita rateable value accounted for a further 7.6% in the multiple regression analysis. Surprisingly this variable displayed a negative correlation coefficient. Since it was hypothesised that the higher the rateable value of an area, the higher the demand for private residential care would be, this result was unexpected. One possible explanation for this apparently rogue result is the problem of multicollinearity outlined in section 1.7.1. In this case per capita rateable value has a simple correlation coefficient of 0.974 with the percentage of seats held by the political party in power. However, rateable value displayed a negative association with private residential care in the simple correlation analysis. Multicollinearity does not therefore appear to have influenced this result.

The third significant variable in the regression model is the percentage of the population aged 75 and over. Its contribution to the explanation of variance is 9%, with a positive association with levels of private residential care. As in 1981 therefore, the private sector is
overrepresented in areas with a high proportion of very elderly people, as would be anticipated.

The percentage of the population in social classes I and II added 3.8% to the total explanation, with a positive correlation coefficient. Again this result was as expected. The percentage of the population in the high social classes was entered as an indicator of the relative prosperity of an area, and therefore as an indicator of high demand for private welfare services.

Finally, the percentage of seats held by the political party in control of the local authority added 2.7% to the explanation. This variable had a negative association with the levels of private residential care, indicating that the larger the majority of the political party in control, the less private residential care there will be. This would make sense for Labour controlled authorities where it would be expected that levels of public provision would be higher and that there would be little, if any, positive encouragement of the private sector. However, for Conservative controlled councils a positive relationship would be expected.

The regression exercise has yielded a reasonably good level of explanation, indicating that private sector homes have
been provided according to variations in demand. This may result from the fact that this kind of facility comprises a large and diverse group of small-scale providers - each responding locally to their personal appraisal of profit-making potential. It therefore contrasts sharply with large public sector provision where the level of local provision seems much less responsive to geographical variations in need.

The fact that the regression model provided an acceptable level of explanation, together with the acknowledged diversity of providers, suggested that follow-up sample interviews of the kind employed elsewhere in this project would not, in this case, be especially helpful. It would, after all, be impossible to construct a representative sample of such a diverse group given that only a tiny number of cases could be interviewed within the scope of the present study. The evidence thereby yielded would be likely to add little to that which has already been assembled. A large-scale interview survey of private residential homes for the elderly would, however, be a useful topic for a future research project.

4.4 Private Sheltered Housing

It was not until very recently that the private sector began to contribute to the nation's supply of sheltered housing. In 1976 the Department of the Environment
consultation paper on housing for the elderly suggested that local authorities should encourage the private sector to build sheltered housing for sale. However, the paper received limited attention and it was not until the early 1980s that certain large developers, such as McCarthy and Stone, began to recognise the demand for, and benefits to be derived from, sheltered housing provision (Fox, 1986). Private developers have been let into the sheltered housing market in part at least because of the recent failure of local authorities to provide this type of housing in adequate amounts. Local authorities will continue to be unable to meet demand owing to cuts in public expenditure and the private and voluntary sectors will continue to expand, particularly with the continuing refusal of local authorities to rehouse owner occupiers. According to Dick Clough "Given the present circumstances, we won't cope without the private sector" (quoted in Bessell, 1983). Age Concern (1984) also argues that the role of the private sector in the provision of sheltered housing is important because it not only meets the demands of the elderly owner occupiers, but it is also a means of injecting money into housing which would otherwise not be achieved. A further argument put forward in favour of private sheltered housing is that the capital realised in the move from owner occupation into a private sheltered scheme enables elderly people to buy the help they need, thereby reducing the
demands made on statutory services (Fleiss, 1985).

In part, the private sector has taken over a role previously performed by housing associations, namely that of providing retirement accommodation for the elderly owner occupier. The voluntary housing sector had been experimenting with sheltered housing for sale in the form of leasehold schemes since the 1970s. However, with the entry into the market of private developers, housing associations are generally finding it increasingly difficult to compete, although Desmond Oxley, the Chief Executive of the Bradford and Northern Housing Association would disagree (Oxley, 1985). According to Oxley it is the private developers who cannot afford to compete with the larger, financially astute, housing associations not only in terms of the quality of the housing and care but also in the unit selling price of schemes. Oxley argues that the use of private finance, mainly from building societies, has meant that non-profit making organisations are able to provide a better service at less cost than private developers dependent on profits (Oxley, 1985). Whether or not this is true, the private sector is booming. In 1983 Baker and Parry predicted that, in future, schemes would be built by private developers but their management would be taken over by housing associations. Now in many cases the voluntary and private
sectors are indeed forming partnerships, whereby the private developers are obtaining the land and carrying out the building process, and then passing on the management responsibilities to housing associations - an example is the collaboration between Barratt and Hanover. Age Concern (1984) believe this is desirable and that such partnerships should be encouraged, while the House Builders Federation in its advice note to members also recommends that private developers should hand over the responsibility for management to a specialist organisation, such as a housing association (Fielding, 1985).

Again the change in ideology towards favouring community care has been important in influencing the provision of private sheltered housing, but probably less so than for the other sectors, since the private sector has been considerably slower in getting off the mark. The recent interest in private sheltered housing has been influenced by the pioneering work of McCarthy and Stone and other large developers in the field, and by the initiatives taken by housing associations in their leasehold schemes. Another important factor is related to the present government's policy of encouraging home ownership. There are a growing number of elderly owner occupiers who are not adequately catered for by the other two sectors. Also increasing property values combined with both a desire and
A need for the elderly to realise the value of their capital assets has provided a market for private developers. The increase in the number of elderly owner occupiers meant that private sheltered housing was able to develop even during the mortgage famine of 1979-1981. After all, elderly clients tend to be trading-down, and do not require mortgages. Thus, the demand for suitable housing has continued to grow (Fox, 1985).

Although it took some time for private sheltered housing to become popular, now development has been extensive and has become more innovative. Initially, private schemes followed local authority guidelines in terms of building quality and style; however, developers are now recognising the wide variety of needs and tastes of the elderly and have begun experimenting with very sheltered housing (the first of these schemes was built in Tiddington in 1983 (Bessell, 1983)), which provides extra care in linked schemes involving sheltered housing and residential homes. Now the private sector is considered to be an important 'third arm' to the public and voluntary agencies providing specialised services for the elderly. More than 100 companies are involved in sheltered housing provision (Tilley, 1987) but despite the entry into the market from 1983 of large contractors such as Barratt and Wates, McCarthy and Stone remain the market leaders.
Private sheltered housing is also being encouraged by financial institutions. Building societies have developed mortgage plans geared towards the elderly and other financial arrangements have been devised - for example equity sharing, maturity loans and annuities (Tilley, 1987).

Table 4.3 shows how private sheltered housing developed rapidly between 1981 and 1986, increasing by 58.79% in terms of the number of dwellings available, and doubling the number of elderly people served.

In January 1985 Wimpey planned to build over 1,000 new units, Barratt had 24 developments in progress, while McCarthy and Stone expected to complete 700 units by the end of the year. Indeed, sales of McCarthy and Stone sheltered housing have risen from £1.4m to £9.4m in the first half of 1984. Overall, there is an estimated potential national demand of around 14,000 units per annum and the private sheltered housing market could be worth up to £480m a year by 1990 (Fielding, 1985). According to the Housing Research Foundation the potential market is even bigger than this; they envisaged a building rate between 15,000-24,000 dwellings per year (Fox, 1986). However, less than 10,000 sheltered homes were completed and sold in
Table 4.3 The growth of private sheltered housing 1981-1986

<table>
<thead>
<tr>
<th></th>
<th>No. of units</th>
<th>No. per 1,000 elderly popn.</th>
<th>% total sheltered housing provision</th>
<th>% change no. dwellings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1981</td>
<td>6,476</td>
<td>0.8</td>
<td>2.1</td>
<td>-</td>
</tr>
<tr>
<td>1986</td>
<td>15,717</td>
<td>1.9</td>
<td>4.0</td>
<td>+ 58.79</td>
</tr>
</tbody>
</table>

Source: DOE, 1981: 1986
1985, although it is now estimated that there will be a further 12,000 completions in 1989. According to the latest survey by the House Builders Federation the total number of sheltered homes is set to rise to just under 45,000 *(Homeseeker, October 12, 1989)*.

However, the development of private sheltered housing is not without some obstacles. The most important of these include not only the availability of land in a suitable location to meet the requirements of sheltered housing (ie. flat, close to local amenities etc.), but also sharply increasing land costs. The attitude of local authorities is also an important constraint in many areas. It is often believed that the construction of private sheltered housing schemes will attract retired in-migrants and therefore add to the burden on the social services. This idea has been prevalent amongst the local authorities in the traditional coastal retirement areas. However, several studies of sheltered housing have found that 65-80% of residents come from the local area *(Tilley, 1987; Fleiss, 1985)*.

Concern has also arisen about how to care for tenants when they become older and more frail. Tinker asks "what will happen when these people become frailer?" *(Tinker, 1987)*. The House Builders Federation recommends that

Leases should clearly state the level of care
which will or will not be provided if the lessee or resident falls ill, is injured or becomes infirm either temporarily or permanently, when he/she is unable to continue to maintain an independent existence. (Quoted in Fielding, 1985)

When private leasehold schemes incorporate such statements, leaseholders can be forced to sell in the event of any disability; 40% of moves from private sheltered housing are to residential care. In order to compensate for this, private developers are now building large complexes in which residential care forms part of a sheltered housing scheme, allowing for relatively free movement between the different types of care. John McCarthy has suggested that the expansion of extra-care sheltered housing will solve the problem of what becomes of the frail elderly (Sharp, 1987). However, this approach raises the recurrent problem of the "conveyor belt" approach to care. There is concern that shunting individuals along a continuum of care may appeal only to a few, and then only to those who can afford it.

There is also concern over the danger of the exploitation of the elderly by the private sector. It is said that many leases have been issued that are merely a license to occupy, without securing any advantage to the elderly person of the proceeds of house-price inflation in the event of re-sale. Also some management companies are inadequate and some services charges are extortionate (Fox,
There is now a greater need for local authorities to provide housing advice to the elderly as part of a comprehensive housing service, but very few actually do so. Age Concern has therefore stepped into this gap with publications such as *Your Housing in Retirement*, (Casey, 1983), and *A Buyers Guide to Sheltered Housing*, (Age Concern, 1985). David Hobman, the ex-Director of Age Concern England said:

"as sheltered housing for sale is now so widely advertised, impartial advice to counterbalance the glossy sales literature is more important than ever. (Quoted in Fox, 1985)"

According to Bob Bessell (1985) of Retirement Security Limited:

"The present tragedy is that just as the public sector of housing is beginning to accept the standards of Very Sheltered Housing, its building programme has been reduced and the private sector, which is expanding at breakneck speed, is repeating all the errors of the public sector. (Housing Review, 1985)"

Although the provision of private sector sheltered housing is said to have increased the choice of housing options available to the elderly owner occupier - according to Baker and Parry (1983) virtually all respondents to their survey were previous owner occupiers - their choice remains relatively limited due to the small number of schemes currently available; the provision of private sector sheltered housing is still very uneven between and within regions. Indeed, in 1983 private sheltered housing hardly..."
existed outside the South East. It is likely that private sheltered housing schemes are initially located in and around those areas in which the private developers have their head offices. From here they may spread to those local authority areas containing particularly high proportions of relatively well-off elderly. Builders are increasingly realising that a market for this type of housing can exist wherever elderly owner-occupiers are seeking rehousing. With so many developers now involved in the construction of this type of housing, it is unlikely that many parts of the country will lack a private sheltered development in the future. The greatest number of units planned and constructed is in Sussex and other parts of the South. According to Parry (1987) it is possible that the main reason why the private sector has begun its development in the South is that the high house prices mean that elderly owner-occupiers are able to sell their houses for large sums and then purchase a smaller sheltered housing unit fairly easily.
4.5 The distribution of private sheltered housing

4.5.1 The pattern of provision in 1981
In 1981 most of the country had very little, if any, private sheltered housing. 54 of the 91 counties and districts for which information was available had less than 0.35 such dwellings per 1,000 of the elderly population. Around the national average of 0.8 dwellings per 1,000 of the elderly population provision ranged from zero in 48 local authority areas to 6.33 places per 1,000 of the elderly population in Cambridgeshire. The coefficient of variation for 1981 was 1.75, over twice as large as that for the public sector. The Lorenz curve also shows a very large departure from the hypothetical even distribution of sheltered units (Figs. 4.2 and 4.3).

The areas with the highest levels of provision were concentrated in the South of the country - these counties were Dorset, Wiltshire, Hampshire, West Sussex, Berkshire, Buckinghamshire, Hertfordshire, Kent, Norfolk and Cambridgeshire. Among the metropolitan districts only Solihull in the West Midlands and the Wirral in Merseyside had relatively high levels of provision (Fig. 4.5).

4.5.2 The pattern of provision in 1986

By 1986 the coefficient of variation had almost halved from that calculated for 1981 (i.e. from 1.75 to 0.83), but
Figure 4.5 The distribution of private sector sheltered housing units per 1000 of the elderly population 1981 and 1986.
there were still considerable differences in the levels of provision across the country. There were still 30 local authority areas with no private sheltered housing, while Solihull had 8.81 places per 1,000 of the elderly population. The scatter diagram (Fig. 4.2) demonstrates an overall increase in the levels of provision and the Lorenz curve shows a slight movement towards the hypothetical even distribution (Fig. 4.3).

The distinction between the Shire counties and the metropolitan districts and London boroughs remains. The South and South West again displayed the highest levels of provision - Dorset, Wiltshire, Somerset, Hampshire, East and West Sussex, Kent, Surrey, Berkshire and Buckinghamshire were all in the highest quintile, and Devon, Avon, Gloucester, Oxfordshire, Bedfordshire, Cambridgeshire and Norfolk were all in the second highest quintile (Fig. 4.5).

As in the case of private residential care, Bolton and the Wirral both had low levels of provision in 1981 but by 1986 were in one of the top two quintiles.
4.6 Data analysis: private sheltered housing

Regression modelling was again employed in an attempt to explain the 1981 and 1986 spatial patterns. This exercise yielded the following results.

4.6.1 Regression analysis: 1981 pattern of provision

For 1981 the F value was significant at the 0.01 level, indicating that the regression analysis was significant. However, only a one step model was generated and this could account for only 12.8% of the variance in private sheltered housing provision. The significant variable was the number of years of continuous control by the political party in control of the local authority. This variable displayed a positive correlation coefficient, the longer a political party has been in control the higher the levels of private sheltered housing. This explanation would make sense if it was a Conservative controlled council which favoured the private market, however, a negative association would be expected for Labour controlled local authorities.

4.6.2 Regression analysis: 1986 pattern of provision

The level of explanation of variance for 1986 is considerably higher than that for 1981. However, three variables could still only account for 36% of the variation in levels of provision between local authority areas.
Table 4.4 Influences on the provision of private sheltered housing units

<table>
<thead>
<tr>
<th>Variable</th>
<th>Coefficient</th>
<th>$R^2$</th>
<th>$R$ change</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>A 1981</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>constant</td>
<td>0.313</td>
<td></td>
<td></td>
<td>0.004</td>
</tr>
<tr>
<td>$x_{12}$ No. of years of</td>
<td>0.068</td>
<td>0.122</td>
<td>0.122</td>
<td>0.001</td>
</tr>
<tr>
<td>continuous Conservative control</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Significant F = 0.001</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B 1986</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>constant</td>
<td>-1.241</td>
<td></td>
<td></td>
<td>0.095</td>
</tr>
<tr>
<td>$x_4$ % population in social</td>
<td>0.058</td>
<td>0.250</td>
<td>0.250</td>
<td>0.000</td>
</tr>
<tr>
<td>classes I and II</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$x_1$ % population of pensionable age</td>
<td>0.088</td>
<td>0.327</td>
<td>0.077</td>
<td>0.006</td>
</tr>
<tr>
<td>$x_{11}$ % seats held by the</td>
<td>-0.012</td>
<td>0.361</td>
<td>0.034</td>
<td>0.044</td>
</tr>
<tr>
<td>political party in control</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Significant F = 0.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Again the overall regression analysis was significant at the 0.01 level. In addition the t values for each of the variables entered into the model were significant at the 0.01 level.

The percentage of the population in social classes I and II accounted for 25% of the total explanation, with a positive correlation coefficient. This was as anticipated since an affluent population provides a good potential market for private sheltered housing.

The second significant variable was percentage of the population of pensionable age. This had a positive association with the number of private sheltered units and added 7.7% to the level of explanation. Since this variable was used as an indicator of the possible demand for private sheltered housing this result was as expected.

The final variable to yield a significant contribution to the explanation provided by the regression analysis was the percentage of seats held by the political party in power. This accounted for 3.4% of the variance and, as for private residential care in 1986, it had a negative association.

The clear point to emerge from the correlation and
regression modelling exercise is that while the patterns of provision of both residential care and sheltered housing by the private sector may be partially explained in terms of social, socio-economic and demographic indicators, the levels of explanation are generally quite low. This implies the "decision to supply" in any particular area of the country may not have been based solely upon a rational assessment of need or demand, or on any standard values (e.g., the willingness to take risks). Other factors must have been at work. In order therefore to gain a fuller understanding of the operation of the private sector in making provision for the elderly, interviews were carried out with some of the larger private developers in the field, most notably with the firm of McCarthy and Stone.

4.7 Private Sector Case Studies: Sheltered Housing

While interviews were undertaken in order to provide further insights into the geographical variations in levels of private sector provision of sheltered housing, it must be stressed immediately that there is a very large number of developers now active in this field. While some are very large and provide on a national scale, others are small companies providing only one or two schemes. There are also some companies which are specialists in the field of retirement housing and others which provide sheltered housing only a part of a much wider housing programme. It
is clear therefore that interview findings presented in this thesis cannot claim to be fully representative of so large and diverse a group of providers. In this study four of the larger national developers were chosen to be interviewed. The reasons for this were partly to do with the lack of resources to carry out a very extensive study covering the complete range of developers, but also partly because it was thought that because these companies make a substantial contribution to the national provision they would provide a fairly comprehensive understanding of the geography of supply even though the number of interviews conducted was very small. It did not prove possible to obtain full interviews with all the companies selected since some were unwilling or unable to co-operate. In order to set the activities of the English companies which were questioned into a wider context they are compared with evidence collected in a survey of private sheltered housing developers in Scotland (Edgar and Bochel, 1989). The focus of this Scottish survey was not; however, geographical and there was therefore only a very limited amount of relevant information on which to draw. Nonetheless the comparison is thought to provide useful additional insights.
McCarthy and Stone have been the market leaders in private sheltered housing since they pioneered the concept in 1978 in response to a government circular. The company's first scheme was built in New Milton in Hampshire, close to the location of their headquarters. From this base schemes have spread across the south coast and then northwards. The company now has over 200 schemes with more than 3000 units, the distribution of which is shown in Fig. 4.6.

In the early years McCarthy and Stone disclosed that they relied on 'gut feeling' in planning the location of their schemes. Local estate agents were often consulted, but no comprehensive market research was carried out. They claim, however, that their approach now is much more scientific. McCarthy and Stone aim to meet a local market with at least 60% - 70% of residents coming from a 5 - 10 mile radius around a particular scheme. A computer system developed by CCN Systems is used to determine whether or not a substantial part of the market for a new scheme will come from the local area. The MOSAIC computer system allocates each post code area to one of 58 different 'MOSAIC types' based on demographic, housing and financial data. MOSAIC type I (MI), high status areas with many single pensioners, is the most important for McCarthy and Stone. The computer is therefore used to identify a high penetration of MI in a 5 - 10 mile radius of a potential.

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Figure 4.6 The distribution of McCarthy & Stone plc. Sheltered housing schemes
The company is not restricted by planners in where it builds, although obtaining planning permission can be difficult. Opposition to a new scheme is usually on the grounds that it will create an elderly ghetto, or place a strain on local social and health services by attracting an influx of elderly people. However, by using the MOSAIC system, McCarthy and Stone can easily demonstrate that they will be meeting a local demand and that their schemes will not stimulate burdensome immigration. The company’s success in deploying these arguments is attested by the fact that it has not yet lost a planning appeal. McCarthy and Stone believe, however, that planners may eventually find a way to restrict developments, but the company does not anticipate this happening for a long time.

Provision by other private developers is also not an important consideration for McCarthy and Stone. Although there is some competition at the land-buying stage, McCarthy and Stone believe that they provide a better product and often at a cheaper price than their competitors. They also believe that private sheltered housing has not yet reached the peak of its demand curve. Although there is a slump in the market at present (as there is in the general housing market), people are living
longer and have more money to spend, therefore the market is not yet saturated.

Subsequent investigation of other private sector providers of sheltered housing appears to indicate that McCarthy and Stone are exceptional in terms of their procedures for evaluating the location of new developments. The author has found no evidence that other companies have yet adopted similarly sophisticated and systematic techniques. However, it should be recognised that the initial selection of potential sites precedes the critical evaluation process which then either accepts or rejects them. Even so, the use of the CCN system by McCarthy and Stone is most unusual, and the absence of anything comparable amongst other providers in part helps to explain the weak results obtained in the regression analysis described earlier in this chapter which were founded on the proposition that spatial variations in levels of provision would reflect a logical and consistent response to similar variations in levels of demand or the socio-economic character of the population. In short, it is clear that private sector providers do not have much idea about spatial variations in the level of demand or the characteristics of a local population, still less do they take them into account.
4.7.2 Other private developers

Information gleaned from other private sector providers was less full than that yielded by McCarthy and Stone, but a range of useful points may still be made. Barratt is another of the largest private developers of sheltered housing. However, they were only willing to grant a brief telephone interview, therefore it was not possible to elicit much useful information from the company. Barratt is a general housing developer and sheltered housing forms only a very minimal percentage of their total housing stock. The company entered the private sheltered housing scene when demand was identified and the general new build trend was away from first time buyers' housing to housing for the elderly. Barratt identified the growth in the retired population, the location of elderly people and the type of housing they required. Its first developments were in Guilford, apparently because it was there that the managing director first saw an opportunity, but the nature of this opportunity could not be elaborated on. Now it is up to each operating subsidiary of the company to identify and meet the requirements of their own area, although how this is done was not made clear.
The study of private developers in Scotland found that most believed the location of schemes to be crucial to their success, but that most also decided on the location of their schemes on the basis of 'developer's instinct'. This was particularly the case for local developers who operated in a fairly restricted area. Some did, however, carry out a limited or crude form of market research. Betts, for example, advertised a new development at the British Open Golf Championships in St. Andrews, they found little interest and therefore decided not to build the scheme. Frazer Grey believed that the market for sheltered housing is definitely local and therefore spoke to local estate agents to gauge the price that the local market would bear for this type of housing. If the price would not cover their costs and provide a profit the company would not build in that area. Millers also carried out a feasibility study to determine their profit margins at particular locations. Wimpey, who thought there would be a local market for sheltered housing, determined the value of surrounding housing before opening a new scheme. McGregor identified towns with elderly owner occupiers and took into consideration local house prices. However, the results of such market research which was carried out did not always yield the same results. McGregor, for example, maintained that the market in Edinburgh has reached saturation point, while Wimpey stated that opportunities outside Edinburgh
were limited and Frazer Grey believed that the market would be restricted to Edinburgh, Glasgow and their suburbs since areas outside these had already been catered for.

4.8 Summary and Conclusions

While the private provision of residential care for the elderly has a long history, private sheltered housing is a relatively recent development. Both forms of provision have recently experienced rapid growth, with the positive encouragement of the present Conservative government. The economic and political climates favour an expansion in private sector care which releases pressure from the statutory sector, thereby reducing public expenditure, and encouraging free enterprise and self-help. The rapid growth in the number of private residential homes and sheltered housing schemes has not however been regarded so favourably outside government circles. Concern has arisen about the exploitation of the elderly in private homes and about how best to care for the elderly as they become increasingly frail in private sheltered housing.

The geographical distribution of private care for the elderly has been uneven, with the southern shire counties having considerably higher levels of provision than the northern and metropolitan counties. The levels of social,
socio-economic and demographic explanation for these geographical variations provided by the correlation and regression analysis suggested that for private residential care census variables were useful indicators of the levels of provision made, since they accounted for around 50% of the variance. They did not however provide a full explanation for variations. It is possible that variations in the levels of DSS payments to residents in private residential homes were important in influencing the location of some private homes. A study of this is currently being undertaken at the University of York, the results, however, are not yet publically available. For sheltered housing the regression analysis was much less useful. Therefore insights into the factors influencing the distribution of private sheltered housing had to be sought elsewhere. The interviews revealed that the majority of private developers aim to cater for a very local market. They also still rely primarily on instinct in determining where to provide. Any market research which was carried out involved consultations with estate agents to determine the value of existing property in the area and thereby to forecast the expected profit margins. Only McCarthy and Stone appeared to employ any systematic or scientific means of determining an ideal location for a sheltered housing scheme. These findings therefore indicate that, in general, areas with the highest property
values should have the highest levels of private sheltered housing, as would be expected. It is interesting that the government is very keen to encourage the development of the private sector's role in service provision for the elderly, however, this sector, working on the profit motive is very poorly qualified to ensure spatial uniformity and equality in provision.
5.1 Voluntary sector residential homes

The history of voluntary residential provision is not well documented. There is certainly no general work focussing on this aspect of the voluntary sector. A small number of national bodies, for example the Church Army and the Jewish Welfare Board, have produced development histories, but these usually cover the whole range of their activities and do not go into any detail about residential care. This introduction relies therefore on the sketchy historical background to reports of surveys on residential care, such as those of Townsend (1962) and the Nuffield Foundation (1948).

The voluntary sector of residential care is much less homogeneous than the public sector. Organisations have very varied origins which reflect the social, religious and political circumstances in which they were founded. Nevertheless, broad overlapping historical phases can be identified. In the first phase provision for the elderly was dominated by religious organisations such as the monasteries and providers of almshouses. Philanthropic motives were behind the second phase when the homes were started by secular organisations, such as the Charity Organisation Society, in the late nineteenth century. The
begining of a third phase can be identified as starting about 1945 when voluntary homes received official recognition by the Labour government, and endorsement of the work of voluntary organisations by the Nuffield Foundation led to a rapid increase in voluntary sector provision by religious, secular and self-help bodies, aided by government funding. From 1960 onwards the new emphasis on community care favoured care for the elderly in their own homes as far as possible, and in this new climate there was a slowing down in the growth of the number of homes provided by the voluntary sector.

It is clear, therefore, that the tradition of voluntary sector provision of accommodation for the elderly in need goes back much further than that of the public sector.

One of the most traditional elements of England's national heritage is the almshouse, which has provided shelter and sustenance for the elderly and poor for close to a thousand years. (Goldenberg, 1981).

In medieval times the infirmary almshouses and Houses of Pity for the aged, destitute, sick and disabled were run by monastic groups. Thereafter, this system of care remained in place for almost three centuries. However, in the nineteenth century, the number of voluntary 'hospitals' (or hostels) caring for the elderly began to increase,
serving—primarily the middle-classes who subscribed to them, but also, because of their charitable aims, caring for the poor. Increasingly, however, in the face of limited resources, such hospitals became more selective and admitted only the acutely sick. Very few chronically sick or infirm people then qualified for voluntary help and, in any case, the supply of places far outstripped demand (Townsend, 1962). From the nineteenth century onwards secular homes developed, mostly as a consequence of charitable gifts. Their foundation in particular areas tended to reflect essentially local concerns for the welfare of the elderly, or attempts to make provisions for specific groups—for example, craft and trades almshouses. Construction of new homes was enhanced by the work of philanthropic industrialists who endowed such trusts as Peabody, Sutton, Guinness, Cadbury and Rowntree.

According to the Nuffield Foundation (1947) in 1944 6,203 old people were cared for in 98 residential homes in Britain, managed by 26 religious organisations. Eighty-five percent of this accommodation was provided by three organisations—Little Sisters of the Poor, the Sisters of Nazareth and the Salvation Army. There were also 2,759 places in homes managed by 120 secular organisations. Although these voluntary homes accommodated only a very small proportion of the total elderly population, they were
nonetheless significant in demonstrating the demand for this type of accommodation. For example, the Charity Organisation Society was able to provide places for only 7% of its applicants, and a group of voluntary homes in Highgate, in which there were 140 beds, received around 700 applications each year (Nuffield Foundation, 1947). The work carried out by these agencies was praised in the Nuffield Report (1947) in which the secretary stated that their evidence "makes abundantly clear the great opportunity for voluntary enterprise to help in securing a happy life for our old people" (Nuffield Foundation, 1947). The Report advocated a continued role for the voluntary sector on the grounds that

the best spirit and greatest happiness are likely to be found in Homes run by persons who feel that such work is their vocation; second, because experiments in providing new and better types of homes can often more easily be made by voluntary agencies than by public bodies; and third, because voluntary Homes can cater for those able to pay from about £2. 10s to £4 or £5 a week - a section not likely to be widely catered for on an adequate scale by local authorities.

The Labour government elected in 1945, though committed to improvement and expansion of the public sector, was also happy to encourage the development of voluntary residential homes. The 1948 National Assistance Act gave local authorities discretion to arrange with voluntary organisations for the provision of accommodation towards which they would contribute per capita, according to the
means of the person accommodated. Additionally, they were
given a general power enabling them to "contribute to the
funds of voluntary bodies which provide, or propose to
provide, such accommodation" (Ministry of Health,
Circular 87/48, 1984). In 1949 local authorities were
helping to maintain one third of all residents in voluntary
homes. By the end of 1960 this figure had reached almost
half (Townsend, 1962). (One consequence of this support by
local authorities was some reduction in the previously
very distinctive and diverse nature of the groups they
accommodated. Whereas once each kind of voluntary home
might have catered for a well-defined group (for example,
some traditionally served the needs of the poorest classes
of industrial society or elderly members of a particular
religion or professionals and middle-class persons unable
to enter local authority homes) these divisions into
particular client groups were reduced. Voluntary
organisations are now more influenced in their selection of
residents by the welfare officer of the local authority
which is giving them financial support (Townsend, 1962)).

According to Townsend (1962), "voluntary associations were
heartened by this post-war official recognition of their
wisdom and once having shown the way, were not eager to
have the government and the local authorities tread the
path of virtue alone". Consequently, the voluntary sector
experienced a period of rapid expansion between 1948 and 1954 through the conversion of large houses into residential homes. Of the 815 voluntary homes found by Townsend to be in existence in England and Wales in January 1960, 300-400 were already functioning in 1948, and 650-700 by 1954. Only another hundred or so homes were added in the remaining six years before 1960. So after an initial post-war boom in provision their expansion had clearly slowed for the next few years. At the same time the number of homes in the public and private sectors increased from the mid-1950s (Townsend, 1962). Although there is no evidence of any effective spatial co-ordination in terms of the areas where supply by each sector was undertaken, this slowing of the rate of growth of the voluntary sector was in fact a direct consequence of the expansion in public sector residential services in the 1950s. This meant that those elderly people who had previously no option but to enter a voluntary home, could now be catered for by the local authority, reducing the need or demand for voluntary homes. It may also be the case that local authorities became less-willing to finance residence in voluntary homes, preferring to make their own provision.

The range of voluntary organisations providing residential care in the 1950s was much the same as today and comprised
a mixture of religious and secular organisations such as the Salvation Army, the Methodist Church, the Church Army, the Catholic and Jewish charities, the Red Cross, Old Peoples' Welfare Committees, Councils of Social Service and the Women's Voluntary Service. These organisations were financed by grants made by various benevolent funds, trusts and foundations, by subscriptions from individuals and fees from local authorities.

Townsend's survey (1962) was important, not least because it provided information about the quality of care available in voluntary homes. He found that such homes accorded a greater measure of comfort and privacy, generally greater than that of public institutions, although there were those in which facilities, such as toilets, sitting rooms and dining rooms were deemed to be inadequate. The homes catered for mixed income groups, although almost half the residents were from the middle classes. A higher proportion of residents than in local authority homes were unmarried, female, and comparatively active. The larger establishments were often poorly staffed, even in comparison with the old workhouses, with one third suffering from staff shortages. However, the smaller homes were comparatively well staffed. Whilst Townsend surmised that more respect was paid to the individuality of residents and the need for privacy in some
homes and the powers of matrons to regulate the residents' lives were more limited than in local authority homes, he judged that the lives of almost one third of the residents were severely restricted by formal and informal regulations.

Despite the change in ideology in the 1960s and 1970s away from institutional care towards community care, voluntary sector residential homes were still seen as an important element in caring for the elderly. In the Labour government's discussion document, *A Happier Old Age* (1978), there was a call for greater co-ordination and collaboration between sectors in the provision of services for the elderly in general. Voluntary organisations were said to play an important role in supplementing services provided by the local authorities, and the government envisaged that they should be encouraged to continue in this role, but in co-ordination with the public sector in order to use them to their best advantage:

> some of their efforts may be less effective or duplicated, through lack of co-ordination with other voluntary bodies working in the same field or with the relevant statutory body. Also, many statutory authorities do not seem to consider fully ways in which voluntary and informal help of all kinds can best be encouraged and extended. (DHSS, 1978)

As was noted in earlier chapters, in the 1980s, under the Thatcher administrations, for financial and ideological
reasons, there has been a reversal of the policy of expansion of the statutory services, with a shift in emphasis away from the public sector, to provision by "a wide range of private, voluntary and religious organisations" (DHSS, 1981). With such an ideological background, a return to the so-called Victorian values of self-help and the use of charity, an increase in voluntary sector provision of residential homes is what would be expected. However, more recently, concern has been expressed over the increasing cost of social security subsidies paid to support residents in voluntary rather than public residential homes. As happened in the private sector (see Chapter Four) supplementary benefit payments for this purpose rose from £6m pa. in 1978 to £190m pa. in 1984. As a result the upper payment limit was set at a figure below that charged by many homes. Voluntary organisations therefore may now refuse to accept supplementary benefit residents since they are no longer profitable. Some homes have been forced to close, while others have eased costs by reducing the quality of the service provided (Laurance, 1986). The crucial point is that such circumstances may lead to a reduction in the relative role of the voluntary sector at precisely the time when the government is expecting it to do more.

Table 5.1 shows the growth in the number of residential
<table>
<thead>
<tr>
<th>Year</th>
<th>No. of places</th>
<th>Number per 1,000 elderly popn.</th>
<th>% total res. provision</th>
<th>% change no. of places</th>
</tr>
</thead>
<tbody>
<tr>
<td>1944</td>
<td>8,962</td>
<td>1.7</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1960*</td>
<td>22,410</td>
<td>4.8</td>
<td>23.46</td>
<td>-</td>
</tr>
<tr>
<td>1976+</td>
<td>23,788</td>
<td>2.9</td>
<td>16.66</td>
<td>-</td>
</tr>
<tr>
<td>1981+</td>
<td>26,037</td>
<td>3.2</td>
<td>16.15</td>
<td>+ 8.64</td>
</tr>
<tr>
<td>1986+</td>
<td>30,512</td>
<td>3.5</td>
<td>14.04</td>
<td>+ 14.67</td>
</tr>
</tbody>
</table>

Sources: Several sources were used to compile the table. For the 1944 figure the Nuffield Foundation Report (1947) was used. The data for 1960 from Townsend (1962). The DHSS provided the figures for 1976, 1981 and 1986.

* figure is for Great Britain
* figures are for England and Wales
+ figures are for England only
places provided by the voluntary sector between 1944 and 1986. In 1944 provision was very limited, there were only 1.7 places per 1,000 of the elderly population. However, between 1944 and 1960 there was a very rapid expansion in provision, as a result of the positive encouragement of the government. Unfortunately, figures are not available for the 1950s to demonstrate the period of very rapid expansion and to identify accurately the point at which the slowing down occurred. It is possible to say, however, that since 1960, the number of places in voluntary residential homes has continued to grow slowly but steadily.

The lack of historical information about the voluntary sector means that there is also no data about the spatial distribution of services before the Second World War. The Townsend and Nuffield surveys are the source of some, although not comprehensive, data for the 1940s and 1950s. According to the Nuffield Foundation Survey in 1947 the number of beds in voluntary residential homes for use by local residents per 1,000 of the elderly population varied from zero in 24 of the 43 counties, such as Bedfordshire, Buckinghamshire, Cheshire, Cornwall, Essex, Westmorland and Yorkshire, to 182 in Northampton. Townsend's data show that variations were still very significant in 1960 (Fig. 5.1): While the counties of Cumberland, Huntingdonshire,
Figure 5.1 The distribution of voluntary sector residential places per 1000 of the elderly population 1960.
Lincolnshire, Rutland, Peterborough, Shropshire and Westmorland had no voluntary residential beds, Surrey had 14.3 and East Sussex had 12.6 places per 1,000 of the elderly population. At a broad scale of analysis, the north of England had little of this type of accommodation while the south and south east (from Bristol to the Wash) had relatively high levels. However, it may be noted that within this broad subdivision of the country, voluntary sector homes were concentrated in some of the great centres of population (London, Liverpool, Manchester, Birmingham and Bristol), the Home counties and the South coast, as well as in the residential and retirement areas serving the great conurbations. Provision in the county council areas of London, Surrey, Middlesex, Kent and Lancashire combined accounted for nearly 40% of the total number of beds, and as few as 14 out of the 146 local authorities accounted for nearly 60% of the voluntary accommodation (Townsend, 1962).

5.2 Distribution of voluntary residential places

5.2.1 The pattern of provision in 1981

In 1981 the voluntary sector accounted for 16.1% (26,037 places) of the total residential provision for the elderly and as can be seen from the maps (Fig. 5.2) the spatial distribution of these accommodation units remained very uneven across the country. The coefficient of variation
Figure 5.2 The distribution of voluntary sector residential places per 1000 of the elderly population 1981 and 1986.
for voluntary residential homes was 1.11, over three times greater than that of the public sector. The scatter diagram (Fig. 5.3) shows a relatively wide dispersion of points and the Lorenz curve (Fig. 5.4) similarly displays a large degree of deviance from a hypothetical even distribution. There were 12 local authorities which had no voluntary provision of homes for the elderly, all of which were either metropolitan districts or London boroughs. The highest level of provision was nonetheless in the London borough of Kensington and Chelsea, which had 27.7 residential places per 1000 of the elderly population. The extremes of provision are clearly found in Greater London, as is the case for other sectors of residential care. Figure 5.2 shows that those boroughs with the lowest voluntary sector provision are primarily concentrated in the poorer East End of London - Waltham Forest, Newham, Barking and Dagenham, Havering, Bexely, Greenwich and Lewisham. Notwithstanding the clarity of the spatial patterns of the homes in Greater London, there seems to be no such obvious regional pattern to the spatial distribution of voluntary residential places. The distinct regional differentiation between the north and the south that was in evidence in the 1960s now takes a more muted form. In particular, those counties surrounding Greater London has high levels of provision in 1981 (in the highest two quintiles) while in the far north, Cumbria, Durham,
Figure 5.3 Dispersion graph: voluntary sector residential places and sheltered housing units per 1000 of the elderly population 1981 and 1986.

Identical copies of this Figure appear as Figures 3.2 and 4.2 but it is included again for ease of consultation.
Figure 5.4 Lorenz curve: the deviation from a hypothetical even distribution of voluntary sector residential places and sheltered units per 1000 of the elderly population in comparison with the public and private sectors 1981 and 1986.

Identical copies of this Figure appear as Figures 3.3 and 4.3 but it is included again here for ease of consultation.
Cleveland and Northumberland were in the lowest two quintiles. In general, the Shire counties have relatively higher levels of provision than the metropolitan districts. Cumbria, Durham and Shropshire were the only shire counties in the lowest quintile.

Of the metropolitan counties South and West Yorkshire had relatively little voluntary sector provision, having all their districts in the lowest two quintiles. Doncaster's 1.7 places per 1000 of the elderly population was the highest in South Yorkshire, and the figure of 2.1 places provided in Leeds was the highest in South Yorkshire. Merseyside in general had noticeably higher voluntary sector involvement in residential provision with all districts, except Knowsley, having more than 2.16 places.

5.2.2 The pattern of provision in 1986

In 1986 the voluntary sector was providing 36,000 places in residential homes for the elderly, 14% of the total. But inequalities in levels of provision from area to area remained as large as for 1981. Indeed, the coefficient of variation showed a slight increase to 1.16 and the dispersion graph and Lorenz curves showed very little change from the 1981 pattern (Figs. 5.3 and 5.4). There were still 7 local authorities (metropolitan districts and
London boroughs) with no voluntary provision of residential homes. At the other extreme was Kensington and Chelsea which still had 27.7 places per 1000 of the elderly population.

The 1986 distribution of voluntary residential places was relatively unchanged from that of 1981 (Fig. 5.2). The modest north-south contrast was still in evidence, again with the local authorities in and around London having some of the highest levels of provision, and the far north having relatively lower levels. The shire counties continued to have a greater number of voluntary places than the metropolitan districts. South and West Yorkshire still had the lowest levels of provision with all their districts being in the lowest two quintiles. The pattern within Greater London was also virtually unchanged. The extremes of provision were still within Greater London and the city's east-west division was still clear.

5.3 Data analysis: voluntary residential places

A stepwise multiple regression analysis was carried out in order to examine the factors which might have shaped this spatial distribution of places provided by the voluntary sector. The independent variables used in this model are the same as those adopted for the analysis of local
authority and private residential homes (Table 1.3). Again the regression was carried out first on the data for 1981 and then on the 1986 data.

5.3.1 Regression analysis: the 1981 pattern of provision

The regression model was significant at the 0.01 level, and each individual regression coefficient was significant at the 0.05 level. Two variables were found to contribute to the overall level of explanation. The percentage of the population in social classes I and II accounted for 26.5% of the total variation, with a positive correlation coefficient, as anticipated. Since it was hypothesised that voluntary organisations operate predominantly in middle class areas, a high percentage of the population in classes I and II would be indicative of high levels of voluntary provision.

The percentage of the population aged 75 and over was also significant in adding 4.1% to the explanation. This variable also had a positive association with the number of voluntary residential places, as expected, since it is an indicator of potential demand.
<table>
<thead>
<tr>
<th>Variable</th>
<th>Coefficient</th>
<th>$R^2$</th>
<th>$R$ change</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. 1981</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>constant</td>
<td>-1.102</td>
<td>0.042</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$x_4$ % population in social classes I and II</td>
<td>0.072</td>
<td>0.265</td>
<td>0.265</td>
<td>0.000</td>
</tr>
<tr>
<td>$x_2$ % population aged 75 and over</td>
<td>0.199</td>
<td>0.306</td>
<td>0.041</td>
<td>0.025</td>
</tr>
<tr>
<td>Significant $F = 0.000$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. 1986</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>constant</td>
<td>-2.165</td>
<td>0.000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$x_4$ % population in social classes I and II</td>
<td>0.337</td>
<td>0.151</td>
<td>0.151</td>
<td>0.000</td>
</tr>
<tr>
<td>$x_8$ Per capita rateable value</td>
<td>0.451</td>
<td>0.268</td>
<td>0.117</td>
<td>0.000</td>
</tr>
<tr>
<td>$x_2$ % population aged 75 and over</td>
<td>0.184</td>
<td>0.411</td>
<td>0.035</td>
<td>0.016</td>
</tr>
<tr>
<td>Significant $F = 0.000$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5.3.2 Regression analysis: the 1981 pattern of provision

For 1981 the regression analysis was significant at the 0.01 level, and the three individual coefficients at the 0.05 level. The total model was able to account for 41.1% of the explanation of variance.

The percentage of the population in social classes I and II was again the most important variable in explaining variations in voluntary residential provision. It accounted for 24.4% of the variance with a positive coefficient, for reasons explained above.

The per capita rateable value of the local authority was the second variable to come out of the regression analysis. While this variable was employed for similar reasons to that of social class, its contribution to the total explanation is still significant and it added 13.2% to the explanation. Rateable value displayed a positive association with the levels of voluntary residential places.

The third variable in the regression model was the percentage of the population aged 75 and over. It had a positive correlation coefficient and added 3.5% to the explanation. Again this result was as expected for reasons discussed in relation to the 1981 data set.
Thus, although it may be argued that the regression model still contains a fairly large amount of unexplained variance, homes do seem to have been located in relatively prosperous areas of the country where there also happens to be a sizeable concentration of pensioners.

5.4 Voluntary sector sheltered housing

Despite the long involvement of voluntary organisations in the provision of residential homes for the elderly and the fact that in the nineteenth and early twentieth century charitable bodies were instrumental in building housing for the working classes (Tarn, 1973) voluntary sector provision of sheltered housing on a large scale is a relatively recent development. Its emergence has been associated with the rise of the modern housing association movement in the 1950s and 1960s, and the "discovery" and popularity of sheltered housing as a means of meeting the housing and care needs of the elderly in a single, integrated facility.

A housing association is defined under the 1957 Housing Act, amended by the 1974 Housing Act as

a society, body of trustees or company established for the purpose of, or amongst whose objectives or powers are included those of, providing, constructing, improving or managing or facilitating or encouraging the construction or improvement of, houses, or hostels as defined in section 129 (1) of the Housing Act 1974 being a society, body of trustees or company who do not
Since the 1950s a great variety of housing associations have come into being. They include organisations providing general family housing, accommodation for special needs groups, self-build, cost-rent, co-ownership and co-operative associations. Whilst some were founded specifically to provide sheltered housing for the elderly, others have moved into this field because of its popularity and the fact that funding became readily available. The establishment of many specialist old people's housing associations was the result of sponsorship by other organisations concerned with the elderly, such as Help the Aged, which provided promotion capital for the Anchor Housing Association and the National Corporation for the Care of Old People which sponsored Hanover Housing Association. Local Old People's Welfare Councils also set up a number of small housing associations. Some national organisations already providing residential homes have, more recently, established separate housing associations in line with the general view of sheltered housing as the best means of caring for the elderly and to attract government funding. Among these are the Salvation Army, Methodist Homes for the Aged and the Women's Royal Voluntary Service.
Although Part IV of the 1957 Housing Act had allowed local authorities to assist housing associations by acquiring land on their behalf and making capital advances the major incentive to the foundation of housing associations was the introduction of financial help from the government in the 1960s. As part of the government's general policy of encouraging the building of flatlets and other housing for the elderly, the Housing Act of 1961 made those housing associations involved in building special housing for the elderly eligible for a subsidy on each unit built. The same act also established an exchequer fund of £25 million for loans to housing associations. Moreover, the 1962 Ministry of Housing and Local Government Circular (Housing Associations in England and Wales) maintained that building for old people was an important part of the work carried out by housing associations and that this role should be further developed. The success of the exchequer fund scheme resulted in the establishment of the Housing Corporation under the 1964 Housing Act, with the duty of encouraging the formation and growth of housing associations (Smith, 1977).

As a result of this government encouragement, by the end of 1965, there were 401 housing associations affiliated to the National Federation of Housing Societies providing for old
people, compared to 222 at the end of 1960. Indeed, by the early 1970s housing associations were providing over 10% of total sheltered housing (Sumner and Smith, 1969).

Levels of provision of sheltered housing by housing associations were further enhanced by the 1972 Housing Finance Act which for the first time allowed the Housing Corporation itself to lend money to housing associations. This gave the Corporation a much more influential role.

We shall help finance, support and enthuse the invaluable volunteer housing element in our community... the important thing is to get more houses built or improved and better homes created. (The Housing Corporation, 1974).

A further Housing Act in 1974 gave additional impetus to the development of housing associations by further increasing the powers of the Housing Corporation. Indeed the government circular 170/74 Housing Corporation and Housing Associations stated that the 1974 Act provided a new charter for the housing association movement. It recognised that the financial support available to housing associations was insufficient, particularly at a time of rising costs and limited rents. The Act therefore provided a comprehensive system of grants for housing associations through the Housing Corporation, with priority given to those providing for special needs. The government envisaged an extended role for housing associations which,
like voluntary residential homes, were seen as a useful supplementary resource

The Government believe that good housing associations can play an extremely useful part in meeting housing needs; for local authorities they can provide a useful supplementary resource...They can bring to this task special experience in catering for particular categories of housing need. (Ministry of Housing and Local Government, circular 170/74, 1974)

The value of the housing association contribution was further emphasised in the government circular of 1978

Housing associations have a particularly important part to play in contributing variety and flexibility to the public sector...the development of effective local housing strategies will call for even closer co-operation with local authorities. (Department of the Environment, 1978 in Butler et al, 1983)

Housing associations were regarded as a more flexible form of housing for the elderly partly because, unlike local authorities, they do not apply a residency ruling whereby residents have to come from the authority in which they want to be housed; therefore housing associations were able to ease the housing problems of those without residential qualifications, and also to accommodate elderly people near their relatives. Orbit Housing Association stressed this point about their letting policies in the opening of a new sheltered housing scheme in Warwickshire in 1985 - "A sheltered housing scheme for the elderly has been a welcome addition...by giving an opportunity to a
number of people to move nearer their families...” (Voluntary Housing, April 1985). Housing associations also add flexibility to the public sector in that they can house those elderly people who, although being in serious need, have little or no expectation of being offered local authority accommodation (Ministry of Housing and Local Government, 1974; Rose, 1982).

The impact of the 1974 Housing Act on all forms of voluntary housing was immediate: in 1973 financial support was given for 13,503 units, in 1974 the figure was 30,040 (The Housing Corporation, 1974). According to Lord Goodman, the Chairman of the Housing Corporation,

From under 5,000 houses per annum that were being approved, planned and built in the early years, using the new powers and the housing association grants, we build houses in an almost Walt Disney-like frenzy. Housing Associations, embodying to a very large extent the voluntary spirit to which the country is indebted for so much, pullulated like rabbits. (Butler et al, 1979)

A survey carried out in 1977 by the Social Sciences Building Research Unit at Oxford Polytechnic showed that two thirds of sheltered housing units provided by housing associations had been built between 1970 and 1977, compared with one half of local authority sheltered units. About 600 associations were active in housing the elderly. Of the associations’ new building approved by the Housing
Corporation in 1976-77, 44% of dwellings were in sheltered housing schemes for the elderly (Butler et al, 1979). By 1982 20% of all sheltered housing was provided by housing associations, with 700 associations involved in the provision of over 70,000 units (National Federation of Housing Associations, 1985). Anchor Housing Association, which specialises in the provision of housing for the elderly, built its first scheme in 1969; by 1978 it had 7,717 units with over 2,000 more under construction. Anchor estimated that there were 7-10 households interviewed for every place available, indicating that demand continued to remain high and that there was scope for this type of provision on a much larger scale (Rose, 1982).

This expansion was accompanied, however, by the introduction of greater government control over the activities of housing associations which gave rise to discussion about the effect on the independence regarded as an important quality of the voluntary sector. Under the 1972 Housing Finance Act it became a condition of sanction for local authority loans to housing associations that the mortgage agreement should entitle the authority to nominate at least 50% of the tenants in a scheme (Smith, 1977). According to Miller's survey of housing associations some associations did not object to this
curtailment of their freedom but others felt not only was it unjustified but that it conflicted with one of their primary aims - to house people who could not have been helped by local authorities. *(Quoted in Clayton, 1978)*

The 1974 Housing Act also brought them under stricter control through the introduction of a registration system. Only those associations registered with the Housing Corporation were eligible to receive subsidies or grants.

The growing dependence on central funds and nomination agreements with local authorities are two pointers in the direction of a lack of freedom to manoeuvre *(Tinker, 1980 in Butler et al, 1983)*.

With the continued cuts in local authority expenditure and therefore with the shortfall in public sector provision, it is expected that the role of housing associations will continue to increase. However, the problem of the high rents which housing associations charge to cover their costs means that their sheltered housing is still beyond the means of many elderly people who are not eligible for rent rebates from local authorities. Also the reduction in resources available to housing associations, the problems of acquiring land, for which they can no longer compete so well with the private developers, and the problems of liaising and complying with the Housing Corporation, the DOE and local authorities are all making it increasingly difficult for the voluntary housing movement to meet the demands placed upon it *(Rose, 1982; Housing Corporation, 264)*.
Since the mid 1970s housing associations have been experimenting with forms of sheltered housing for sale (the realm of the private sector). These schemes operate primarily for the elderly owner occupier and are known as leasehold schemes. Elderly leaseholders purchase a 70% stake in their new home while the other 30% is met through a Housing Association Grant (Arthur, 1985). However, the early promise of these schemes has not been realised and the private sector entry into the sheltered housing market in the 1980s has meant the virtual end of these experiments by housing associations (National Federation of Housing Associations, 1985). Instead, several associations are now entering into partnership with private developers, taking over the management of privately built schemes - for example Barratt and Hanover have joined forces (Housing, January 1984; National Federation of Housing Associations, 1985). Housing associations have also been looking in the direction of extra-care housing for the elderly, as the problems of caring for the frail elderly in conventional sheltered housing are becoming more apparent (Housing Review, 1985; Wurtzburg, 1980; Brennan, 1980).

Table 5.3 shows the steady growth in the provision of
Table 5.3 The growth of voluntary sector sheltered housing 1950-1986

<table>
<thead>
<tr>
<th></th>
<th>No. of units</th>
<th>No. per 1,000 elderly popn.</th>
<th>% of total provision of units</th>
<th>% change no. of units</th>
</tr>
</thead>
<tbody>
<tr>
<td>1950*</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1960*</td>
<td>2,940</td>
<td>0.05</td>
<td>14.0</td>
<td>-</td>
</tr>
<tr>
<td>1970*</td>
<td>10,701</td>
<td>1.3</td>
<td>11.0</td>
<td>+ 72.5</td>
</tr>
<tr>
<td>1977+</td>
<td>38,000</td>
<td>6.0</td>
<td>16.7</td>
<td>-</td>
</tr>
<tr>
<td>1981+</td>
<td>57,544</td>
<td>7.1</td>
<td>18.7</td>
<td>+ 34.0</td>
</tr>
<tr>
<td>1986+</td>
<td>91,406</td>
<td>10.6</td>
<td>23.6</td>
<td>+ 37.1</td>
</tr>
</tbody>
</table>

Sources: As there is no centralised source of data on levels of provision of sheltered housing by the voluntary sector for the period prior to 1979 several sources have been used to compile this table. No information is available for 1950 so comparisons for that year cannot be made with the public sector. The data for 1960 and 1970 have been calculated from figures given in Butler et al (1983). The Oxford Polytechnic study (1979) was the source of data for 1977, and figures for 1981 and 1986 were from the DoE.
* figures are for England and Wales
+ figures are for England only
sheltered housing by housing associations since the 1960s. In 1960, whilst the actual level of provision was very low, housing associations were providing 14% of the total sheltered housing stock, a percentage which has continued to grow. The 1970s and 1980s stand out as a period of particularly rapid expansion by housing associations as a result of the establishment of the Housing Corporation and the increase in other government incentives.

5.5 Distribution of housing association sheltered dwellings

The development of voluntary sector sheltered housing, like that of other services, shows considerable geographical variations. As Richard Bettesworth of Anchor Housing Association points out:

> While the range and variety of sheltered housing is quite wide, choice for the majority of elderly is severely restricted by the chance, uneven growth across the country. (Bettesworth, 1984)

The following sections consider the distribution of housing association sheltered housing for 1981 and 1986 and attempt to explain these distributions and the changes which have taken place between the two dates.

5.5.1 The pattern of provision in 1981

In 1981, housing association schemes were still a
- relatively small component of total sheltered housing provision, with 57,544 units, only 18.7% of the total number. The coefficient of variation was 0.64, lower than that for the other two sectors. The dispersion graph and the Lorenz curves (Figs 5.3 and 5.4) show a similar pattern of sheltered units to that of the public sector, but overall at a lower level of provision. In 1981 there were 4 local authorities which still had no housing association sheltered housing. These were Doncaster, Tower Hamlets, the City of London and the City of Westminster. In the other local authorities provision ranged from 0.8 dwellings (Brent) to 22 dwellings per 1000 of the elderly population (Camden). It is interesting that once again the extremes in levels of provision are found in Greater London (Fig. 5.5).

The spatial distribution of housing association sheltered dwellings is interesting in that it follows a very clear regional pattern (Fig. 5.5). The far South West has low levels of provision (less than 4.0 dwellings per 1000 of the elderly population, in the lowest two quintiles), East Anglia and the South East has medium levels (6.5 to 8.49), the adjacent counties of Warwick, Oxford, Berkshire, Hampshire and Dorset have the highest levels (over 12.5, in the highest quintile), the far North has average to high levels and the Midlands and North have relatively low
Figure 5.5 The distribution of voluntary sector sheltered housing units per 1000 of the elderly population 1981 and 1986.
provision of 3.5 to 6.49 dwellings per 1000 of the elderly population.

South Yorkshire and the West Midlands have relatively low levels of provision with all their constituent districts, (except Solihull in the West Midlands) being in the lowest two quintiles. For the other metropolitan counties there is no obvious spatial pattern to the distribution.

5.5.2 The pattern of provision in 1986

By 1986 the number of sheltered dwellings provided by housing associations had increased dramatically to 91,406, 23.6% of the total. The coefficient of variation increased only very slightly to 0.70 and again the dispersion graph and Lorenz curve are similar to those for the public sector (Figs. 5.3 and 5.4). There were only two local authority areas without voluntary provision, the City of London and Barking & Dagenham. The metropolitan district of Bolton had the highest voluntary sheltered housing provision of 42.34 dwellings per 1,000 of the elderly population.

The maps for 1986 show that the very distinct pattern of provision in existence in the shire counties in 1981 had been broken down to form a more complex pattern in 1986.
(Fig. 5.5). The spine of counties previously in the highest quintile is no longer in evidence; only Hampshire has remained in this category. Warwick and Dorset have moved into the middle quintile and Oxford and Berkshire into the second quintile.

The block of counties comprising Staffordshire, Derbyshire, Nottinghamshire, Lincolnshire, Leicestershire and Northamptonshire, which in 1981 had relatively low levels of provision in the second lowest quintile, has also been broken down and now covers three quintiles.

South Yorkshire and the West Midlands still had relatively low levels of provision. Again there is no obvious pattern to the distribution of housing association sheltered dwellings within the other metropolitan districts.

5.6 Data analysis: housing association sheltered housing

The results of the regression analysis for sheltered housing are set out in Table 5.4.
Table 5.4 Influences on the provision of housing association sheltered housing units

<table>
<thead>
<tr>
<th>Variable</th>
<th>Coefficient</th>
<th>$R^2$</th>
<th>$R^2$ change</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. 1981</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>constant</td>
<td>-1.817</td>
<td></td>
<td></td>
<td>0.039</td>
</tr>
<tr>
<td>$x_4$ % population in social classes I and II</td>
<td>0.047</td>
<td>0.209</td>
<td>0.209</td>
<td>0.010</td>
</tr>
<tr>
<td>$x_3$ % pensioners living alone</td>
<td>0.199</td>
<td>0.293</td>
<td>0.084</td>
<td>0.000</td>
</tr>
<tr>
<td>$x_{13}$ No. of years of continuous control by the political party in power</td>
<td>0.076</td>
<td>0.331</td>
<td>0.038</td>
<td>0.029</td>
</tr>
<tr>
<td>Significant $F = 0.000$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. 1986</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>constant</td>
<td>16.391</td>
<td></td>
<td></td>
<td>0.000</td>
</tr>
<tr>
<td>$x_{14}$ Unemployment rate</td>
<td>0.090</td>
<td>0.093</td>
<td>0.093</td>
<td>0.080</td>
</tr>
<tr>
<td>$x_{15}$ % economically active women</td>
<td>-0.134</td>
<td>0.141</td>
<td>0.048</td>
<td>0.013</td>
</tr>
<tr>
<td>$x_1$ % population of pensionable age</td>
<td>-0.206</td>
<td>0.197</td>
<td>0.056</td>
<td>0.016</td>
</tr>
<tr>
<td>Significant $F = 0.000$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5.6.1 Regression analysis: 1981 pattern of provision

The regression analysis for 1981 was significant at the 0.01 level. Each of the individual correlation coefficients were found to be significant at the 0.01 or 0.05 levels. A three step model was derived from the multiple regression exercise, explaining 33.1% of the variance in voluntary sector provision of sheltered housing. The percentage of the population in social classes one and two accounted for 20.9% of the explanation. This variable has a positive correlation coefficient as anticipated. It was hypothesised that, since it is the middle classes who are generally involved in voluntary action, in those areas where there is a high percentage of the population in social classes I and II there will also be a high level of voluntary activity.

The second variable in the model was the percentage of pensioners living alone. This variable added 8.4% to the level of explanation with a positive association. Again this result was expected, since this is the most vulnerable group of the elderly and therefore likely to be most in need of sheltered housing.

The number of years of continuous control by the political party in control of the local authority was the final variable to come out of the regression analysis. It was able to add 3.8% to the total explanation of variance.
This variable also displayed a positive association with the number of voluntary sheltered housing units.

5.6.2 Regression analysis: 1986 pattern of provision

In contrast to the 33% explanation yielded by regression analysis applied to the 1981 data, the same exercise repeated using 1986 data, was much less successful and achieved only 19.7% explanation. Again three variables contributed to the explanation of variance. The unemployment rate was able to account for 9.3% of the variance with a positive association. Since unemployment was used as an indication of the potential need for some form of subsidised housing, be it voluntary or local authority, this result was as expected.

The percentage of economically active women added 4.8% to the level of explanation. This variable displayed a negative correlation coefficient. Again this result was expected. It was hypothesised that since it is generally women who are involved in voluntary activity a higher percentage of economically active women would mean a smaller pool of potential voluntary effort.

The final variable to come out of the regression analysis was the percentage of the population of pensionable age.
It added 5.6% to the level of explanation, again with a negative correlation coefficient. This negative association is difficult to explain and may be a result of the nature of the multiple regression analysis.

5.7 Summary and conclusions

The voluntary sector has been providing accommodation for the elderly since the medieval era. But it was during the late 1940s and early 1950s that the real expansion in voluntary residential homes occurred due to moral support from central government and financial support from local authorities. Voluntary sheltered housing is a more recent area of growth, experiencing its greatest expansion in the 1970s and 1980s, the heyday of the housing association movement.

As was the case for the private sector, changes in government policy in the 1980s emphasising a reduced role for statutory services have resulted in a greater intended reliance on the voluntary sector to supplement local authority residential homes and sheltered housing. However, at the same time resources available to the sector in the form of local authority supported residents and grants to housing associations have been reduced. The overall capacity of this sector to provide adequately for
increased future demand is therefore being undermined.

This capacity, or the willingness of voluntary organisations to make provision also has a spatial dimension. Some parts of the country are considerably better provided for than others. While some metropolitan districts and London boroughs still have no voluntary residential homes, the southern shire counties have relatively high levels of provision. Sheltered housing supply is also uneven, but by 1986 it did not display any really clear spatial patterns.

The statistical analysis was not able to offer a comprehensive explanation for these geographical distributions. Variables relating to the characteristics of the population, and in particular to those of the elderly population, were, however, the most useful in accounting for variations in the levels of provision of both residential care and sheltered housing.

The aim of Chapters Six, Seven and Eight is to explore further the spatial pattern of both types of voluntary accommodation by looking in more detail at the workings of the voluntary sector on the basis of data obtained in a sample survey of twenty organisations. This survey focussed on less quantifiable factors than those in the
regression analysis.
CHAPTER SIX: UNEVEN DISTRIBUTION OF VOLUNTARY PROVISION: A QUALITATIVE ANALYSIS

6.1 Introduction

The history and development of the voluntary sector's provision of residential care and sheltered housing were outlined in the first part of the previous chapter. Thereafter, the geographical distribution of this provision was examined and an attempt made, by the use of statistical analysis to explain the uneven pattern which was observed. But the results indicated that such a mode of analysis could offer only limited explanatory powers. This being the case a different approach was adopted to explore the spatial patterns of the voluntary sector. Rather than attempting to approach an understanding of spatial variations through regression models, the emphasis was shifted to the examination of a wide range of factors many of which do not ordinarily lend themselves to numerical measurement or statistical testing. The investigation therefore embraced the structure, funding and philosophy of the organisations which provide services, as well as the social, economic and political environment in which they operate.

This chapter describes and discusses the methodology, theory and hypotheses on which the investigation was based. The findings are then reported in Chapters Seven and Eight.
In Chapter Seven specific attention will be paid to the voluntary provision of residential care and in Chapter Eight voluntary sheltered housing will be the focus of discussion.

6.2. Methodology

It proved extremely difficult to find comprehensive information relating to the voluntary sector. There is a serious shortage of basic data pertaining to the size, number and location of voluntary organisations, let alone more detailed evidence relating to factors such as aims and managerial structure. This difficulty was not entirely unexpected since a decade ago the Wolfenden Committee (1978) reported similar difficulties and commented: "when we began it was hardly possible even to hazard a guess at the number of organisations and the scope of their activities". The inadequacy of the data base, and the concomitant sampling problems for the study of the voluntary sector, are stressed by Kramer (1981), Murray (1974) and Gerard (1983). Such paucity of data is perhaps inevitable in a sector in which record keeping is rarely extensive or systematic and whose diversity does not lend itself easily to comparison (Kramer, 1981). Moreover, after years when the voluntary sector was not regarded, either by government or by many social policy...
academics, as a key component of provision it is not really a surprise to find that there is little existing research on which to draw. Given the increased emphasis which is now being placed on the potential of the voluntary sector to make welfare provision, it has become crucial to remedy the scarcity of data and to carry out empirical research into the pattern of activity as it currently exists.

The composition of the voluntary sector gave rise to a second difficulty. It must be stressed that there is a great diversity of voluntary organisations in terms of age, purpose, funding, scale of operation, type of clientele and mode of management. Whilst the sector is sometimes assumed to be a homogeneous entity, this is in fact far from the case. Indeed, in most previous studies the differences within the voluntary sector are emphasised more heavily than the differences between it and the public sector (Kramer, 1981; Gerard, 1983; Wolfenden, 1978). This heterogeneity means that there is no generally accepted classification of voluntary organisations which has proved to be universally germane. The sector is comprised of a few large and well known organisations and many small organisations. For example, voluntary residential homes are provided by over 300 different organisations. In order to confine the investigation to manageable proportions it was decided to concentrate on a sample of twenty of the
largest organisations for closer examination. Ten of the fourteen largest organisations, in terms of the number of residential homes provided, agreed to take part in the survey. The sample of housing associations includes all ten of the largest providers of units for the elderly. It must be stressed again that the sample selection and the discussion in the following chapters is based on the number of homes and the number of schemes provided by the organisations, and not on numbers per 1000 of the elderly population (see Chapter One). Basic details of the date of origin and the extent of provision of the sample organisations can be found in sections 7.1 and 8.1.

The great diversity within the voluntary sector raises the question of how representative are the answers provided by twenty organisations drawn from such a diverse pool. However, notwithstanding these acknowledged limitations, the contribution of this research lies in marshalling a variety of pieces of evidence and thereby establishing a set of probabilities, which can shed new light on questions about the provision of social welfare (Kramer, 1981).

Explanations for the spatial patterns of provision made by the sample organisations were sought by means of semi-structured interviews (usually with Directors or Chief Executives) and documentary evidence, such as annual
reports. Interviews lasted from one to two hours and covered each organisation's aims and objectives, management structure, spatial evolution of services, interaction with the public and private sectors and with other voluntary organisations and views, as expressed by their representative on future voluntary provision (the interview schedule is given in Appendix 1).

Although interviews were considered to be an appropriate means of conducting research into a hitherto virtually unexplored field, the limitations of such a technique must be recognised. Four important difficulties may be noted. First, interviewees who responded on behalf of the sample organisations frequently encountered problems when answering questions about the spatial distribution of their residential homes or sheltered housing schemes. Since none of the respondents were geographers they were not in the habit of thinking in such terms; moreover, such questions did not appear to them to be central to their immediate day-to-day concerns, especially at a time when new developments, which might extend the spread of their activities into other geographical areas, were in fact on a very modest scale. A second problem was that the representatives of the non-specialist organisations (ie. those not solely concerned with the elderly, or with a particular type of service) saw their whole range of
activities as being of equal importance and interest. It was therefore difficult for them to concentrate their minds on a single aspect of their provision and to obtain the relevant information from them in the time available. The third difficulty - this time of a more general kind - is that the sample respondents may not always have revealed to the researcher "the 'real' and 'true' as they 'really' see it" (Eyles, 1988). This is not to imply that any of the respondents were deliberately less than truthful. Rather there were occasions when they may have provided less than complete explanations of their organisation's policies or activities. Thus the interpretation of the answers they gave demands careful judgement and circumspection. Finally, the responses yielded by means of an interview survey inevitably embody the personal perceptions and prejudices of the interviewee, but thereafter, those same responses will be further distorted by the perceptions and prejudices of the interviewer (Eyles, 1988). In order to reduce the impact of this in the present survey, the answers provided by respondents have been analysed and presented in as objective and systematic a manner as possible. A fundamental step towards achieving this goal was the provision of a suitable theoretical framework in the light of which all of the interviews were conducted and considered.
6.3 Theoretical background

The voluntary sector of welfare provision is still poorly served both by social science theory in general, and more specifically by theory with a spatial emphasis. A number of perspectives were explored in this study in the search for a theoretical framework. It became clear that no single body of theory offered a comprehensive explanatory framework through which to review the geography of voluntary sector welfare services. An eclectic approach was therefore adopted which draws on aspects of a number of theories in order to formulate working hypotheses. The aim is not to seek to endorse a single explanatory theory, but rather to use, where appropriate, aspects from several theoretical sources to provide a means of analysing a complex set of variables. What follows is not an exhaustive review of these theories and models but rather an indication of those aspects which appeared to have potential for shedding light on the spatial workings of the voluntary sector. Useful ideas and concepts were found from industrial geography (location theory), social geography (jurisdictional partitioning) and sociology (theory of organisations). Models developed in social policy on the roles of voluntary organisations were also investigated.
Two pointers were derived from industrial location theory. According to classical location theorists, such as Weber (1909), there is an optimum location for the production of manufactured goods in which costs per unit of production are at a minimum (Lloyd and Dicken, 1977; Gold, 1980). This point will commonly be determined by the location of resources and the trade off with transport costs. Since it is based on the idea of 'economic man' the criterion for choosing an optimum location is the maximisation of profits. Behavioural geographers have criticised this theory on the grounds that it places too much emphasis on economic analysis. They argue that while firms' goals are primarily commercial, they also include political, social and personal considerations which may influence locational decisions (Gold, 1980). Another important assumption made by the classical theorists is that economic man is omniscient and rational. This, however, is rarely, if ever, the case. Locational decisions are made under conditions of uncertainty and incomplete information (Abler et al, 1971). Decisions therefore depend on the limited information which is available and the way this information is received and interpreted (Lloyd and Dicken, 1977). A new 'satisficing' model (ascribed to Simon, 1952) therefore developed in which entrepreneurs seek simply to find an adequate satisfactory outcome to the location problem, based upon limited knowledge and in
conditions of uncertainty and therefore with bounded rationality (Gold 1980).

The question which arises in the context of the present research is whether voluntary organisations can sensibly be equated with business organisations which operate in an environment driven primarily by economic factors. After all, one of the key characteristics of voluntary organisations is that they are non-profit making. Resources, however, are equally important to the operation of voluntary organisations as to commercial enterprises. This suggested that the relationship between resources and locational decisions should be a focus of attention in this part of the research. Furthermore, while industrial firms have the objective of profit maximisation or satisficing, voluntary organisations have non-economic objectives which they aim to satisfy. Objectives and their influence on the location of services were therefore regarded as a useful line of enquiry, bearing in mind the behavioural geographers' stress on the inclusion of social and political factors.

The concept of *jurisdictional partitioning* emphasised by Pinch (1985) in his work on public services was employed as a possible means of accounting for the unevenness in voluntary sector provision by relating it to the role of
local authorities in the location decisions of voluntary organisations. Jurisdictional partitioning sums up the arrangements when the responsibility for certain aspects of government of particular geographical areas is in the hands of local political authorities. The effect of this is that decisions about services are likely to vary from one authority to another. Since the existing literature on the voluntary sector frequently discusses the relationships between voluntary organisations and local authorities it was surmised that the effects of jurisdictional partitioning could exert a knock-on effect on the location of voluntary services.

Models developed in social policy in the course of long running debate on the proper role of the voluntary sector in the provision of welfare services appeared likely to have some relevance to locational choice. In 1912, Sidney and Beatrice Webb (Fabian writers) distinguished two models of the relationship between the statutory and the voluntary sectors - the 'parallel bars' and the 'extension ladder' models. The parallel bars model argued that voluntary organisations should provide services which exactly parallel those of the State, but for a different clientele. In relation to the Victorian Poor Law this meant that voluntary agencies should support the 'respectable' and 'deserving' to prevent them entering the
workhouse. Today it might mean providing services for minority groups in danger of being neglected by the state system. By contrast, the extension ladder model was based on the assumption that voluntary agencies were in fact superior to public authorities in innovativeness, quality of care, and the intensity and variety of religious influences. Voluntary organisations therefore act as an extension ladder "carrying onward the work of the public authorities to far finer shades of physical, moral and spiritual perfection" (the Webbs quoted in Hatch, 1980).

A decade ago, the Wolfenden Committee set out another possible method of viewing the role of the voluntary sector (albeit not dissimilar to that of the Webbs). The Committee believed that the voluntary sector can best be seen in terms of the ways in which it either complements or supplements the statutory sector. When playing a complementary role, voluntary organisations provide a service which is similar to that of the statutory sector but is, for example, aimed at a different or particular clientele. Supplementing the public sector on the other hand means enlarging the overall quantity of provision, or increasing the absolute amount of resources available by attracting people, ideas, money and materials that are not available to the statutory organisations (Wolfenden Committee, 1978).
Beveridge (1949) had earlier analysed the role of the voluntary sector in a broader manner. He believed that the State should encourage voluntary action primarily because he favoured a plural society, and not simply because of any perceived advantages of the voluntary sector. The Wolfenden Committee (1978) supported Beveridge's view when they stated that

Over and above the direct contribution of the voluntary sector in meeting social needs, we must consider the case made for its contribution to the pluralistic character of our political and social institutions.

An important characteristic of a pluralistic society is the availability of choice among the providers of services. The concept of choice has for a long time been considered a justification for the existence of the voluntary sector and more recently has become to the fore in the political debate about welfare services.

These perspectives on the purpose of the voluntary sector seemed to suggest a useful line of enquiry for this research, since it is possible that the role which each voluntary organisation perceives itself to be playing (complementing, supplementing, increasing choice) may exert some influence on the spatial distribution of its service provision.
Kramer in his work on voluntary organisations (1981) argued that organisation theory, developed in Sociology, appeared to offer a number of conceptual tools for the study of voluntary organisations. Since the voluntary bodies included in this study are types of formal organisation (defined as systems "of consciously co-ordinated activities, or forces, of two or more persons" (Barnard, 1969)) it is possible that their behaviour may be partly explained by reference to this body of knowledge. Some aspects of the system of governance of voluntary bodies appeared likely to have some relevance to location, such as the policy making machinery, and organisational and power relationships between the head office and branch offices.

6.4 Hypothesis Formulation

The inadequacy of existing theory and the scarcity of empirical research on the voluntary sector necessitated the employment of a technique similar to that used by Kramer (1981) whereby hypotheses are used more as a guide to the process of data collection and analysis than as strict propositions to be tested. The hypotheses resulting from the ideas generated in the above discussion are listed in Table 6.1. It was hypothesised that the location of
<table>
<thead>
<tr>
<th>Hypotheses</th>
<th>Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Location of resources</td>
<td>Industrial location theory</td>
</tr>
<tr>
<td>Capital resources</td>
<td></td>
</tr>
<tr>
<td>Voluntary support</td>
<td></td>
</tr>
<tr>
<td>Local authority support</td>
<td>Models on role of voluntary sector</td>
</tr>
<tr>
<td>Management offices</td>
<td></td>
</tr>
<tr>
<td>B. Perception of the role of voluntary organisations</td>
<td></td>
</tr>
<tr>
<td>C. Pursuit and satisficing of objectives</td>
<td>Industrial location theory</td>
</tr>
<tr>
<td>D. System of governance and style of management</td>
<td>Theory of organisations</td>
</tr>
</tbody>
</table>
voluntary provision will be dependent on the location of resources (property and land, voluntary support networks, local authority financial and moral support and management offices). In addition it was hypothesised that an organisation's perception of its role, the pursuit and satisfying of its objectives, and system and style of governance may also influence the location of its provision. Each of these factors will be discussed in turn in the following two chapters.
CHAPTER SEVEN: UNEVEN DISTRIBUTION OF VOLUNTARY PROVISION: RESIDENTIAL HOMES

7.1 Introduction

The great variety of organisations which make up the voluntary sector of residential care was described in Chapter Five. Although for the reasons referred to in the previous chapter the ten organisations in the sample cannot be regarded as "typical", they do include both religious and secular bodies and ones of different ages. Basic details of the organisations and the extent of their provision are given in Table 7.1. The sample also provides a spread over different parts of England. The geography of homes run by each of these organisations is shown in Figures 7.1a, 7.1b and 7.1c. Abbeyfield and Salvation Army establishments are concentrated in the southern part of the country and in the northern metropolitan regions. Anchor Housing Association's residential care is confined solely to metropolitan areas in the Midlands and North. Methodist Homes for the Aged has a very dispersed pattern of provision. The remaining organisations have homes concentrated in southern England. In general, the aggregate spatial pattern of the homes provided by these ten organisations tends to reflects the total national spatial pattern of voluntary provision per 1,000 of the elderly population provided by all voluntary organisations already described in Chapter Four. Thus the homes they
Table 7.1 The sample voluntary organisations

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Founded</th>
<th>Began</th>
<th>Homes</th>
<th>Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbeyfield Society</td>
<td>AS</td>
<td>1956</td>
<td>1965</td>
<td>37</td>
</tr>
<tr>
<td>Methodist Homes for the Aged</td>
<td>MHA</td>
<td>1943</td>
<td>1943</td>
<td>35</td>
</tr>
<tr>
<td>The Salvation Army</td>
<td>SA</td>
<td>1865</td>
<td>1911</td>
<td>26</td>
</tr>
<tr>
<td>ANON</td>
<td>ANON</td>
<td>1938</td>
<td>1953</td>
<td>15</td>
</tr>
<tr>
<td>James Butcher Housing Association</td>
<td>JBHA</td>
<td>1964</td>
<td>1968</td>
<td>13</td>
</tr>
<tr>
<td>Pilgrim Homes</td>
<td>PH</td>
<td>1807</td>
<td>1835</td>
<td>13</td>
</tr>
<tr>
<td>Friends of the Elderly Gentlefolk's Help</td>
<td>FEGH</td>
<td>1905</td>
<td>1955</td>
<td>12</td>
</tr>
<tr>
<td>The Jewish Welfare Board</td>
<td>JWB</td>
<td>1859</td>
<td>1946</td>
<td>10</td>
</tr>
<tr>
<td>Anchor Housing Association</td>
<td>AHA</td>
<td>1968</td>
<td>1976</td>
<td>9</td>
</tr>
<tr>
<td>The Church Army</td>
<td>CA</td>
<td>1882</td>
<td>1920</td>
<td>9</td>
</tr>
</tbody>
</table>

* Abbreviations used in the text
Figure 7.1a The geographical distribution of residential homes
Figure 7.1b The geographical distribution of residential homes
Figure 7.1c The geographical distribution of residential homes
provide tend to be concentrated in the southern part of England and particularly in the South East. Higher levels of provision are also found in the shire counties rather than in the metropolitan counties, albeit that there are small pockets of provision in the northern metropolitan districts (Fig. 7.2).

7.2 The influence of the location of resources

7.2.1 Fixed capital resources

Patently the major capital resource of organisations providing residential homes is the buildings themselves. Evidence from the majority of the sample interviews (SA, ANON, JBHA, FEGH, AHA, CA) revealed that a real choice of location of buildings had not always been available. Moreover, raising the capital costs of purchasing new buildings does not seem to have figured prominently in the development histories of the organisations. And now, according to Methodist Homes for the Aged, the cost of a new home (say for 30 residents) is about £1.25 million, but will obviously vary according to location. Given such a high cost, few of the sample organisations had purchased, or saw themselves as being in a position to purchase, any new homes either now or in the future. Consequently, the spatial pattern of their provision is heavily dependent on past gifts of property (Table 7.2). The majority of organisations are therefore operating residential care
Figure 7.2 The geographical distribution of residential homes provided by all of the sample voluntary organisations
### Table 7.2  Development histories of the sample organisations

<table>
<thead>
<tr>
<th>Organisation</th>
<th>First home</th>
<th>Last home</th>
<th>% homes inherited*</th>
<th>Homes closed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbeyfield Society</td>
<td>1965</td>
<td>1987</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Methodist Homes for the Aged</td>
<td>1945</td>
<td>1989</td>
<td>40</td>
<td>0</td>
</tr>
<tr>
<td>The Salvation Army</td>
<td>1911</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANON</td>
<td>1948</td>
<td>1981</td>
<td>67</td>
<td>4</td>
</tr>
<tr>
<td>James Butcher Housing Association</td>
<td>1964</td>
<td>1988</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Pilgrim Homes</td>
<td>1934</td>
<td>1986</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Friends of the Elderly &amp; Gentlefolk's Help</td>
<td>1920</td>
<td>1969</td>
<td>67</td>
<td>5</td>
</tr>
<tr>
<td>The Jewish Welfare Board</td>
<td>1946</td>
<td>1980</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Anchor Housing Association</td>
<td>1976</td>
<td>1988</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The Church Army</td>
<td>1921</td>
<td>1958</td>
<td>11</td>
<td>4</td>
</tr>
</tbody>
</table>

* or legacies which have been given for a home in a specific location.

**Sources:** Annual reports; interview survey, 1988.

It was not possible to obtain the full information required from the Abbeyfield Society and the Salvation Army.
provision in those areas where they happen to have inherited homes (around 30% of all homes provided by the sample organisations have been bequeathed). Such properties often carried a legal obligation, according to the terms of the legacy, to convert them into residential homes and it is this geography of inheritance which is the main factor underlying the distribution of each organisations' residential homes. The organisations often exercise no choice at all in the matter. In correspondence, the Friends of the Elderly and Gentlefolk's Help stressed that

The position of our homes is quite fortuitous. They are where they were when they were given to us...much as I would like to spread our work to other areas I know this can't be because we don't go into the market place to buy homes. Moreover, the price large houses now command makes it unlikely that we shall ever again be presented with one.

The Salvation Army reported that

The geographical distribution of our homes usually has an historic explanation. In the past large houses were donated to the Salvation Army and that accounts for a number of large homes in somewhat unsuitable locations.

Another version of this absence of any real locational choice ran thus (ANON)

The distribution of Homes that we own and run has been somewhat ad_hoc in the past and has
normally depended upon whether a legacy has been left to us with the proviso that it should be spent in a certain locality. The decision about whether to open a new Home is therefore...almost taken for us...

There are many factors inhibiting voluntary organisations closing down homes which are currently in operation. These include disrupting the lives of existing residents, the welfare of the staff and the costs associated with the sale of the home. Once an organisation has established a home it will obviously be reluctant to close it down, even if the building or location is seen as not entirely suitable. Existing homes are clearly immovable resources and have had to be utilised where they are.

Having emphasised that the fixed location of bequests of property emerges as the major explanation for the geographical distribution of homes run by the sample organisations, it must be noted that more recently new development approaches have been adopted. First, voluntary organisations are now trying to obtain more flexible resources by encouraging benefactors to bequeath property to them to be used for any purpose, including its sale. The funds thereby raised might then be employed to purchase property elsewhere (CA, PH). In such circumstances theories of locational choice may arguably be relevant, since voluntary organisations would have a number of locational options available to them. However, their
decisions would still not be made in order to increase profits, but rather to achieve the values and aims of their organisation.

A second means of allowing voluntary organisations a greater choice in the location of their homes is the use of new sources of financial assistance. For example, capital resources can be obtained from central government by presenting new developments as part of a package of funding for housing (AHA, JB, AS). In these cases residential homes would be planned as an integral part of sheltered housing developments for which funding is legitimately available through the Housing Corporation. However, even in this situation, the location of new homes would be restricted to some extent by the regulations associated with Housing Corporation grants (see Chapter Eight).

A third means of access to more locational choice would involve a partnership with local health and social services authorities in the form of joint-funding schemes which give voluntary organisations an option to secure at least some new funding for their future developments. These mechanisms will be explained more fully in Section 7.2.3.

As stated above voluntary organisations are generally disinclined to close homes, but, under certain
circumstances, they may be forced to do so. For example, the 1984 Registered Homes Act requires all voluntary (and private) residential homes to be registered with the local authority social services department in which they operate. In order to gain registration, homes must meet certain minimum standards and must be open to inspection at any time by the local authority (see also 7.2.3). According to several of the sample organisations, the implementation of this Act has meant a few of their homes have been obliged to close (Table 7.2). The Church Army for example, stated that

We have been very much influenced by government legislation. We have closed several of our homes as a result of government regulations on standards of care. Many of our homes are inherited properties which cannot fit government criteria in terms of room sizes.

The representative from ANON reiterated this comment

We have closed quite a few homes because the buildings were no longer suitable. In order to be registered we must up-date our property, but this is a large outlay which we cannot always afford.

Pilgrim Homes made the point most strongly, although they had not actually closed any homes
There is a great deal of outside pressure from the government to conform to their standards... This has meant a need for modernisation and increased staffing levels to meet the new standards... The government is advocating a larger role for the voluntary sector but is providing no financial help to upgrade homes. We have not closed any homes but we have been forced to make changes.

However, at the time of this survey only 14 closures of homes belonging to the sample organisations had taken place and this obviously has had little impact on the overall geography of provision.

Whilst the dependence on bequeathed property was identified as a major factor influencing the geography of provision, and accounted for the location of around 50% of homes in the sample (it is not possible to give an exact figure since data was not available from the Abbeyfield Society and the Salvation Army) other factors were also found to be important for the other 50% of cases. The evidence for these is reviewed in the following sections.

7.2.2 Voluntary support

Whilst the buildings are an obvious and essential resource in the provision of residential care, almost all respondents identified the availability of voluntary effort as another important resource which (for those still in a position to open new homes) affects their locational decisions. Although voluntary organisations do have
salaried staff (e.g. matrons, care assistants, and administrative staff), they are much more likely than either local authorities or private organisations to rely on voluntary workers to support or maintain their activities. Voluntary labour was mentioned as essential to the development and management functions by several organisations (AS, MHA, PH, ANON), while fund-raising (PH, JWB) and identification with the local community (ANON, CA, MHA, PH, JWB) were also quoted (Table 7.3). It might be expected that voluntary organisations would act in a way analogous with that of firms, which industrial location theory suggests will tend to locate in areas where there is a labour supply possessing appropriate skills. But finding paid staff is not a major concern to voluntary organisations, since they require only a small number of essentially non-specialised employees. Instead, the interviewees suggested strongly that the existence of local voluntary support networks was a more critical consideration in the opening of any new homes.

For those organisations in which local voluntary initiative is seen as fundamental to the establishment of new residential homes, developments would obviously not take place in areas where local support for the organisation was judged to be insufficient. Indeed, the Abbeyfield Society asserted that
Table 7.3 Functions of local voluntary support networks within the sample organisations

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Development</th>
<th>Management</th>
<th>Fund</th>
<th>Community raising</th>
<th>identity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbeyfield Society</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Methodist Homes for the Aged</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>The Salvation Army</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>ANON</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>James Butcher Housing Association</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Pilgrim Homes</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Friends of the Elderly &amp; Gentlefolk’s Help</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>The Jewish Welfare Board</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Anchor Housing Association</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>The Church Army</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
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</tr>
</tbody>
</table>

The distribution of homes is the result of the enthusiasm, availability, and willingness of groups of local volunteers to take on the development of a scheme... They can apply for assistance and receive consultations from both regional and national levels, but the initiatives always come from a local level.

Even in the case of organisations where development decisions are made centrally (PH, ANON, MHA, JWB) it was commonly stated that they would not consider having a home where there was no local support network to carry out management functions, to promote the society, or to provide a body with which residents could identify. In fact, this partly accounts for the relatively dispersed pattern of provision made by MHA (see Fig. 7.1a). The Methodist Church is geographically divided into 33 Districts and, according to the organisation's Director

It has been our policy to have a MHA presence in each of these Districts so that it can provide a focus of interest for local Methodist people who become a key part in the voluntary support we receive.

A similar philosophy would go much of the way in explaining the concentration of Jewish Welfare Board homes in and around the London area (Fig. 7.1c)

To the best of our ability, all new homes are planned to be created in the heart of the
thriving Jewish community in order that the homes can continue to receive support and encouragement from local people. It is also hoped that this will enable residents to retain some of their communal links.

The existence of voluntary effort sympathetic to a particular organisation was also significant for Pilgrim Homes and ANON.

The distribution of Homes arises through the interests of friends in that area and their efforts to have a Home (PH).

We look at the strength of our membership in the locality to see if a local Committee could be formed and if there are members who would undertake various voluntary activities...(ANON).

7.2.3 Local authority support

In attempting to explain the functioning of the voluntary sector previous authors have attached considerable importance to the relationship between voluntary organisations and local authorities (Hatch, 1980; Kramer, 1981; Brenton, 1985; Wolfenden, 1978; Rooff, 1957). The significance of these relationships lies in the dependence of many voluntary organisations on both financial and moral support from the local authorities. In her NCVO report, The Crisis in Residential Care, Peaker (1986) points out that "for many years voluntary organisations have had a special relationship with local authorities". The role of supportive relationships in shaping the geography of voluntary services can be found in the concept of
jurisdictional partitioning (Pinch, 1985). Pinch points out "for a variety of economic, social, political and administrative reasons local government units vary enormously in the quantity and quality of public goods and services they provide". Similarly jurisdictional partitioning can be expected to result in the development of a multiplicity of forms of relationship between local authorities and voluntary bodies will be developed. This in turn will influence the quantity and type of provision made by the voluntary sector in each local authority area.

One hypothesis tested statistically in Chapter Five argued that there would be a correlation between the political complexion of a local authority and the amount of voluntary provision. The findings indicated, however, that political disposition did not exert any substantial influence. This result obtained by statistical analysis was verified in the interview survey. When questioned about their experiences of local authorities of different complexions most respondents said they found all types to have been supportive. But there were a few notable exceptions; Liverpool and Barnsley were, for example, cited in a negative way. The organisations interviewed recognised that the negative attitudes of such local authorities towards voluntary provision was a reflection of a strongly held belief in direct provision of all necessary services by the
public sector: James Butcher reported that in their experience the attitude of 'socialist' authorities has been changing in recent years due to their inability (resulting from diminishing financial resources) to make adequate provision themselves. Indeed, most voluntary organisations now apparently find that local authorities are increasingly inclined to co-operate and provide moral support.

Although in the past local authorities have not provided funds to meet the capital costs of new voluntary developments, more recently two new means, already referred to in section 7.2.1, have been seized upon by some voluntary organisations to secure capital in which local authority help has had a greater bearing. Thus, since 1974, those voluntary organisations providing residential care who are also registered housing associations (JB, AHA, AS) have been eligible for central government assistance through Housing Corporation grants (see Table 7.4 and Chapter Eight). But in order to qualify as a candidate to obtain such a grant, a voluntary organisation is required to have the moral support of the local authority in which it plans to provide.

The second means by which local authorities can help voluntary organisations procure assistance with capital costs is through joint-funding. In this case, more than one
Table 7.4 Major sources of funding

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Capital funding major source</th>
<th>% residents supported</th>
<th>Revenue funding</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Charitable</td>
<td>HC</td>
<td>LA</td>
<td>DSS</td>
<td>Self</td>
<td></td>
</tr>
<tr>
<td>Abbeyfield Society</td>
<td>*</td>
<td>0</td>
<td>40</td>
<td>60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methodist Homes for the Aged</td>
<td>*</td>
<td>3</td>
<td>30</td>
<td>67</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Salvation Army</td>
<td>*</td>
<td>0</td>
<td>80</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANON+</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>James Butcher Housing Association</td>
<td>*</td>
<td>0</td>
<td>64</td>
<td>36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pilgrim Homes</td>
<td>*</td>
<td>3</td>
<td>58</td>
<td>39</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends of the Elderly &amp; Gentlefolk's Help</td>
<td>*</td>
<td>2</td>
<td>20</td>
<td>78</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Jewish Welfare Board</td>
<td>*</td>
<td></td>
<td>41</td>
<td>52</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Anchor Housing Association</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Church Army</td>
<td>*</td>
<td>0</td>
<td>75</td>
<td>25</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


+ This organisation does not collect information on the number of residents receiving financial support from the DSS or the local authority.

^ No information was available from this organisation on the sources of residents financial support.
type of organisation (voluntary, county council or health authority) can be linked in the development of new services so that funding comes from a variety of sources. Only one of the ten sample organisations has, however, become involved in such a scheme. Methodist Homes for the Aged are in the process of developing a "Dependant Care" scheme, for the frail elderly, jointly with the Buckinghamshire County Social Services and the Milton Keynes Health Authority. The scheme came about because Milton Keynes Health Authority sought to establish a partnership with a charity experienced in running homes in order to develop a more specialised form of care. Aware of the need for this type of care, Methodist Homes for the Aged willingly entered the partnership. The statutory authorities contributed 90% of the capital required for the development, while Methodist Homes are to act as the managing agent. According to Methodist Homes, voluntary organisations must be open-minded in co-operating with local authorities. Their role is not to take over the responsibilities of the public sector; partnerships are acceptable and can work well, but the roles of the public and voluntary sectors must not be regarded as interchangeable. The present partnership scheme outlined above was only entered into because Methodist Homes for the Aged saw it as being in their own best interests, and not simply in the interests of the local authority.
Clearly, in order for joint-funding to become more widely operational, statutory bodies must become more favourable to the idea, and voluntary organisations must show a willingness to take advantage of such schemes. The extent to which local authorities are disposed to lend support to developments which involve a voluntary organisation is likely to vary from one place to another. And yet in the long term the success of public and voluntary sector relationships is likely to be crucial in affecting the future level of voluntary provision.

Capital funding relationships between local authorities and voluntary organisations, being relatively recent in origin, play only a very limited part in explaining the present distribution of voluntary residential homes. However, it is likely that in the future this will be a further important factor influencing spatial patterns of provision, assuming the almost inevitable existence of some spatial differential in the willingness of the bodies concerned to undertake co-operative ventures.

Until recently local authority assistance has in fact been much more important for meeting revenue costs by 'sponsoring' residents of voluntary homes who possess only limited financial resources of their own. Some sponsorship effectively guaranteed an income for the voluntary
organisations. As Peaker (1986) points out in the past "most funding for voluntary sector residential care came through local authority sponsorship of individual residents". This statement was acknowledged as accurate by several of the sample organisations (PH, ANON, JWB, MHA). Table 7.4 indicates the proportion of residents cared for by each voluntary organisation who are now supported by local authorities. The scale of local authority sponsorship in the past suggests that without it many voluntary homes would only have been able to carry out their functions if they had been prepared to act like private homes (prior to the arrangement whereby the DSS can help to maintain residents) and admit only those residents able to meet their own fees. Thus although local authority sponsorship may not have been directly important in influencing where voluntary organisations initially opened their homes, its significance lies in the continued survival of scores of voluntary establishments which may otherwise have closed.

Since 1980 a major policy shift has fundamentally changed the relationship between local authorities and voluntary organisations. Now many local authorities have withdrawn sponsorship; withdrawals began slowly, but the pace has recently quickened and now no new residents will obtain this type of support. The voluntary organisations' concern
about this turn of events illustrates graphically the extent to which they depended on the old arrangement. Pilgrim Homes and the Jewish Welfare Board both confirmed that local authorities were becoming less-prepared to act as sponsors. Support for Pilgrim Homes' residents was reported to have dropped from 10% to 3% in just four years. According to the Jewish Welfare Board, local authorities now claim that there are inadequate resources available for this purpose. Peaker (1986) notes that, given the Thatcher government's public spending cuts, sponsorship of residents in non-local authority homes was bound to be a candidate for retrenchment, particularly in the light of the increasing popularity of the "community care" philosophy. Local authority funding of residents has been replaced to some extent by income support for residents from central government through the DSS. Table 7.4 shows the importance of this new source of funding. However, according to the Jewish Welfare Board

The level of grant available from the DSS is considerably smaller than that normally agreed with the Local Authority. As a consequence there is a growing shortfall in the cost of providing residential accommodation for old people and this poses a real threat to the future viability of residential care for the very old and infirm.

Despite the fact that, in the past few years, funding by local authorities has become more difficult, the information flows and exchanges connecting local
Authorities and voluntary organisations remain important. Although the interviews did not elicit detailed accounts of the precise form and quality of these links it was clear that much depends on the attitudes and compatibility of the individuals concerned, namely the officials on both sides. As Hatch (1980) and Rooff (1957) observe, the development of particular relationships depends to a large extent on personalities and temperaments and can often be described as an outcome of gradual evolution rather than clearly defined policy.

Most of the organisations reported that they consult the local authority before making provision. Anchor, for example, has links with local authorities through their regional offices and there is regular communication with "opposite numbers" in the local authority. Pilgrim Homes was the only organisation which had discontinued extensive talks with local authorities about the needs of the elderly in their areas; the organisation felt these were just another factor delaying the process of admitting needy people into homes.

In cases where a voluntary organisation does generally consult its local authority as to the extent of need in the area, then the distribution of its schemes is likely to be influenced by the local authority's assessment and
definition of need. This sharing of judgement is also
relevant in cases where a local authority approaches a
voluntary organisation and asks it to provide - a recent
development in view of local authorities' inability to
increase their own provision. Anchor, for example, have
been asked by Gateshead to consider providing a home in
that area. The Salvation Army also commented that they
were already being asked to make provision in areas where
the local authority acknowledged the existence of a need,
but for some reason (usually financial) it was now unable
itself to provide.

Transfers of homes from ownership and management by a local
authority to voluntary organisations is another possible
future development, an option which is now being considered
by a small number of authorities. Such approaches were
reported by the Church Army (which was approached by Kent
County Council) and by Methodist Homes for the Aged
(approached by Cornwall County Council). As part
of this study a survey was conducted (in the form of a
postal questionnaire) of all local authorities involved in
making residential provision in order to determine whether
any transfers of property had actually taken place. The
survey had an 85% response rate and the results revealed
that so far only one of these local authorities
(Hereford and Worcester) had actually transferred homes,
either to the voluntary or to the private sector, but that a number have undertaken feasibility studies, or are now in the process of negotiating transfers.

Thus, while some local authorities may believe either that they themselves already adequately meet the needs of the elderly, or that it is their sole responsibility to make provision, others are more open to accepting or requesting an input from the voluntary sector. These variations may be seen as a result of jurisdictional partitioning.

Despite the generally positive attitude shown by local authorities towards the voluntary organisations interviewed, Methodist Homes for the Aged concluded that although there is relatively good co-operation with local authorities...it must be recognised that they have different procedures for doing things. It is not difficult to agree on broad principles, but it is more difficult to agree on practical procedures.

7.2.4 Management offices

The management of a voluntary organisation with a number of spatially separate homes is akin to the management of a commercial organisation with branch plants. In considering the locational decision making of firms as they search out and select locations for branch factories, North (1974) found the most frequent branch decision placed the new
factory close to existing plant. The reasons for such a decision were primarily associated with the unwillingness of firms to create a spatially distant branch which could generate managerial and labour problems. Locating near to existing plant avoids the duplication of management, minimises time and costs of communication between factories and allows the interchange of labour. For similar reasons it is likely that voluntary organisations will locate their residential homes close to existing centres of management (either the head office or branch offices) to facilitate the easy development and operation of new homes. But despite this theory, only three of the sample organisations (JB, PH, FEGH) actually cited "management feasibility" as an important consideration in the location of their homes, although others may have taken it as self-evident. Pilgrim Homes, for example, said that

Administration is a limiting factor, we do not want to grow too large because homes may then become difficult to manage.

If the location of the head office and branches of the organisations is an important factor in accounting for the distribution of at least some voluntary homes, then it is necessary to consider which factors may be important in influencing the geography of management offices. In four cases the location of branches was not relevant since they have no formal decentralised management structure (AS,
ANON, PH, FEGH). For several of these organisations however, as identified in Section 7.2.2, the existence of local voluntary support networks was important in their locational decisions. Such voluntary groups generally carry out local management functions, thereby diminishing any need to be near a branch office.

In the case of the two organisations also involved in the provision of sheltered housing for the elderly (JB, AHA) the location of their branch offices is more closely associated with their sheltered housing activities than residential homes (this will be discussed in more detail in Chapter Eight). Both Methodist Homes and the Church Army have their branch offices in the regional managers' own domestic homes and Methodist Homes for the Aged have simply devised their geographical subdivision of the country accordingly. The situation for the Church Army is slightly different. While the regional managers work from their own homes, they are officially based in London. Finally, the Jewish Welfare Board has established branch offices to provide a community-based service. They wanted to be seen to provide a local service and believed that many elderly people found their central London office rather inaccessible. Area offices are therefore spread out within the Jewish community.
The role of management feasibility, as previously illustrated in work on branch plants and industrial location, therefore helps to explain some of the variation in the location of voluntary residential homes.

7.3 The influence of the voluntary organisation's perceived roles

Models of the role of voluntary sector provision relative to that of the statutory sector were discussed earlier (Section 6.2). For the purpose of exploring the locational pattern of the homes provided, the categorisation of roles as complementing and supplementing public provision were regarded as most useful. Each of the sample organisations was therefore categorised on the basis of playing primarily either a complementary or a supplementary role (Table 7.5) and it was hypothesised that the location of services may be related to how they perceive their role.

The three main ways of complementing public sector services, as defined by the sample organisations, are in providing according to religious principles and motivations (SA, CA, MHA, PH), providing for a different clientele (FEGH, JWB) and providing a different style of physical environment - for example more private facilities for residents (AHA, JB, AS). Given the fact that, where an organisation sees itself as operating in a complementary sense, it is unlikely to be influenced in its location decisions by the presence or absence of public sector
Table 7.5 Perceived roles of the sample organisations

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Complementary</th>
<th>Supplementary</th>
<th>Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbeyfield Society</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methodist Homes for the Aged</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salvation Army</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANON</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>James Butcher Housing Association</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Pilgrim Homes</td>
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<tr>
<td>Friends of the Elderly &amp; Gentlefolks Help</td>
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<tr>
<td>Jewish Welfare Board</td>
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<td></td>
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<tr>
<td>Anchor Housing Association</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Church Army</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Source: Interview Survey, 1988
provision, it is crucial to stress that the majority of the sample saw their activities very much in a complementary role. This helps to explain the very weak negative correlation coefficient between public and voluntary provision reported in Chapter Five.

All those with a religious justification for making residential provision fell into this category. They claimed that their provision was different from that of the public sector since they were acting in accordance with their religious principles (e.g. in the name of Christ) and dealing with a section of the elderly with special spiritual needs not catered for by the public sector. The Jewish Welfare Board justified its provision of care as being concerned with a particular religious group and believed that the way in which they make their provision is a reflection of the consciousness of the community and its needs. However, the Church Army believe that it is likely that in the future they will be catering less and less for 'Christians'. Others such as the James Butcher Housing Association complement the public sector in that they provide a slightly different type of service. For example, James Butcher's residential provision is labelled 'additional care' because they do not want to be seen as providing Part III (National Assistance Act 1948) care similar to that in the public sector. Their homes are
incorporated into wider sheltered housing schemes, where each elderly person has their own unit identical to that available in the sheltered housing.

In contrast, three of the sample organisations saw their main role as one of supplementing provision made by the public sector (SA, FEGH, JWB) and it seemed reasonable to expect that they would aim to locate their services where public sector provision is inadequate in meeting need. The problem which arises in attempting to gauge whether this "notion" is in fact true concerns the fact that demand/need for residential care outstrips existing provision in all parts of the country (Johnstone, 1981). Thus supplementary provision by voluntary organisations could be located anywhere and still be said to fulfill a useful supplementary role. In addition, although none of the sample organisations claimed to seek out areas of low public sector provision, the notion of 'inadequate' is problematic and may vary in its interpretation. Moreover, as noted earlier in the context of industrial location theory, organisations are limited in their decision making by incomplete knowledge and by their acceptance and interpretation of that knowledge. None of these 3 organisations in fact took any positive steps to identify areas of low public sector provision, understandably in view of their limited resources and their
ability to fulfill a supplementary role almost anywhere.

The prospect of identifying a distinctive supplementary role and pattern is further weakened in the case of organisations which may have developed with the aim of fulfilling one particular role, but for a variety of reasons may now be playing another. Such a switch can influence provision as is illustrated by the case of the Jewish Welfare Board until the recent dramatic change in social welfare policy we had aimed to complement statutory services and provide a different dimension, meeting the needs of a different client group...However, in the future, because of recent government policy we believe that the voluntary sector will play an increasingly supplementary role...or that voluntary organisations may even become the primary providers.

Clearly, several of the organisations sampled in the survey were unable to make a sharp distinction between a supplementary and a complementary role. Some felt that their activities fell into both categories and the boundaries between the two are by no means clear. The idea of complementing statutory services is very closely linked with that of providing a greater choice of residential accommodation for the elderly and therefore contributing to a pluralistic society (see Chapter Six). A supplementary role also extends choice in that, although the 'products' are basically similar, they vary in important details (such
as their style of management, location, nature of building). It was this role of increasing choice which was highlighted by Beveridge and Wolfenden. Five of the sample organisations (MHA, SA, AHA, CA, JB) saw the issue of providing choice as being an important element in their making provision. According to the Salvation Army

In an age when we are thinking in terms of rights, privileges and choices, the voluntary sector is able to offer these...In particular, it offers choice. The elderly are not forced into a particular type of care simply because there is no alternative...The different organisational structures and management of homes in the Salvation Army, the statutory sector and other voluntary organisations provides a greater choice for the elderly.

Again, however, it is not likely that this aim of increasing choice to the public has really exerted much influence on the location of voluntary residential homes. Given the rather limited contribution made by the voluntary sector in virtually all local authority areas, wherever any particular organisation might decide to provide a service, inevitably it will be increasing choice: One possible explanation for the distribution of homes can, however, be found by adopting a concept prominent in industrial geography. According to industrial location theory manufacturing industries locate within their 'spatial margins to profitability'. These margins bound the area within which firms locate if the assumption of profit-maximising behaviour is abandoned and it is assumed
that firms will locate to obtain only satisfactory profits (Smith, 1981). A similar picture may be true of voluntary organisations. If need is widespread, organisations can make locational choices within very widely drawn "spatial margins to profitability". Within these broad areas all kinds of particular or idiosyncratic factors can lead to the selection of particular sites. Pred (1967) sums up this notion in relation to the location of manufacturing firms.

The apparently chaotic qualities of the spatial distribution of most manufacturing production... is ascribable to the fact that the real-world is populated by a broad spectrum of bounded rational, satisficing locational actors and not by undifferentiated profit maximisers. (quoted in Smith, 1981)

This concept provides some explanation for the lack of any really clear-cut or decisive pattern in voluntary sector provision.

7.4 The influence of organisational objectives

Notwithstanding the obvious differences between charitable organisations and commercial businesses, industrial location theory may arguably have some relevance to the locational decisions made by voluntary organisations, if satisficing of their values and objectives is substituted for that of profit satisficing of entrepreneurs. All the sample organisations share the objective of providing residential care for the elderly. Indeed if meeting the
accommodation needs of elderly persons were the sole objective then, since there is a need everywhere, location would be a relatively unimportant decision. However, besides this common aim, each voluntary organisation has its own particular philosophy regarding the type of care provided, its own view on how this care should be delivered, and differing ideas on just who the care should benefit. The main objectives of each of the sample organisations are summarised in Table 7.6. For some organisations their objectives may (implicitly at least) involve a spatial element: for example, those providing either for a particular clientele concentrated in a certain area, or meeting a specific type of need which again may be spatially concentrated or defined (JWB, MHA, PH, JBHA) The objectives of such organisations would therefore be achieved more readily in some areas than others. This is, in a way, may be just another means of accounting for the concentration of, for example, the Jewish Welfare Board homes in and around London. But in reality it is hard to disentangle the notion of the satisficing of objectives as a factor determining locational patterns, from the influence of existing capital assets, in the form of buildings. Indeed, the Director of the Jewish Welfare Board observed that some of their homes are located in areas hitherto at the centre of Jewish concentration, but which, through the outmigration of their
<table>
<thead>
<tr>
<th>Organisation</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbeyfield Society</td>
<td>To give care to lonely elderly people</td>
</tr>
<tr>
<td>Methodist Homes for</td>
<td>To provide for the elderly in need acting in the name of Christ</td>
</tr>
<tr>
<td>the Aged</td>
<td></td>
</tr>
<tr>
<td>Salvation Army</td>
<td>To achieve spiritual precepts in caring for those in need</td>
</tr>
<tr>
<td>ANON</td>
<td>To provide accommodation for the elderly with low incomes and who do not want to enter local authority care</td>
</tr>
<tr>
<td>James Butcher Housing</td>
<td>To provide housing for the elderly in the Reading area</td>
</tr>
<tr>
<td>Association</td>
<td></td>
</tr>
<tr>
<td>Pilgrim Homes</td>
<td>To help Christians who come to PH in need</td>
</tr>
<tr>
<td>Friends of the Elderly</td>
<td>To meet need amongst old people of a certain kind who appreciate what FEGH provide Help</td>
</tr>
<tr>
<td>Gentlefolks Help</td>
<td></td>
</tr>
<tr>
<td>Jewish Welfare Board</td>
<td>To provide a continuum of care for elderly and and mentally ill Jews</td>
</tr>
<tr>
<td>Anchor Housing</td>
<td>To provide housing for the elderly Association</td>
</tr>
<tr>
<td>Church Army</td>
<td>To offer proper Christian care for those in need</td>
</tr>
</tbody>
</table>

Sources: Annual Reports; Interview Survey, 1988
client population, have now become isolated from it.

In the case of Pilgrim Homes, an original key objective was to "provide assistance for those in real need, specifically for Christians around the Liverpool Street railway station in London". Thus, at first, this objective accurately accounted for the clustering of homes in this particular part of London. But now the organisation seeks to help needy Christians wherever they may be found. This should have stimulated a more widespread geographical distribution. In reality, however, limited financial resources have effectively confined Pilgrim Homes to South East England (Fig. 7.1b). As indicated in Section 7.4.2, Methodist Homes for the Aged aim to have a presence in each of the 33 Districts of the Methodist Church so that local Methodists can identify with at least one home. And indeed the pattern of Methodist Homes for the Aged's homes accords well with this general objective. But whilst the group of organisations cited above does illustrate to a greater or lesser degree the influence of objectives on location, the Friends of the Elderly and Gentlefolk's Help on the other hand, is an example of a service to a particular clientele which has not necessitated a spatial focus. Its aims are to provide accommodation for elderly gentlefolk - "sensitive flowers" - including those returning from administering colonies, doctors and missionaries from
overseas. This clientele can be served in almost any part of the country and hence the organisation's wider objectives have not themselves conditioned its geography of provision.

Again borrowing a concept from industrial location, some organisations, such as the Abbeyfield Society, Anchor Housing Association and the Church Army are able to be more 'footloose' than others in their choice of location according to their particular aims and objectives.

7.5 The influence of management structure

In Section 6.2 it was suggested that the pattern of governance was likely to be the most relevant concept borrowed from the theory of organisations to help in the understanding of the spatial distribution of voluntary residential establishments. The pattern of governance can be characterised by being either upward (decentralised) or downward (centralised) flows of authority (Kramer, 1981). A Gallup survey further categorised voluntary organisations by their style of management using groupings comprising hierarchical and authoritarian; consultative with considerable delegation of powers; and fully participative (Gerard, 1983). In the present study both the system of governance and the style of management have been used to categorise the sample organisations (Table 7.7). Unfortunately, few voluntary organisations can be fitted
Table 7.7 System of governance and style of management of the sample organisations

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Governance</th>
<th>Style</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbeyfield Society</td>
<td>Upwards</td>
<td>Participative</td>
</tr>
<tr>
<td>Methodist Homes for the Aged</td>
<td>Downwards</td>
<td>Consultative</td>
</tr>
<tr>
<td>Salvation Army</td>
<td>Downwards</td>
<td>Hierarchical</td>
</tr>
<tr>
<td>ANON</td>
<td>Downwards</td>
<td>Consultative</td>
</tr>
<tr>
<td>James Butcher Housing Association</td>
<td>Downwards</td>
<td>Consultative</td>
</tr>
<tr>
<td>Pilgrim Homes</td>
<td>Downwards</td>
<td>Participative</td>
</tr>
<tr>
<td>Friends of the Elderly Gentlefolks Help</td>
<td>Downwards</td>
<td>Hierarchical</td>
</tr>
<tr>
<td>Jewish Welfare Board</td>
<td>Downwards</td>
<td>Consultative</td>
</tr>
<tr>
<td>Anchor Housing Association</td>
<td>Upwards</td>
<td>Participative</td>
</tr>
<tr>
<td>Church Army</td>
<td>Downwards</td>
<td>Hierarchical</td>
</tr>
</tbody>
</table>

Source: Interview survey, 1988
neatly into any one category, but they have nonetheless been classified in the Table according to the most predominant management structure.

According to Smith (1970) voluntary bodies are "permeable" organisations susceptible to pressures from their social environments. He points out that different groups of members within an organisation are influenced by different social groups outside the organisation, resulting in varying views as to the purpose of the body. Senior members of staff, for example, may be influenced by government bodies, while local group members are subject to pressure from the local community. It seems reasonable to assume therefore that organisations with different management structures may differ in the location of their homes as a result of these different pressures.

The evidence from the interviews demonstrates that the majority of sample organisations operate a centralised form of management whereby major policy and development decisions are made at the head office by one, or just a few, individuals. In some cases the organisation is firmly hierarchical (SA, FEGH, CA) with virtually no input in decision making being made by anyone other than the Director or the Board of Governors. The Salvation Army for example claimed to be
one of the few autocracies left in Britain; all decisions are made by the Leader at the head office. The Provincial officers have no autonomy.

The organisation does, however, consult with local authorities at Assistant Director or Planning Officer level in order to determine what other resources are available within an area as well as into need projections.

At the other extreme are organisations such as the Abbeyfield Society which comprises a federation of local societies which are completely autonomous: it is the local societies which make all development and management decisions, guided and advised by the National Society if necessary. Similarly, Anchor Housing Association claimed that their branch offices exercised a large degree of autonomy. They are responsible for the initiation, development, management and maintenance of properties, while the head office is responsible only for strategic policy decisions.

Between the two extremes there are those organisations which operate a centralised, downwards system of governance, but which are consultative in style. Thus, although decisions are made centrally, there is some degree of consultation within the organisation, the extent of which may vary considerably. Both ANON and Methodist Homes
for the Aged alleged that they aimed to "encourage a feeling of local ownership" and to "encourage branches to think that they are autonomous". While the remaining organisations did not make such claims, they nevertheless maintained that their local committees and branch offices were fully consulted before any decisions affecting them were taken.

In all these organisations consultations are carried out within the organisation itself, with branch officials and local voluntary groups, regarding their views on the extent of need and the ability of the organisation to meet this need. Subsequently, local Social Services and other local interests, such as churches and community groups, are often consulted. The organisations therefore draw on advice received from lay and professional sources from within the agency and from the local community before decisions are made at the head office or by the Board of Directors. Surprisingly, despite the fact that the sample organisations claimed there was no competition or rivalry between them, there was little evidence of any collaboration between them when decisions are being made about where to build. ANON even stated that

We do not have great contact with other voluntary organisations and have taken a positive decision from time to time not to work with them, but rather to remain independent.
The interviews elicited valuable insights regarding the nature of, justification for and operation of the types of organisational structure adopted by the sample bodies. No evidence, however, was found to support the hypothesis that form of management has an influences on where organisations chose to make their service provision. The Abbeyfield Society has a upwards system of governance with a less centralised and more dispersed idiosyncratic geography, as might be expected. Anchor Housing Association, however, also has an upwards system of governance but its homes are spatially concentrated in the metropolitan districts since they are restricted by the Housing Corporation (see Chapter Eight). Methodist Homes for the Aged, on the other hand, have a dispersed pattern of provision but a downwards system of governance, in this case resulting from their objective to provide in each Methodist Church area. The system of governance therefore appears to be secondary to other factors in determining the location of voluntary sector homes.

7.6 Summary and conclusions

The interview results reveal that a complex mix of factors account for the spatial distribution of voluntary residential homes. In Table 7.8 an attempt has been made to summarise for each of the sample organisations the main influences on the geography of their services. As
Table 7.8  FACTORS INFLUENCING THE LOCATION OF VOLUNTARY SECTOR RESIDENTIAL HOUSING

<table>
<thead>
<tr>
<th>Requests of Property</th>
<th>Capital Finance</th>
<th>Voluntary Support Networks</th>
<th>Local Authority Support</th>
<th>Management Offices</th>
<th>Role of Voluntary Organizations</th>
<th>Satisficing of Objectives</th>
<th>System of Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbeyfield Society</td>
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<tr>
<td>Methodist Home for the Aged</td>
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<td></td>
</tr>
<tr>
<td>Salvation Army</td>
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<td></td>
<td></td>
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<tr>
<td>Anon</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>James Butcher Housing Association</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pilgrim Homes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends of the Elderly and Gentlefolks Help</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Jewish Welfare board</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Anchor Housing Association</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Church Army</td>
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</tbody>
</table>
emphasised in Section 6.2, it is extremely difficult to categorise voluntary organisations and to make accurate and meaningful generalisations about their behaviour. It is not yet possible therefore, on the basis of evidence drawn from a study of ten, very different, organisations to devise a descriptive model to predict how particular types of voluntary bodies might be expected to behave with regard to their locational decision making. More empirical work of a similar kind will be required before such a goal can be realised.

However, it is possible to say that, on the basis of the evidence given by the sample organisations, the major influence on the geography of their provision has been the availability of resources. Since capital is the most important requirement, factors connected with the acquisition of property have exerted the greatest impact on the location of residential homes for the largest number of organisations. And the key point to emerge is that most organisations are able to exercise very little real choice since the nucleus of their property portfolios has frequently been acquired by means of bequests whose locations they did not themselves select. Other resources, such as local voluntary support networks, local authority encouragement and the organisation's own management offices, are also important considerations for a number of
organisations. In some cases the organisation's objectives have provided sharp spatial effects usually because of the aim to serve a client group with a particular spatial pattern. No strong conclusions could be drawn regarding the role of organisational structure in influencing the geography of voluntary sector homes, except that is does not appear to be of paramount importance. Finally, the perceived roles of voluntary organisations relative to that of the public sector (supplementing, complementing and choice) were found to offer little useful explanation for the distribution of voluntary services.

Against a background of little research and very few insights into the voluntary sector, this analysis of ten sample organisations makes a considerable contribution to understanding the geography of at least part of the voluntary sector. Furthermore it raises questions which might profitably be pursued in a future research project. For example, if voluntary provision is influenced to a large extent by the inheritance of homes, why are homes bequeathed in some areas and not others? If voluntary support is important, why do some areas, or some organisations, have a greater degree of voluntary effort than others? If local authority support is important it must be asked why some authorities are more willing, or more able, to support voluntary organisations than others?
It cannot, however, be assumed that the factors discussed in this chapter have the same relevance for an explanation of the total voluntary sector provision of residential homes. Again it must be stressed that the ten sample organisations account for only 22% of all voluntary homes, the rest being provided by a myriad of very small organisations with only one or two homes. More research is required to contribute to a more comprehensive explanation of the overall spatial inequalities in voluntary sector provision outlined in Chapter Five.

The general picture yielded by the sample organisations is one of an almost complete lack of spatial planning in terms of relating provision to rational indicators of need. The geography of service provision has evolved on an ad hoc basis with organisations seizing opportunities as and when they arose. The present pattern of provision is based largely on historical factors over which scarcely any effective control has been exercised. The organisations themselves are not very good at identifying or assessing areas of need and decisions are usually based on little, or no, hard evidence. There needs to be a national assessment of the geography of need so that voluntary organisations can be directed to areas in which their services are most urgently required.
These findings obviously embody important implications for future residential provision. As the government relies increasingly on the voluntary sector to supplement statutory services, then the large spatial inequalities in service provision need to be recognised and understood. Comprehensive planning of services will simply not be possible if there is no understanding of why the voluntary sector provides in some areas, rather than in others. The present muddle would appear to be quite incapable of meeting the challenge of increased future demand and the seriousness of this overall conclusion is surely inescapable.
CHAPTER EIGHT: UNEVEN DISTRIBUTION OF VOLUNTARY PROVISION:
SHELTERED HOUSING

8.1 Introduction

By adopting an approach broadly comparable with that employed in Chapter Seven this chapter discusses those often non-quantifiable factors which have a bearing on the spatial distribution of voluntary sheltered housing. While housing associations are similar to the other voluntary providers of residential care in that they are non-profit making, run by voluntary committees and play similar complementary and supplementary roles, there are also several important differences. Housing associations are generally newer, the majority having been established in the 1960s, a period when the government encouraged the expansion of this sector (Chapter Five). Unlike other voluntary organisations which draw on voluntary donations, they rely almost entirely on central government for capital funding. Housing associations therefore tend to be more professionally organised, necessitated amongst other things by their practice of making formal applications for money to central government. In addition, they tend to have more professionally qualified full-time personnel, and while many of the organisations providing residential homes are run by ministers and others without directly relevant professional qualifications, in housing associations many of the paid staff are required to hold an Institute of
Housing qualification.

In contrast to the providers of voluntary residential homes, the sample housing associations were found to have a larger number of branch offices and a much lower input of voluntary workers, but in all the associations the Board of Trustees (or its equivalent) comprises voluntary members, only one (the Royal British Legion Housing Association) claiming to rely on volunteers for the day-to-day management of schemes. Unlike the providers of residential homes, housing associations tend to have few, if any, secondary objectives. In practically all cases the sole aim is to provide housing for those in need. Finally, because the emphasis of sheltered housing is on the 'housing' in addition to the 'welfare' aspect of such provision, housing associations are automatically obliged to liaise with different tiers of local government (district councils are responsible for housing while county councils provide welfare services) and to work within a different legislative framework. These differences between the two types of providers will obviously affect the relevance of the various theoretical perspectives set out in Chapter Six. This will be discussed in more detail later.

Having pointed to the significant differences in structure and objectives between the housing association...
sample and the voluntary homes sample, it is equally important to note the great diversity within the housing association sample. The associations which have been investigated in this thesis vary in terms of size, age, type of housing provided, and management structure. Basic details on each association included in the sample organisations are given in Table 8.1.

Figures 8.1a, 8.1b and 8.1c show the geographical distribution of sheltered schemes provided by each of the sample associations. Anchor's schemes display a well defined concentration in the metropolitan counties, although there is also a thin spread of activity covering most of England's shire counties. The notable exceptions are Warwickshire and Lincolnshire. By contrast, Hanover and the Royal British Legion Housing Association both have very dispersed patterns of provision. Schemes provided by Baptist Housing Association are also very dispersed, although they are represented in fewer areas. It is notable that in all these cases the peripheral counties in the far south west and the far north possess relatively fewer schemes than elsewhere. The three organisations originally founded in the north of England (and still based there) have accordingly concentrated their schemes in this part of the country. Thus, 'Johnnie' Johnson has a large number of schemes in the metropolitan districts of
Table 8.1 The sample housing associations

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Founded</th>
<th>Began</th>
<th>Schemes Sheltered Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anchor Housing AHA Association</td>
<td>1968</td>
<td>1968</td>
<td>500</td>
</tr>
<tr>
<td>Royal British RBLHA Legion Housing Association</td>
<td>1964</td>
<td>1967</td>
<td>353</td>
</tr>
<tr>
<td>Hanover Housing HHA Association</td>
<td>1963</td>
<td>1963</td>
<td>270</td>
</tr>
<tr>
<td>James Butcher JBHA Housing Association</td>
<td>1964</td>
<td>1968</td>
<td>36</td>
</tr>
<tr>
<td>Johnnie Johnson JJHT Housing Trust</td>
<td>1969</td>
<td>1971</td>
<td>59</td>
</tr>
<tr>
<td>Servite Houses SHL Limited</td>
<td>1945</td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>Baptist Housing BHA Association</td>
<td>1966</td>
<td>1966</td>
<td>104</td>
</tr>
<tr>
<td>North British NBHA Housing Association</td>
<td>1965</td>
<td>1974</td>
<td>39</td>
</tr>
<tr>
<td>Northern Counties Housing Association</td>
<td>1960s</td>
<td>1974</td>
<td>63</td>
</tr>
<tr>
<td>Sutton Housing SHT Trust</td>
<td>1900</td>
<td></td>
<td>20</td>
</tr>
</tbody>
</table>

* Abbreviations used in the text

Sources: Annual Reports; Interview Survey, 1988

Full information was not available for all of the sample organisations
Figure 8.1a The geographical distribution of sheltered housing schemes
Figure 8.1b The geographical distribution of sheltered housing schemes
Northern Counties Housing Association

Servite Housing Association

Figure 8.1c  The geographical distribution of sheltered housing schemes
Merseyside, Greater Manchester, South Yorkshire, West Yorkshire and Tyne and Wear, with some spreading over into adjoining counties. The only exception to this relatively tight spatial clustering is the scheme in Hertfordshire. Provision made by the Northern Counties Housing Association is primarily in Greater Manchester, while the North British Housing Association, like 'Johnnie' Johnson, has schemes in the northern metropolitan and adjoining counties. But the North British also has a small number of schemes in the south. James Butcher a Reading-based housing association, predictably locates the majority of its schemes in Berkshire, with a few others also being provided on the south coast. Finally, the Sutton Housing Trust displays a relatively scattered pattern in its provision of schemes.

By depicting the locations of the schemes of all ten members of the study sample Figure 8.2 shows a wide distribution of provision but with concentrations in and around the metropolitan counties, London and the south east. There is also a discernable linear pattern along the south coast. By contrast, the geographically peripheral and more rural counties, particularly in the south west and far north of England, have noticeably fewer schemes.
Figure 8.2 The geographical distribution of sheltered housing schemes provided by all of the sample housing associations
8.2 The influence of the location of resources

8.2.1 Capital resources

In sheltered housing, as in residential care provision, the acquisition of property is the major capital cost. But sheltered housing differs from residential care in that the majority of schemes have been purpose-built and that property which might be bequeathed by an individual is not often suitable for conversion to sheltered housing. Therefore the main problem for the providers of sheltered housing is always the raising of capital for the purchase of land and the construction of new units. It follows then that geographical variations in the availability of funding might logically be expected to exert a considerable influence on the spatial distribution of schemes. As in industrial location theory, which argues that entrepreneurs locate to achieve profitability, housing associations might be expected to locate their activities in order to meet their objectives. In so doing, the availability of financial resources will be a primary consideration.

Prior to the Housing Act of 1974, funding for sheltered housing was available primarily in the form of local authority loans. In such circumstances, Pinch's (1985) concept of jurisdictional partitioning is relevant since the distribution of schemes will obviously have been
associated with the variable willingness or capacity of local authorities to lend capital. 'Johnnie' Johnson noted that

The distribution of sheltered schemes is partly explained by historical factors, i.e. these were the local authorities who were able and willing to provide finance for our schemes in the 1970s.

However, the majority of the schemes represented by the sample housing associations have actually been opened since the extension of Housing Corporation lending powers in 1974 and this of course means that the Corporation, rather than local authorities, has been the key body determining not only which housing associations are funded, but also for what type of housing and where. Inevitably, this funding arrangement severely restricts the ability, or even the need, for housing associations to make their own locational decisions. The choice for many housing associations is simply the choice of site within an area specified by the Housing Corporation. According to Hanover

In the early years of Hanover we were providing a form of housing that was very new and innovative and we had more opportunities than we could take up...We went basically where the money was available and where the opportunities existed and where we were welcomed...Increasingly, with the move from local authority funding of housing association schemes to Housing Corporation funding since 1974, there has been much more direction and control, particularly at the regional level.

The Royal British Legion Housing Association also said that
Recent years have seen the Housing Corporation become the major finance provider, developing more sophisticated measurements of housing need and directing investment accordingly.

Housing associations will obtain funding only if they agree to operate in places identified by the Housing Corporation as stress areas. Stress areas are determined using census data relating to factors such as the percentage of pensioners living alone, the extent of overcrowding, the extent of homelessness and unemployment. The Housing Corporation has now designated eighty-one stress areas in England, most of which are in urban areas (Fig. 8.3). The key point is that Housing Corporation policies directly account for the concentration of sheltered housing in the metropolitan districts, and the relative lack of schemes in some of the shire counties where census-defined stress tends to be much lower. Indeed, around eighty percent of regional Housing Corporation allocations actually go to the designated stress areas.

The great dependence of organisations on the Housing Corporation as a source of capital funding, and the consequence of this for the location of new developments, emerged very clearly in all of the interviews conducted as part of this research. James Butcher made the observation that
Figure 8.3

Housing Corporation stress areas

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If we funded our own developments we would provide more sheltered housing where our waiting lists demand it, rather than being dictated to by the Housing Corporation.

Anchor stated that

Many of our schemes are in inner city stress areas as defined by the Housing Corporation. We have twelve schemes in Liverpool for this reason and very few in Devon and Cornwall which are not Housing Corporation stress areas and for which we have problems obtaining funding.

According to the Royal British Legion Housing Association

Since 1974 in the big boom money was available and so the Society developed rapidly. Now money is equally important in restricting provision... The Housing Corporation has certain criteria for lending which is restricted to stress areas. An association will not get funding for schemes outside those areas...The south of England has the greatest demand for sheltered housing, but there are problems of obtaining finance for those areas because they are not designated stress areas.

In addition to housing associations being restricted in terms of the location of their schemes by the availability of Housing Corporation funding, many associations are also "zoned" by the Housing Corporation (Table 8.2). Zoning has been a feature of the Corporation's regional investment policy since the 1970s and involves allocating housing associations to particular geographical areas. It was introduced both to minimise unnecessary competition between different housing associations and to enable associations to consolidate their presence in particular...
Table 8.2 Housing associations zoned by the Housing Corporation

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Zoned by the Housing Corporation</th>
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<tr>
<td>Anchor Housing Association</td>
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<td>Royal British Legion Housing Association</td>
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<td>Hanover Housing Association</td>
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<td>James Butcher Housing Association</td>
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<td>Johnnie Johnson Housing Trust</td>
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<td>Servite Houses Limited</td>
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<td>Baptist Housing Association</td>
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<td>North British Housing Association</td>
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<td>Northern Counties Housing Association</td>
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<tr>
<td>Sutton Housing Trust</td>
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</table>

* Abbreviations used in the text

Sources: Annual Reports; Interview Survey, 1988
areas in which they were already established. Moreover it was seen as a means whereby associations could best promote locally-based management and good liaison with the local authorities. Zoning patterns were agreed by consultation with local authorities, housing associations and the regional offices of the Housing Corporation. Priority for financial allocations were then accorded to those housing associations which had been previously designated to operate in the particular local authority area for which the funding applies. Housing associations not named as eligible to operate in a particular area are therefore extremely unlikely to receive funding to develop in that area, unless, of course, local needs cannot be met by the existing, designated organisation(s). Rigid though they may appear, it should be noted that zoning rules can be relaxed or overlooked by voluntary agreement (personal communication, North West Regional Office of the Housing Corporation, 1989) and there are, in any case, some exceptions to the rules. Specialist organisations providing a particular type of housing or for a particular client group, for example, are generally given more freedom to develop wherever they and the Housing Corporation feel it is appropriate.

Several of the sample associations stated that Housing Corporation zoning was an important influence on the
location of their schemes (JJHA, NCHA, NBHA, JBHA).

'Johnnie' Johnson, for example said that

We have been put under pressure to rationalise and encouraged to stick to areas in which we are already operating...not to set up multi-regional associations. The Housing Corporation wont fund schemes elsewhere, they don't want competition.

Similarly the North British Housing Association in correspondance claimed that

The association is a large national organisation and is zoned to work in a large number of local authorities throughout England. Our main areas of development operation are in the north west, the north east, Yorkshire and Humberside and the east Midlands. Historically we also carried out a lot of development in the south east...in many cases the Association is not able to work in every area of that local authority...zoning has a very important part in influencing the areas in which the Association has in the past provided sheltered housing schemes. Zoning will not affect whether a sheltered scheme is provided or not, but it will affect whether it is provided by the NBHA or another housing association working in that area.

The largest housing associations (AHA, RBLHA, HHA) saw the zoning policy as relatively unimportant since they already had a presence in many parts of the country when zoning was introduced and are not therefore affected by its operation. But it is interesting to note that several of the Housing Corporation regional offices also seemed to believe that zoning exerted only a very limited influence on associations providing sheltered housing. Indeed, the Merseyside office stated that sheltered housing is not
confined by a rigid zoning arrangement; the East Midlands office, in correspondence stated that

There are not many zoning arrangements in this Region and therefore your emphasis on zoning comes across as rather odd.

These conflicting views of the role of zoning policies on the location of new schemes are obviously hard to reconcile. However, the map evidence already presented would appear to confirm that zoning has indeed served to confine particular associations to certain well-defined areas. It may be that the regional offices of the Housing Corporation were attempting to put a favourable gloss on a policy which they knew to be unrealistically rigid in its application. Certainly the views of the associations questioned as part of this research tend to indicate that it is regarded by them as an unnecessary confining influence.

Also important in determining the distribution of voluntary sector sheltered housing, and inextricably linked to the role of the Housing Corporation, is the role of the local authorities in connection with housing association applications for funding to the Housing Corporation. Associations are less likely to obtain Housing Corporation funding if they do not adhere to the Corporation's priorities. These priorities are determined however, after
consultations with both local authorities and housing associations. Each year the Housing Corporation meets with both the local authority Directors of Housing and representatives of housing associations operating within that local authority in order to collate information on need and to draw up a priority rating district by district. Thereafter, if an association's proposed development does not fit in with these priorities it will not normally get funding. It is clearly imperative, therefore, for housing associations to maintain regular communication with the local authorities in order to discuss local levels of need and to obtain the support of the local authority for any proposed new development before an application for a grant is submitted to the Housing Corporation. It may be noted by way of emphasis that the respondents from all ten of the sample organisations confirmed that local authorities play an extremely important role in helping them to obtain funding.

The role of the Housing Corporation in dictating both the overall amount and the spatial availability of capital resources thus goes much of the way to explaining the distribution of schemes built since 1974. However, with the introduction of mixed funding and the anticipated decline in the role of the Housing Corporation as a funding body, the ability of Housing Associations to choose
the location of new schemes, and therefore the pattern of provision made by the voluntary housing movement, may change radically in the near future. From 1974 to 1987 the Housing Corporation provided almost all the capital funding employed by housing associations. In 1987/88, under mixed funding, this was reduced to only thirty percent and the associations were themselves obliged make up the difference using private finance, usually by means of raising building society mortgages. But this proved to be unworkable. The principal reason was the inability of the associations to secure loans large enough and cheaply enough to meet their needs. Now housing associations are able to receive up to seventy-five percent grant from the Housing Corporation, although the level varies across the country according to construction and land costs, and according to the type of housing being provided. The Royal British Legion Housing Association maintained that

there is now a demand and a need for sheltered housing all over the country, therefore we will build wherever it is possible to get funding of any kind for schemes.

The key point to emerge therefore from the interviews was that the spatial distribution of voluntary sector sheltered housing is controlled mainly by the availability of capital. However, it clearly does not operate in a straightforward manner. The ability to secure funds depends less on market forces, than on the policies and
attitudes of the Housing Corporation, and of relevant local government committees. The expertise and financial acumen of the housing association managements are also of course influential. The complex processes at work clearly go some way towards explaining the distribution of schemes in England and, further, they account for the weak levels of explanation achieved by means of regression modelling. Because needs-based indicators were included in the Housing Corporation's definition of stress areas and also in the regression analysis in this study, it might be expected that the regression analysis would have been more successful in explaining the geographical inequalities in provision, given the importance influence exerted by the operation of the stress area policy. But, whereas the regression analysis relates to entire local authority areas, stress areas are smaller in size, and therefore the needs factors may be engulfed by the characteristics of a larger population.

8.2.2 Local authority support

The importance of local authority involvement in housing association provision was recognised by the central government in its White Paper, Widening the Choice (1973) which urged the local authorities to

work closely with housing associations and make full use of their expertise and enthusiasm in attacking the problems caused by the decline of the private rented sector.
As in Chapter Seven it was postulated that the concept of jurisdictional partitioning (Pinch, 1985) might be useful in helping explain variations in levels of provision as the attitudes of local authorities will inevitably differ. While some local authorities are keen to support housing associations and to encourage their expansion, others see them as competitors (Richmond, 1984; Cullingworth, 1979). Moreover, in Chapter Five it was hypothesised that the political complexion of a local authority might influence its attitude towards the voluntary sector, and hence the level of voluntary sector activity in the area. The regression analysis, however, did not identify this as a significant variable. Evidence yielded by the interview survey revealed that all of the sample associations had in fact found local authorities to be generally enthusiastic about housing association provision and that some were positively encouraging. Several exceptions to this were cited and these were attributed by the respondents to the political ideology of the authority concerned, with Labour authorities tending to be less enthusiastic. For example Anchor stated that

The attitude of local authorities does not vary very much but with one or two authorities we have had to battle to get them to accept our schemes. We have no schemes in Barnsley because it is a
Labour controlled authority who see it as their job to provide.

Servite Houses commented that

The attitude of local authorities towards us is patchy and seems to depend on a host of factors...we are always aware of the political situation, particularly in inner-London, left wing Labour boroughs who tend to be less enthusiastic about others making provision.

Baptist Housing said that the attitude of local authorities varies according to politics and it has had some problems co-operating with Liverpool Housing Department which they see as so politicised by the tight control of the housing committee that the department cannot make any real housing decisions.

A number of associations (JBHA, RBLHA, NBHA, JJHA, BHA) pointed out that while in the past the attitudes of local authorities varied according to the political complexion of the council, with some Labour councils taking the view that they would rather provide themselves, this is less the case now. Many local authorities can no longer afford to build their own sheltered housing and therefore look to housing associations to make provision for the needs of people in their areas. The James Butcher spokesman summed up the situation as follows

Housing associations are currently flavour of the month and are supported by all political parties.
He illustrated this point with a reference to Reading. A few years ago Reading Council (Labour controlled) was not well disposed towards local housing associations; now, however, they are making new development sites readily available to James Butcher as well as to other local associations.

The North British Housing Association similarly believed that these days housing associations are supported by both main parties because

the Conservatives regard them as part of the private sector and a separate arm, and Labour see them as providing fair rent housing for those in need.

Four of the sample organisations (HHA, NCHA, JJHA, BHA) also pointed out that although there had been a shift towards a more favourable view of housing associations over the last few years, there might well be a reversal again in the near future. According to Hanover, the new Housing Act giving council tenants the right to choose their own landlords will

create new attitudes towards housing associations. Local authorities will be wary of housing associations in the future as they will represent competition.

In general, therefore the interview evidence suggests that
political disposition is unlikely to have been a major factor in accounting for the geographical variations in provision, although there were some instances where it had played a role. Political ideology only rarely now influences the local authorities' attitude towards housing associations or towards one particular association, though other factors can be important. For example, the Royal British Legion Housing Association stated that

Authorities such as Newham and Brent have close contacts with local housing associations, often having local authority officers on the association's committee. These authorities are less likely to support a national organisation such as us.

The Sutton Housing Trust also said that

Some local authorities prefer to deal with more local housing associations and others will support only associations with councillors on their management committees. We are unable constitutionally to agree to that because we have a fixed Board of Trustees.

Again, however, this is unlikely to have exerted a considerable influence on the overall distribution of housing association schemes.

Housing associations are not only dependent on local authorities to provide moral support and to back their applications to the Housing Corporation; they are also important sources of information. It was not possible to
obtain precise information on the exact form of these information flows and exchanges but all ten of the sample organisations confirmed that they regularly liaise with local authorities in determining needs. Indeed, most local authorities now have a housing liaison officer who meets with housing associations on a regular basis, although in some areas the scheduling of these meetings can be fairly ad hoc. But James Butcher's development officers, for example, meet regularly with their counterparts in local authorities. Hanover Housing Association also consult local authorities as to their needs and about land availability and emphasised that their priorities are generally shaped by their links with local authorities. They see themselves as "recognised" by particular local authorities (for example Merton and Wandsworth) and as being able to help because of a build up of good working relations over time. This supports Hatch's (1980) observation that relationships between local authorities and voluntary organisations evolve over time. It also reinforces the idea that the distribution of housing association sheltered housing is influenced by each local authority's separate assessment of need.

8.2.3 Management offices

North's (1974) findings from industrial geographical
studies relating to the location of branch factories are in many ways as applicable to housing associations' choice of location as they were to the location of voluntary residential homes. The hypothesis presented in this context in Chapter Six can be modified here to state that housing associations will locate their schemes within easy reach of their centres of administration in order to facilitate effective management. The Northern Counties Housing Association, for example, stated that

We have stuck to our traditional local authority areas of operation and have made a positive decision to do so. We have tried to concentrate our provision in areas around our regional offices for management and financial reasons.

This then goes much of the way to explaining the concentration of their schemes in the north of England. It is also relevant in explaining the distribution of 'Johnnie' Johnson's schemes. The respondent from 'Johnnie' Johnson reported having made a conscious decision to concentrate in the north west and north east of England and said that.

The ability to manage schemes from existing Trust offices influences our decision to proceed with a new sheltered development.

Servite Houses have an 'unspoken' committee rule that, in order to keep management close to their schemes, in the Merseyside and Birmingham regions there will be no developments at more than thirty minutes travelling time.
from the regional offices. This rule does not account for
the existence of some of their schemes which are
depographically more remote, such as Bognor and Ipswich,
but, for these the association has management arrangements
with other housing associations.

Baptist Housing also said that

Proximity to other properties and regional
offices is an important factor in decisions
regarding new developments...We do not want to
become any more scattered than we are now, we
want to concentrate in specific areas...In 1985
regional boundaries were drawn up and areas
excluded which would not be economically viable
or which would be difficult to manage...We
decided to develop along lines of communication.
In some areas this was very easy, particularly
the north which is well served by a network of
motorways and it is possible to get to any spot
in our patch within half an hour...We now want to
develop around our more remote sites to make them
more viable...We will only expand within the
regions where we already exist.

This practice whereby schemes have been located close to
branch offices is likely to continue whatever the attitude
of the housing association because nowadays they are
increasingly being forced to develop in those areas in
which they have a local management presence as a result of
directives from the Housing Corporation. In an attempt to
increase accountability, reduce competition, increase the
quality of the service and responsiveness to local
needs, the Housing Corporation has chosen to invest in
associations which are strongly locally based in terms of having a local housing stock, local offices and local committees. As stated in section 8.2.1, in order to obtain funding, housing associations must be able to demonstrate their local presence in an area, a factor which may account for schemes being more heavily focussed than ever around existing management offices.

If it is accepted that the location of branch offices does have a bearing on the location of housing association schemes, it is of course necessary to explain briefly the geography of these branches. Obviously the location of management offices has been in part influenced by the location of the earliest schemes which then in turn influenced the location of further new developments. But all ten of the organisations had deliberately chosen a location central to that of their earliest schemes when opening administrative offices. Other factors were also taken into consideration especially by those associations operating nationwide. For example, the Royal British Legion Housing Association and the North British Housing Association (which has a wider geographical spread of general housing than is suggested by the location of its sheltered property) aimed to "regionalise" approximately along the lines of the Housing Corporation's regional offices. Other associations, such as Hanover, wanted to
avoid city office rents and therefore chose not to place their management offices in the large city centres.

8.3 The influence of the voluntary organisations' perceived roles

The models relating the role of the voluntary sector to that of the public sector set out in section 6.2 of Chapter Six may also be relevant in understanding the location of housing association sheltered housing schemes. It is usually held that the main roles of the voluntary housing movement are to complement and supplement provision made by the public sector (Smith, 1977). Each of the sample associations was therefore categorised according to its main perceived role (Table 8.3).

This classification was not, however, straightforward as some organisations believed that they both complement and supplement statutory provision. Eight associations suggested that they complement the public sector (HHA, RBLHA, NBHA, NCHA, JJHT, BHA, SHT, SHT Ltd), providing an alternative and a greater choice. The North British Housing Association, for example, believed that the quality of their service was greater than that of the local authority in many areas. This was also true of Baptist Housing whose spokesman maintained that they were able to provide a more caring service than local authorities because of their close connections with the Church. If
Table 8.3 Perceived roles of the sample organisations

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<tr>
<th>Organisation</th>
<th>Complementary</th>
<th>Supplementary</th>
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<td>Anchor Housing Association</td>
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<tr>
<td>Royal British Legion Housing Association</td>
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<td>Hanover Housing Association</td>
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<tr>
<td>James Butcher Housing Association</td>
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<td>Johnnie Johnson Housing Trust</td>
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<td>Servite Houses Limited</td>
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<td>Baptist Housing Association</td>
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<td>North British Housing Association</td>
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<td>Northern Counties Housing Association</td>
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<tr>
<td>Sutton Housing Trust</td>
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Source: Interview Survey, 1988
housing associations aim primarily to complement the public sector, as those from the sample suggest, then it is unlikely that their role will influence the location of their schemes. Housing associations playing a complementary role will be unaffected by what the public sector is providing since they believe that they are providing a different service.

Four of the sample saw themselves playing a supplementary role (NBHA, NCHA, AHA, SHT). In these cases it may be that housing associations would aim to locate their provision in areas with relatively little public sector provision. Since the overall level of public provision is almost everywhere well below the demand for such housing, housing associations would be able to claim to be supplementing local authorities in almost any part of the country.

Perhaps more significant is the fact that a further four organisations (HHA, RBLHA, NCHA, SHLtd) saw their roles changing in the future. The Northern Counties Housing Association, for example, originally aimed to provide choice for the elderly; but at a time when the public sector is being squeezed, it believes housing associations are becoming more important in supplementing statutory housing. It maintains that housing associations would not have to exist at all if choice and more developments were
available through the public sector. The Royal British Legion Housing Association also believed that they had complemented local authorities in terms of provision until the passing of the 1989 Housing Act, but that now the government is determined to divorce housing from the public sector, which they further believe to be no bad thing. This latter viewpoint derives from their assessment that public sector housing authorities have generally failed in their task and that the government is now determined to have an alternative. In their view the present government sees housing associations as ultimately the principal renting authority, but at the same time is making it increasingly difficult for housing associations to obtain funding.

8.4 The influence of organisational objectives

If the achievement of the organisations' objectives is substituted for the pursuit of profits industrial location theory may be appropriate to locational decisions made by housing associations in the same way as it was applied to decisions made by organisations providing residential homes in the previous chapter. However, the sample housing associations differ from the providers of residential care in that most of those interviewed did not have any secondary objectives; their sole purpose was to provide sheltered housing (Table 8.4). From the outset five of the sample had formulated very distinctive and
<table>
<thead>
<tr>
<th>Organisation</th>
<th>Aims and objectives</th>
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<tbody>
<tr>
<td>Anchor Housing Association</td>
<td>To provide housing for the elderly and any facilities to enable that object to be achieved.</td>
</tr>
<tr>
<td>Royal British Legion Housing</td>
<td>Initially to provide housing for ex-service people and their dependents. Now to provide housing for persons in housing need and in necessitous circumstances giving consideration, where reasonable to the ex-service community.</td>
</tr>
<tr>
<td>Hanover Housing Association</td>
<td>To meet housing and related needs of the elderly nationally.</td>
</tr>
<tr>
<td>James Butcher Housing Association</td>
<td>To provide sheltered housing for the elderly and to release under-occupied properties in the Reading area.</td>
</tr>
<tr>
<td>Johnnie Johnson Housing Trust</td>
<td>To provide housing for rent, both for general family use and pensioners.</td>
</tr>
<tr>
<td>Servite Houses Limited</td>
<td>To provide decent accommodation and care for the elderly, particularly those without financial means.</td>
</tr>
<tr>
<td>Baptist Housing Association</td>
<td>Initially to provide housing for retired Baptist ministers. Now to develop and manage homes for the elderly at rents that they can afford.</td>
</tr>
<tr>
<td>North British Housing Association</td>
<td>Initially to provide general family housing. Now diversified to provide sheltered housing, single persons housing etc.</td>
</tr>
<tr>
<td>Northern Counties Housing</td>
<td>To provide a housing of various forms to those in need.</td>
</tr>
<tr>
<td>Sutton Housing Trust</td>
<td>To meet housing needs of those on low incomes in urban areas.</td>
</tr>
</tbody>
</table>

Sources: Annual Reports; Interview Survey, 1988
well-defined aims and objectives (JBHA, SHT, RBLHA, BHA, HHA), which when related to specific client groups or geographical locations, may partly explain the spatial distribution of their earlier schemes. James Butcher and Sutton Housing are examples of associations which still aim to pursue their initial objectives. James Butcher was established in 1964 following a survey commissioned by the then Mayor of Reading, James Butcher, on the extent of under occupation of housing in the Reading area. The results showed that around one third of properties occupied by old people were underoccupied. The James Butcher Housing Association therefore aimed to provide more suitable housing for the elderly (in the form of sheltered housing) and thereby to release more family housing. Accordingly the association's initial provision was concentrated in and around Reading (its schemes in the south of the country were taken over from another housing association).

The Sutton Housing Trust was established under the will of William Richard Sutton for the foundation of a charitable trust with the purpose of providing "model low-rent dwellings for occupation by the poor of London and other towns and populous places in England". Its schemes are therefore confined to urban areas. Since the Trust also seeks to provide sheltered housing for its ageing tenants as an integral part of its general housing schemes this too
is located in 'populous' areas.

The relatively dispersed pattern of provision made by Hanover Housing Association can be accounted for by the association's ambition from the outset to be 'national' in coverage. In the late 1950s the National Corporation for the Care of Old People (now the Centre for Policy on Ageing) estimated the amount of housing required to meet the current and future needs of the elderly population and found that the gap between supply and demand was formidable. Housing associations were being urged by the government to help meet needs but there were no national housing associations concentrating on the provision and management of rented sheltered housing for the elderly. Hanover was therefore established, with help from the National Council for the Care of Old People, to fill this gap.

The remaining sample associations had objectives which did not give rise to particular locational strategies. The Royal British Legion Housing Association, for example, was established to provide for ex-service persons and their dependents, a group with no particular geographical concentration. The same is true for the Baptist Housing Association which was established for the benefit of retired Baptist ministers, a clientele which did not
necessitate a particular spatial focus. Thus the pursuit of objectives hypothesis which proved illuminating in respect of residential homes (in Chapter Seven) is less useful in the context of sheltered housing.

Clearly qualifications must be made to the idea that the spatial pattern of housing association schemes is a direct response to their objectives. First, a real choice of client group is not always open to all associations because it is often influenced by the need to obtain public funding. Baptist Housing could not afford to be sectarian; in order to be allocated a grant from the Housing Corporation it was forced to open its doors to the general elderly population. The Royal British Legion Housing association was in a similar position and following the 1980 Housing Act allocated places to all elderly people. Second, the Housing Act of 1980 stated that because of the government’s input into voluntary housing via the Housing Corporation, local authorities should be provided with a fair proportion of housing association dwellings to allocate to those deemed to be in need from their own waiting lists. Local authorities therefore have the right to nominate fifty per cent of tenants in any housing association scheme, thereby limiting the scope for associations to fulfil their own stated objectives (although in many cases their objectives will not be in
conflict with those of the local authority).

8.5 The influence of management structure

Each association was categorised according to whether it has an upwards or a downwards pattern of governance (Table 8.5). Although in some cases it was difficult to allocate the association to a particular category nonetheless 5 associations (AHA, RBLHA, HHA, NCHA, NBHA) operate with a primarily upwards and participative form of governance whereby local offices have a high degree of autonomy. In such cases the head office devises general policy but branch offices have autonomy on matters such as development and management decisions. The lower tiers of the organisation are generally consulted before policy changes are implemented. According to the Royal British Legion Housing Association

The Society operates on various levels...group directors are consulted, who then consult regional managers...the society tries to push decision making as far down the line as possible and to make the managers manage. The local offices are increasingly autonomous...they have been encouraged to consult the tenants...we have an extensive exercise of consultation.

In these organisations the decision to build a new scheme is taken at the local level after discussions with the local housing authority, advertising in local papers, examining local population statistics and existing waiting lists for sheltered housing. In some organisations, such
Table 8.5 System of governance and style of management of the sample organisations

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<thead>
<tr>
<th>Organisation</th>
<th>Governance</th>
<th>Style</th>
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<tbody>
<tr>
<td>Anchor Housing Association</td>
<td>Upwards</td>
<td>Participative</td>
</tr>
<tr>
<td>Royal British Legion Housing</td>
<td>Upwards</td>
<td>Participative</td>
</tr>
<tr>
<td>Association</td>
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<tr>
<td>Hanover Housing Association</td>
<td>Upwards</td>
<td>Participative</td>
</tr>
<tr>
<td>James Butcher Housing Association</td>
<td>Downwards</td>
<td>Consultative</td>
</tr>
<tr>
<td>Johnnie Johnson Housing Trust</td>
<td>Downwards</td>
<td>Consultative</td>
</tr>
<tr>
<td>Servite Houses Limited</td>
<td>Downwards</td>
<td>Consultative</td>
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<tr>
<td>Baptist Housing Association</td>
<td>Downwards</td>
<td>Participative</td>
</tr>
<tr>
<td>North British Housing Association</td>
<td>Upwards</td>
<td>Participative</td>
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<tr>
<td>Northern Counties Housing Association</td>
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<tr>
<td>Sutton Housing Trust</td>
<td>Downwards</td>
<td>Consultative</td>
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</table>

*Source: Interview Survey, 1988*
as the Northern Counties Housing Association, regional offices submit details of what they believe is required to the development department. The head office then makes a bid for funding to the Housing Corporation. In others, such as Anchor Housing Association the regional committees and offices deal with all aspects of the development and only legal documents go through the head office.

The other five associations (JBHA, JJHA, SHT, SHLT, BHA) operate a downwards system of governance in which policy and development decisions are made centrally and branch offices merely manage schemes. However, in most cases there is also a consultative or participative style of management. Baptist Housing, for example, stated that

The Director dictated where Baptist Housing develops, although this is still largely opportunistic, the central management committee then authorises it...Regional managers are responsible for reporting on available sites, drumming up local support, overseeing developments, allocating places and management.

Servite Houses claimed to be a 'unitary' housing association. All decisions are made at the head office, although there are a series of monthly meetings between the head office and the regional offices when policy and development matters are discussed. The regional offices therefore do make some input to the framing of policy and development, but the final decisions are made centrally.
As in the case of organisations providing residential homes, while the interviews revealed important insights into how the associations are governed, no evidence was gained as to support the hypothesis that management structure is important in shaping the geography of provision.

8.6 Summary and conclusions

Table 8.6 attempts to summarise the principal findings from the sample interviews by indentifying the main factors involved in influencing the spatial distribution of sheltered housing by each of the ten housing associations. Again the assumption that an organisation's services will be located according to the availability of resources appeared to be the most useful concept borrowed from existing theory from other disciplines. All of the sample associations were found to be reliant upon Housing Corporation grants for the capital funding of new developments. The Housing Corporation is able, therefore, to dictate who will provide sheltered housing, and where, by controlling the spatial availability of the necessary financial resources. Housing associations have relatively little actual choice in the location of their schemes. The existence of local authority support is a second important factor influencing where housing associations provide, particularly as Housing Corporation funding will not
### Table 8.6  FACTORS INFLUENCING THE LOCATION OF VOLUNTARY SECTOR SHELTERED HOUSING SCHEMES

<table>
<thead>
<tr>
<th>Organization</th>
<th>Housing Corporation Funding</th>
<th>Housing Corporation Zoning</th>
<th>Local Authority Support</th>
<th>Management Office</th>
<th>Role of Voluntary Organizations</th>
<th>Satisficing of Objectives</th>
<th>Systems of Governance</th>
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<td>Anchor Housing Association</td>
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<td>James Butcher Housing Association</td>
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<td>Johnnie Johnson Housing Trust</td>
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<td>Baptist Housing Association</td>
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<td>Sutton Housing Trust</td>
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normally be forthcoming unless there is clear evidence that the scheme helps meet the priorities of the local authority and therefore has the support of the local authority. A third resource required by many of the sample associations is management, although the location of management offices is influenced by the location of their early schemes which in turn influence both later schemes and the location of management. The pursuit of the organisations' broad objectives proved to have less of a spatial impact on sheltered housing provision than on residential care, since housing associations were found to have fewer secondary objectives. Neither the perceived role (complementary or supplementary) played by housing associations nor the system of governance of the organisations appeared to have much impact on the geography of provision.

In the case of sheltered housing, the interview findings were useful in helping to explain the overall geography of provision made by all housing associations (as set out in Chapter Five). Since most associations rely on central government funding from the Housing Corporation, it is this factor, plus the support of local authorities, which is pertinent to them all (although Housing Corporation zoning applies only to some associations). Although many of the sample associations questioned in the
survey believed strongly that there was a need or demand for sheltered housing in parts of the country where they were not currently able to obtain funding, some measures do exist which enable the Housing Corporation to try to meet need as they define it. Each year the Corporation meets with local authority Directors of Housing and housing associations operating within that local authority area to collate information on need and to draw up priority ratings for needs in any one area. The Housing Corporation takes the view that at that time housing associations are given a chance to put forward their opinions.

The real question, however, is whether the assessment of need made under the auspices of the Housing Corporation represents either a rational or an adequate judgement. In recent years it has become the crucial pivot in the system, largely determining the location of new development. In the future, however, shrinking government funds could reduce substantially the determining role of the Housing Corporation. Whether this will produce a pattern of supply which is genuinely more responsive to real needs or demands is hard to judge. It is clear that housing associations are now being forced to obtain larger amounts of funding privately, through building societies and private companies. The implications of this new regime for the overall provision of sheltered housing, and for the spatial
distribution of housing association provision are uncertain. There appears to be no mechanism to ensure that supplies of sheltered housing will emerge in those areas of the country, or in sufficient quantities, to meet future needs.
CHAPTER NINE: SUMMARY AND CONCLUSIONS

9.1 Introduction

The final chapter of this thesis has three main aims. First, it seeks to review briefly the broad objectives of the project and to comment upon the research methodologies which have been adopted. Secondly, and most importantly, it summarises the key empirical findings. In particular, the overall results of the spatial analysis of provision by each of the three sectors (public, private and voluntary) will be interpreted and their general implications will be explored. The important findings of the interview surveys will also be summarised and interpreted. The implications and policy issues of the research findings related to both the public and private sectors will then be considered. A detailed review of the findings relating to the voluntary sector follows thereafter. Separate consideration is given to the implications and policy issues which emerge in connection with present-day and future voluntary sector provision. Thirdly, the chapter will briefly seek to indicate future research directions which might usefully build upon the foundations established in this thesis.

9.2 A review of the aims and the research methodologies

9.2.1 A review of the aims

Against the background of an acceleration in the process of
demographic ageing in the British population; the changing economic and political situation since 1979 which has placed increased emphasis on the private and voluntary sectors to make welfare provision; and the relative neglect of the voluntary sector in current research, the central purpose of this study has been to provide a detailed description and explanation of the distribution of voluntary residential care and sheltered housing. This has included an analysis of the workings of the voluntary sector and the influence that they may exert on the spatial patterns of provision. But in order to set the voluntary sector into its proper context, this research also sought to provide an account of the changing geographical distribution of both residential homes and sheltered housing provided for the elderly by the public and the private sectors in England.

9.2.2 A review of research methodologies

There are a number of alternative means of carrying out research, ranging from purely quantitative methods, through structured interviews, to full-scale participant observation. Obviously the choice of method will influence the kind of results which are obtained. In this study an essentially empirical, positivist approach was adopted, embodying wherever possible, the rigorous application of
scientific methods to large data sets. In this context, the term "scientific method" is used to refer to the process of hypothesis formulation and testing by means of empirical validation. But, in the present study, certain shortcomings and inadequacies in this approach were recognised in that it failed to provide complete or satisfactory explanations of the observed spatial patterns simply because such patterns are in part produced by influences which cannot be explored in a quantitative, scientific manner. Thus, it may be noted, that positivism characterises the approach adopted in the first part of the project, but thereafter, when personal interviewing was undertaken as a strategy, the rigour of scientific hypothesis testing was inevitably relaxed in the quest to search out fuller answers to questions about how accommodation for the elderly is provided.

In the first, strictly positivist stage of the research, an "outputs approach" (Pinch, 1985) was used to determine the quantity of services in differing local government areas. The spatial unit of analysis adopted in the project, namely the local authority area, could be criticised on the grounds that such units differ in size. However, this difficulty was virtually unavoidable since it was only for local authority areas that comprehensive data sets were available for all three sectors. In any case, the data were
standardised per 1000 of the elderly population, thereby helping to overcome this problem.

Having identified the extent of geographical inequalities in levels of provision by all three sectors, a correlation and regression analysis was employed as a means of investigating the spatial distribution of these services by relating them to a number of indices of need and demand, political disposition and resources.

Quantitative analysis in the first part of the study was later followed by the use of more qualitative techniques. Although arguably less rigorous than quantitative analysis, semi-structured interviews were nonetheless decided upon as the best means of obtaining the information required. The problems and limitations of interview surveys in general and this one in particular were discussed in Chapter Six.

The selection and size of the samples is another aspect of the study which could be criticised, but it is believed, as stated in Chapter One, that in such a new field of study, involving such diverse organisations, sampling rigour may need to be sacrificed, in order to produce important preliminary research findings. In any case, it is probably the case that even a 90% sample would still not be adequate to allow generalisations to be
made. The voluntary sector appears so completely to lack homogeneity that, no matter how large the sample fraction, it is unlikely to be completely representative of the whole sector.

9.3 Findings: the spatial pattern of provision

9.3.1 Total provision: residential homes and sheltered housing for the elderly in England

One of the key findings to emerge from the first stage of the research project was that in 1981 and 1986 geographical inequalities in sheltered housing provided by all three sectors together were twice as large as those for residential provision. For example in 1981 provision of residential care ranged from 10.89 to 51.18 places and sheltered housing from 10.78 to 170.42 units per 1000 of the elderly population. Residential care was found to be highest in the traditional seaside retirement resorts on the south coast of England and lowest in a band across the middle of the country. In contrast the distribution of sheltered housing demonstrated no clear regional patterns. In both cases, however, the shire counties had higher levels of service provision than the metropolitan districts and London boroughs. These spatial patterns persisted between 1981 and 1986 despite absolute increases in both types of provision.
9.3.2 The mix of provision by the public, private and voluntary sectors

Having determined the basic national picture of residential care and sheltered housing, it was appropriate to examine in more detail the mix of the three sectors within England's local authority areas, as well as their relative contribution to the national pattern of provision. By these means it was possible to judge the changing contribution of the voluntary sector, relative to the public and private sectors.

Until the late 1970s there had been a general consensus that the State should be the main provider of welfare services with only a marginal input being made by the private and voluntary sectors. The public sector was therefore by far the major provider of both residential homes and sheltered housing in 1981. The voluntary sector made a very much more modest, though nevertheless significant, contribution. By 1986, however, Conservative economic policies had resulted in a shift towards a much greater mix in the suppliers of services. Despite the government's calls for assistance from both private bodies and voluntary organisations to help with welfare provision, the main thrust of this movement has in fact been towards the private sector, particularly in residential care. Thus, while the voluntary sector certainly experienced an absolute increase, both in the
number of its residential places and its sheltered units, this growth has not matched that in the private sector. As a result, its percentage share of total provision actually decreased in residential care, though this was offset to a certain degree by a shift towards a greater percentage of provision made by housing associations in the form of sheltered housing.

Within these overall trends, an important geographical dimension was detected which had not hitherto received research attention. Thus, this thesis has indicated that the percentage contribution by each sector differs considerably from one area to another. And that the movement from an institutional model of welfare, dominated by the public sector, towards a more mixed economy of provision has in fact been strikingly uneven across the country. For the first time these important general patterns have been described in detail in Sections 2.4 - 2.6 of this thesis.

An important finding from this stage of the research was that the overall contribution of the voluntary sector did not increase substantially between 1981 and 1986; indeed, in residential care, it experienced a decline.

A regression analysis was subsequently carried out in order
to try to explain how these spatial inequalities in the mix may have arisen. The regression model was used to determine how much of the variation in the percentages of provision made by each sector could be explained by reference to a variety of census and other statistical indicators. But the analysis was unable to account for a significant percentage of the overall variations in provision.

9.3.3 The public, private and voluntary sectors

In order to gain further insights into how the spatial inequalities in provision may have arisen it was essential to look in more detail, at the character and pattern of provision made by each of the three sectors. Chapters Three, Four and Five accordingly outlined the history and development of provision made by each of the public, private and voluntary sectors, and their respective geographical distribution was examined and described. It was found that the voluntary sector had a lower absolute level of residential places than the other two sectors in both 1981 and 1986; but had a higher level of sheltered units than the private sector and a lower level than the public sector in both years.

By calculating the coefficient of variation, in order to
indicate the extent of geographical inequalities, it was possible to show that these were much larger for voluntary residential care than for either the public or the private sectors. Indeed, for 1986 the coefficient was almost four times higher than that for the public sector and almost twice that of the private sector. It was also significant that this pattern was reversed in the case of sheltered housing, where the voluntary sector had the smallest coefficient of variation in both 1981 and 1986, and inequalities were half as severe as for residential care.

In terms of the actual distribution of places, interesting patterns emerged. The lowest levels of public residential care were encountered in the south and south-west of England, while counties in the far north had a relatively high number of public sector places per 1000 of the elderly population. The metropolitan districts were found to have a higher number of places than the shire counties and inner London had higher levels of provision than the outer London boroughs. Interestingly, this pattern appeared to be a mirror image of that of the private sector. But a correlation analysis revealed no statistically significant relationship between the two patterns.

Analysis indicated that the voluntary sector did not display an obvious spatial pattern and its distribution
did not appear to accord with that of either of the other two sectors. The highest levels of voluntary residential care were found in the counties surrounding Greater London, while the north had a relatively low supply of voluntary places. Like the private sector, voluntary care was lower in the metropolitan areas than the shire counties. The contrasts within London, however, were between the east and the west, rather than between inner and outer London as had been the case for the other two sectors.

The geography of sheltered housing provision was found to be very different. The distribution of public sheltered housing was similar to that of its residential places in that the highest levels of provision were found in the north of England and the lowest levels in the south and south-west. It differed, however, in that the shire counties generally had more sheltered units per 1000 of the elderly population than the metropolitan districts. The private sector had relatively high levels of provision in the south and in the shire counties in general, while the voluntary sector displayed a very clear regional pattern of sheltered housing provision in 1981 with a distribution very unlike that of its residential care. The highest number of voluntary units per 1000 of the elderly population were in the far north; the midlands had average to high provision; East Anglia and the south-east had
medium levels; while the far south-west had relatively little voluntary sector input. By 1986, however, there was no longer a clear spatial pattern.

In order to explain further the different geographies of provision by each sector, a further series of regression analyses was carried out. A number of variables relating to the characteristics of the population (such as their age, housing circumstances and social class), the political complexion of the local authority, and the resources available to the local authority to make service provision were used as the independent variables. The results of this exercise were not, however, easily interpreted. In general, for both 1981 and 1986, the statistical model proved to be more useful in explaining the variations in residential provision than in sheltered housing, and in particular in accounting for variations in private residential care. Variables relating to the characteristics of the population offered the greatest explanatory power. Indeed, the percentage of pensioners was found to be the most significant variable. Other important independent variables were the percentage of the population in social classes I and II (in particular in explaining voluntary sector provision of both residential care and sheltered housing), the percentage of pensioners living alone, the percentage of households with one or more
pensioners who are owner occupiers, and the unemployment rate.

Notwithstanding the fact that some of the results of the regression exercise were moderately successful and encouraging, it became clear that statistical modelling, employing "rational" indicators of need, was unable to explain satisfactorily the spatial patterns of provision. A series of interviews with service providers was therefore carried out to determine the nature of other factors which may have influenced the observed patterns of provision. Four public sector providers of residential homes, three public housing authorities and two private developers of sheltered housing were interviewed. The findings from the interviews confirmed subjective interpretations of the low levels of explanation yielded by the regression analysis, in that factors specific to each local authority area were found to exert a major influence on the extent of service provision made by the public sector. These factors include the historical patterns of provision, the availability of land, the type of community care policy adopted and the attitudes of the authority towards the private and voluntary sectors. As would be expected, the private sector responded to a very different set of considerations. But again, the interviews helped to explain why regression analysis had met with such a modest level of success. The
principal finding was that most private developers do not carry out any comprehensive market research into demand or use indicators of need, but rely primarily on instinct and intuitive feeling in deciding where to locate their sheltered schemes.

In accordance with the principal aim of the research particular attention was focussed on the voluntary sector. A sample of twenty organisations was selected for indepth interviews, but a consideration of the results of these will be made in Section 9.6.

9.4 Implications of the spatial pattern of provision

9.4.1 Total residential and sheltered housing provision

Having demonstrated that substantial inequalities exist in the total levels of residential care and sheltered housing provision by all three sectors, the implications of these spatial patterns may now be explored. A key question is whether it matters that some parts of the country have, for example, up to five times more places available in residential homes than others. This statistic in itself reveals little about whether the elderly in some areas are really better provided for than in others, since those areas where there is relatively low provision of residential homes, may offer other forms of care. Since the early 1970s institutional care has in any case been heavily
criticised and community care has been advocated as a better approach (see Chapter Three). Therefore, it may be that where there is little residential care, there is instead a strong community care policy. Some evidence in support of this notion emerged during the interviews carried out with representatives of local authority social services (Chapter Three). But two points must be stressed. First, it should not be unquestioningly assumed that a community care policy equates with community care practice. Merely because a local authority claims to have such a policy does not necessarily mean that it is really making an adequate service available (Walker, 1982). The extent to which practice has fulfilled promise is clearly a crucially important issue for further investigation. Local authorities hiding behind a declared community care policy may in fact be making less satisfactory service provision for elderly people than might have been provided in residential homes. Moreover, as Wicks (1982) points out, very little is known about the quality of care provided by families.

Second, although community care is regarded by professionals as a better form of care, it must be recognised that now community care has come to mean care by the family, it cannot be assumed that it is always the best option for the elderly or their families. In any
case, an increasing number of old people either simply do not have families to turn to (a study by Hunt in 1978 found that one third of the elderly population have no living children), or their families are not able or willing to support them. According to Wicks (1982) it is those elderly people without close family members who present the key test for voluntary and statutory social services. Even those elderly people who do have relatives often do not want to be a burden on their families. What then becomes of these people when community care ideals dominate the thinking of the social services? The take-up of private residential places suggests that there is still an important need for such care. It has even been suggested that an important stimulus to the growth of private residential care has been the government's insistence on community, rather than residential, care (Sainsbury, 1989). Clearly, there are great dangers in sacrificing residential care on the new altar of community care ideology. And, moreover, if residential care is to remain as an available choice to a large proportion of the elderly population, then inequalities in the levels of provision, and thus in the access to such care, will continue to be of paramount importance.

In the case of sheltered housing, several recent studies have shown that it is a popular form of care with both
existing and potential residents. The Harris Report (1989) on sheltered housing found that 76% of their sample survey living in private sheltered schemes would definitely recommend such housing to other elderly people, as did 85% of their public sector sample. They also found that 50% of individuals, aged 50 and over and not currently living in sheltered housing, said that they would consider this form of housing at some time during their retirement. A study carried out by Thompson and West (1984) concluded that sheltered housing was indeed more popular than Staying Put schemes with many elderly people. In the light of these findings, it may therefore be argued that if sheltered housing is so popular, then in terms of demand, no area can be said currently to be over provided. And, moreover, it seems reasonable to assume that some local authorities areas are in fact more underprovided for than others.

One of the claims for the provision of sheltered housing has been that it counteracts the phenomenon of underoccupation of the ordinary kind of family housing by elderly people who, after bringing up their children, continue to reside alone in their large dwellings (Butler et al, 1983). Sheltered housing schemes provide small compact dwellings for elderly people and, in so doing, release larger family housing. Since some areas have higher levels of sheltered housing than others, inevitably
the concomitant release of family housing is uneven. In these broader terms it could be argued that as a result of the patchiness in the supply of sheltered housing for the elderly, less effective use is being made of the general housing stock in some parts of the country compared with others.

Another important issue concerns the argument that local authority domiciliary services often become concentrated in sheltered housing schemes whose residents receive a disproportionate level of this type of support (Butler et al, 1983; Clapham and Munro, 1988). If this is the case, then in those areas with relatively high levels of sheltered housing, domiciliary services will be more concentrated than in areas with little sheltered housing. Inequalities in the provision of sheltered housing may result in greater inequalities of provision of other forms of care.

Although during the time that this study has been underway excuses for inequalities in levels of sheltered housing could not be couched convincingly in terms of alternative forms of provision being made, this may now be less the case. In the past few years alternative means of housing elderly people have been introduced in some local authority areas. These include the so-called "Care and Repair"
schemes and the "Staying Put" schemes. Again, however, as with community care, one must be wary of any claims made in these terms. It is not yet clear how great will be the level of expenditure on such services and how extensive this type of service provision is likely to be.

Finally, it should be recognised that it is unlikely that the existing geographical inequalities in the levels of sheltered housing provision can be satisfactorily corrected in the near future. Indeed both central and local government funding of new schemes is likely to be restricted in the present economic climate, and the current deterioration in the housing market suggests expansion in the private sector may also be temporarily slowed.

9.4.2 The mixed economy of provision

In recent years the issue of choice has been a major preoccupation of the government. Whilst it can be argued that it is possible to have choice within the public sector, it is assumed that in order to have real choice in residential care and sheltered housing, more than one provider of these services is a basic necessity. Chapter Two demonstrated that there has been a general shift towards a greater mix in the providers of services, thereby theoretically increasing choice for the elderly. The
composition of this mix, however, is not uniform across the country.

The implications of the uneven mixed economy of service provision stem from the fact that some broad differences are alleged to exist between the sectors. A variety of disparate data can be found which suggests that this is to some extent the case. For example, the voluntary sector is more likely than the others to cater for specific and well-defined groups within the elderly population. Indeed, a longstanding rationale for the existence of the voluntary sector is that it can better provide for the religious or moral preferences of clients (Barclay Report, 1982). There is some evidence that residential homes in different sectors have distinctive forms of management style (Weaver et al, 1985; Willcocks et al, 1987; Phillips and Vincent, 1986a; 1986b). Standards are also said to vary between sectors, though Bebbington and Tong (1986) correctly point to the difficulties involved in judging standards of care. The existence of anti-public sector attitudes has been a part of the voluntary sector's argument for retaining the availability of choice. For those people with such attitudes the availability of choice is obviously important for their self-esteem (Weaver et al, 1985; Barclay Report, 1982; Wagner, 1988).
There has in fact been little empirical research into the implications of the greater mix of provision either on the client groups or recipients of services (Sainsbury, 1989). Although it lies beyond the scope of the present study to rectify this lack of empirical research, some of the possible implications will now be explored.

With three sectors providing residential care and sheltered housing, the elderly do appear to have more choices open to them regarding the type of accommodation they wish to have. In practice, however, shortages in particular sectors, the lack of complete information for consumers, and financial considerations, must effectively limit the extent of real choice. This is made worse by the existence of geographical variations in the levels of the mix. Assuming that most elderly folk wish to remain in the local authority area in which they currently live, and do not want to be obliged to move to obtain choice, their access to real choice is inevitably both limited and spatially variable. The government may be paying lip-service to the notion of greater choice, but the evidence from this study shows that there are no comprehensive data sets about current provision in different areas. There is no evidence that the government, local authorities or the private and voluntary sectors actually know what is being provided, where and by whom. In short, there is, as yet, no
comprehensive policy for making choice a reality. Government statements on choice are based on very hazy information and on dogma (both in terms of their current spending policies and their right wing ideology), rather than on any real assessment of the current situation.

The greater reliance placed on the private and voluntary sectors and their subsequent increase in provision has resulted in increasing pressure to regulate conditions in their homes. Indeed, the problem of maintaining standards of residential care provided by the independent, uncontrolled and unaccountable sectors has attracted widespread interest as a result of public attention being drawn to abuse and low standards of care, particularly in private residential homes (Sainsbury, 1989). Indeed, the growing clamour for increased regulation of private sector homes suggests that the scope for exploitation in this sector may be greater than in the other two sectors. At present, each local authority has the responsibility for registering and inspecting private and voluntary homes according to their own criteria. Some areas may exercise stricter rules, and therefore have higher standards of care than others. Sainsbury (1989) conducted a detailed longitudinal study of the registration and inspection of one voluntary home and concluded that control is possible providing there is: first, clear departmental policy aimed
at regulating standards; second, that the mechanisms for carrying out this policy are regular and frequent visits; and third, that residents are visited frequently and staff supported by specialist workers. She also concluded that, given the inadequate resources available to local authorities, their ideological commitment to non-institutional care, and in some cases their commitment to the private sector, the possibility of controlling standards in the private and voluntary sectors under the present system is remote.

More choice is often advocated on the grounds of increasing welfare pluralism, involving a greater spread of power and decision making in welfare service provision. In areas where there is a more mixed economy of welfare, this ideal of spreading participation is taken further than in areas dominated by only one or two sectors. Linked to this is the idea that voluntary organisations are good in themselves: that there is something morally desirable about provision by a voluntary organisation. If this is the case, then the contribution made by voluntary organisations should surely be more equally spread to allow all areas an equal input of something which is seen to be morally desirable and of general good to the community. This theme will be considered more fully below, in Section 9.6.
9.5 Policy issues

9.5.1 Policy issues: the spatial pattern of total residential care and sheltered housing

Policy issues related to the uneven distribution of provision of residential care and sheltered housing in England are only important if it is acknowledged that such services remain both necessary and desirable in today's society. Before the community care approach came to the fore it was considered important to have an equal distribution of residential care, but now that alternatives are thought to be available (however much of a mismatch exists between reality and rhetoric) the actual distribution of residential care may not now be regarded as significant. The same may be true of inequalities in sheltered housing provision. If, on the other hand it is still regarded as a desirable means of housing the elderly, and if there is an apparently continuing high demand for it, then clearly there should be an more equitable distribution of units, purely on the grounds of social and territorial justice. In fact, however, arguments over the provision of residential care, and more recently of sheltered housing, have been dominated and shaped by the debate over its desirability and the suggestion of its substitutability by 'community care' or alternative forms of housing provision. It is important to stress again the doubts raised in Section 9.4.1 as to how far community care
is an adequate alternative because if it is to be used as an argument against correcting the existing inequalities in residential provision and sheltered housing, local authorities really will have to demonstrate that they can offer adequate and equal levels of alternative forms of care.

Working on the assumption that there is still a need for residential care and sheltered housing, and that territorial justice in terms of the amount of available provision is desirable, then arguably there is a need for some form of area policy to smooth out the kinds of geographical inequalities identified in this thesis. Such policies could include the issue of official guidelines on desirable levels of provision (as already operate in Scotland) and/or central or local government incentives to attract more private or voluntary input, possibly in the form of subsidising either residents or developers (comparable to "special area" policy adopted to attract manufacturing industry to particular localities).

On the other hand, if it is accepted that in the context of the community care debate, residential care is less than desirable, then policy should perhaps be aimed at reducing provision in areas where it is currently relatively high. Such reductions have already been advocated and pursued to
different degrees in the spheres of mental health and child care. Fife Regional Council, for example, have closed down all their children's homes and are now carrying out all their care in the community. The same approach could be operated in the case of sheltered housing if the recent criticisms of it are justified in saying that it provides too much for too few, that it is costly, creates elderly ghettos, is not really what elderly people want and, as elderly people age, it becomes merely a form of inadequate residential care. If all these notions prove to be correct then policy should be aimed at reducing provision.

9.5.2 Policy issues: geographical variations in the mixed economy of care

If choice continues to be advocated, then clearly it is equitable that everyone should have access to the same choices in all areas. However, there are important issues associated with obtaining a universally equal mix. First, how is the ideal mix which local authority areas must strive to achieve to be determined, who should decide on what this mix should be, and on what criteria? Although no one ever states explicitly what they believe the precise mix should be, different views as to the general composition of sectors have been advocated. These views differ according to political ideology. The New Right and the present Conservative government believe that the
private sector should dominate. Socialists, on the other hand, advocate a continuance of an institutional model of welfare, dominated by the public sector. Welfare pluralists instead advocate a much larger role for the voluntary sector.

If an ideal mix could be decided, then to achieve it, there would have to be a body, possibly the local authority, to plan and direct provision accordingly (Webb and Wistow, 1986). Local authorities could easily act as both providers and enablers, but they would also need to frame policies either to increase or decrease the levels of provision made by each sector in their particular area (see Section 9.6).

Theoretically, the existence of an ideal mix should mean equal choice across the country. It could, however, be argued that different areas have different requirements. For example, if the ideal mix means that an economically poor area has the same (possibly high) level of private care as a relatively better-off area, then it may be that these private places (beyond the pockets of potential residents in the locality) would be under-utilised. This could, of course, be rectified by subsidising tenants, but resources may be better used in providing higher levels of public or voluntary care in such areas.
One possible means of changing the mix of providers is through the transfer of services from one sector to another. This issue is one which is currently being considered by several local authorities in terms of their residential homes, and has already taken place in Hereford and Worcester.

In this discussion of policy it must be borne in mind that the government of the day will, to some extent, always be able to dictate and manipulate the mix. Moreover, the ideas presented above are also based on the assumption that local authorities have the power to influence the relative mix between sectors. The political parties in control of both central and local government may change, and their replacements can easily alter the mix once again, although of course it always takes some time for policy changes to be implemented.

9.5.3 Policy issues: the public sector

Since there is no allocation of central government funds for specific client groups, it is largely up to the discretion of the local authority how money is spent. According the concept of jurisdictional partitioning (Pinch, 1985), it is inevitable that different local authorities will act in different ways, providing
different levels and qualities of service. Local authorities are, however, influenced by a variety of factors. Services which come under central government legislation and for which local government therefore has a statutory obligation to provide (for example child care) have first call on their resources. Other influences include central government support for particular services, such as community care services, pressure from professional groups advocating what is good and bad in the way of welfare provision, and local pressure groups pressing for particular services in their area. Political ideology will also play a part in determining levels of spending on different types of services and client groups. In addition, the findings from the local authority interviews in this study indicate that a number of idiosyncratic factors influence the levels of provision made by the public sector. This complex context in which local authorities operate is important when looking at the policy issues arising from variations in the levels of public sector services.

In the past the argument favouring more central government controls and directives over service provision was couched in terms of ensuring both minimum standards of provision of certain services, and territorial justice. More recently, however, central government powers over local authorities
have been exploited in order to limit local government spending and especially to regulate the overall levels of expenditure on welfare services (Webb and Wistow, 1986). The question now arises as to whether the context in which local authorities operate should be changed to provide more or less direction from the government. This begs a further question - do local authorities really know about what is best for their area? If it is assumed that they do (local authorities, being closer to their clients, are able more effectively to assess the needs of their areas) then it may be wrong to impose centrally-devised, equal levels of provision of all services across the country. Equality in the levels of services provided may not necessarily be the best means of meeting needs in all areas.

It is possible that minimum levels of provision could be recommended to local authorities which may mean that although not all local authorities would necessarily have the same amount of provision, they would at least have a certain minimum level. Webb and Wistow (1986) point out, however, that the government followed this interventionist type policy in relation to services in the 1970s, issuing guidelines on service provision through circulars and white papers. However, guidelines were either ignored or interpreted differently in different areas with some local authorities regarding them as minimum levels and others as
maximum levels. More important, perhaps, is the fact that many local authorities accepted the guidelines as a substitute for local analysis and responsiveness. Again it must be stressed that there is not necessarily one ideal mix of resource inputs which is applicable to all areas. Local circumstances must be taken into consideration.

Following the government's response to recommendations made by the Griffiths Report on community care (1988) it appears that local authorities are to be given complete control of service provision with no central government interference, for example in terms of DSS supplementary benefit payments. These social security payments will be transferred for the use of local authorities. However, authorities are yet to receive clear indication of the resources which will be available to them to make service provision. According to Robin Cook M.P., the Labour Party's spokesman on health "without resources the plans were 'mere window dressing'" (The Guardian, July 13, 1989). Melanie Phillips (The Guardian, July 14, 1989) stated that she believed "local authorities will be left stranded with the responsibility of providing services for which there will never be enough money". In their new role local authorities will not be merely direct service providers, but also act as enablers. They will be
responsible for assessing individuals' needs and arranging the appropriate care services, making maximum use of the private and voluntary sectors to increase choice and flexibility. They will therefore be expected to present plans for the development of services in collaboration with the private and voluntary sectors. David Blunkett M.P., Labour's local government spokesman has expressed the fear that local authorities may get "a poisoned chalice" of responsibility without power and that they could be made "the whipping boys for under-resourced and badly planned services" (The Independent, July 13, 1989). Thus it may be that the present government's approach, which is the antithesis of state intervention in the form of guidelines and other recommendations regarding local authority service provision, may be as dangerous as existing approaches to providing for the needs and requirements of individual elderly people. While it may indicate an acceptance that local authorities are best-able to determine the particular needs of their areas, the lack of resources and the apparent lack of knowledge on the availability of resources provided by the private and voluntary sectors, does not instill great confidence in their ability to even out inequalities in service provision.

Public sector sheltered housing, of course, operates in a quite different environment. The district councils are
responsible for making provision and the emphasis is on housing, rather than welfare. But housing has been severely affected by the recent cuts in public expenditure. Although special-needs housing received some dispensation, to secure an increase in the provision of sheltered housing in those areas in which levels are currently relatively low would require a fundamental and radical change in central government policy towards public sector housing in general.

In addition to the prevailing financial constraints, it is also important to note again that some local authorities are now taking the view that sheltered housing is not the best means of providing for the housing and care needs of dependent elderly people. To redress spatial inequalities, all such authorities would have to be persuaded that there is still both a need and a demand for sheltered housing alongside the new forms of care which are currently being developed.

The call for improved sheltered housing provision is not so much a call for increased planning, which is already extensive, but rather for increased resources. There is now an added complication with the introduction of Staying Put and other similar schemes to keep the elderly in their own homes. Previously, sheltered housing was not a controversial form of provision, local authorities were
proud of it and consumers were satisfied with their homes. Lately, however, attitudes have begun to change and the future now looks uncertain.

9.5.4 Policy issues: the private sector

The fundamental characteristic of the private sector is that it is said to operate in a free market economy with minimum government interference. In recent years, however, it is obvious that the government can and does influence the 'health' of the private sector. The current government has provided a climate for the growth of the private sector and, sometimes indirectly, produced incentives for private proprietors of residential care. It has been said that government financial support for clients has been vital for the growth of the private sector (see Chapter Four). Thus, one policy which could help to yield a more even distribution of supply would be to subsidise homes or residents in particular areas to encourage the private sector to expand where there is currently relatively little private provision.

Local authorities also exercise important controls by means of the registration and inspection of residential homes. As already stated, each local authority uses its own criteria for the registration of private homes and the
demands made on proprietors can make the difference between the survival or closure of a private home (Bird, 1984). In order to obtain a more even distribution of private homes it would be necessary to standardise registration and inspection procedures.

In addition, local authorities can be more or less helpful to the private sector depending on whether they perceive a need to increase or decrease private provision. For example, they can conceivably exert an influence by means of the system of granting or denying planning permission. There are several known examples of south coast counties attempting to restrict provision because of their fears of an influx of elderly people and the expected drain on social services which might result (Tilley, 1987; Ray, 1987).

The general issue here is that the amount of help the private sector receives, or feels that it should receive, is heavily dependent on the prevailing political ideology. The New Right may not necessarily advocate positive help for the private sector, but many government policies have done this. And although it is certainly not a part of left wing ideology that public money should be used to finance private enterprise, they too have developed policies that encouraged private manufacturing industry
into particular areas. Therefore why cannot similar area-based policies be adopted for the provision of services for the elderly? The answer to this may depend on the extent to which there is a real determination to meet objectives regardless of the ideological compromises which may be involved.

In theory, in a free market, services should be provided where they are most demanded. There is, however, evidence that the decisions of many private developers are not always accurate in forecasting demand. Resources are wasted if developers rely only on instinct and intuition. More attention should be given to this; more information might have to be provided by public bodies. The unplanned and uneven distribution is a consequence of many decisions being made by a great many different suppliers. There does appear to be a pressing need for a central body to take an overall view and to provide accurate information to providers in all sectors.

9.6 Findings: the voluntary sector

A consideration of the provision of residential homes and sheltered housing by the voluntary sector lies at the heart of this thesis and it is therefore appropriate now to turn to consider in more detail the key findings related to this sector which emerged as a result of the interview survey.
(the findings of the quantitative research were reported in Section 9.3 above). The findings from the sample voluntary sector interviews generally confirmed that a great diversity exists within the voluntary sector, not only between organisations providing different services, but also between organisations working within the same field. This heterogeneity makes meaningful generalisations regarding voluntary organisations extremely difficult. In broad terms, it is possible to state, however, that the distribution of services provided by the twenty sample organisations shows that while some organisations have chosen, or in many cases have been forced, to concentrate their provision within a particular area, others have aimed to have a more widespread pattern of provision.

Industrial location theory was helpful in suggesting a possible line of enquiry about the distribution of services by focussing attention on the availability of resources. The findings confirmed that the location of resources was the most important factor influencing the distribution of residential homes and sheltered housing. The availability of capital resources (both buildings and finance) was of paramount importance to providers of both residential care and sheltered housing. The principal finding was that the voluntary organisations themselves actually exercise very little choice over the location of their services since
the acquisition of capital is frequently dependent on decisions outside their own control. It was found that the organisations providing residential care mainly acquire property as a result of bequests and that those providing sheltered housing are severely limited in choice of location by their overwhelming dependence on Housing Corporation funding for new schemes. Other resources found to be important were volunteers, local authority support (both moral and financial) and management offices. The availability of some or quite often all, of these was seen to be prerequisites to locating a new development. In addition to resources, the location of services is also influenced to varying extents by the objectives of the organisations, their self-perceived role in relation to the public sector and their system and style of governance.

9.7 Policy issues: the voluntary sector

For those elderly people who either want voluntary sector care, or who are obliged to depend on this sector to meet their care needs, inequalities in the distribution of provision may be of great importance. The sample organisations in this study claimed to cater for a variety of different types of clients including, inter alia, lonely elderly people, those with only limited financial means, Christians and Jews. Although it is frequently stated in the literature that people want voluntary sector provision in preference to public or private services, there is in
fact no evidence from consumer surveys to substantiate these claims. The voluntary groups interviewed in this survey, however, pointed to the length of their waiting lists as a sign of the extent of demand for their services. But waiting lists should not necessarily be taken as indicating high levels of demand, since local authorities often place their own candidates in voluntary homes and thereby fill the available spaces and indirectly boost the voluntary sections waiting lists. Or it may be that residents are simultaneously on a number of waiting lists, in the hope that one at least might soon yield a place.

Yet, of course, there are also those people who, for a variety of reasons are dependent on voluntary provision. These would include, for example, the elderly with insufficient points to be allocated public sector sheltered housing, and inadequate incomes to purchase private sheltered housing.

1. Clientele choice

It could be argued that there should be an equal distribution of voluntary sector services to increase choices available to the elderly. Although the importance of choice between areas has already been stressed, the voluntary sector is also important in providing choice
within its own sector. The voluntary sector, because it is composed of a large number of very diverse organisations, tends to cater for a much wider clientele than the public and private sectors. Elderly people can thus choose from a wide variety of types of care within the voluntary sector. It has also been claimed by many voluntary organisations that they are able to provide much higher standards of care than those available in the other two sectors. They claim to be more caring, to pay more attention to the individual, and to have their tenants' interests at heart. If these claims can be accepted, then from the point of view both of potential residents and of society in general, each area should have an equal availability of such a desirable resource.

It is often said of voluntary organisations that they are more flexible than the public sector, particularly in applying their own residency rulings for the allocation of places. While public sector services are funded in part at least by local rates and taxes, and are therefore limited for use by local people, the voluntary sector is able to cater more for people who previously resided outside the actual area of their accommodation. In so doing, voluntary groups are providing a valuable service for the elderly and their families by facilitating their movement to be closer together.
Of course, there are a number of other claims made about the contribution of the voluntary sector which touch much wider issues than the immediate impact on the clientele. The presence of the voluntary sector is, for example, said to contribute in more general ways to the well-being of society as a whole.

2. Pluralism and participation

Voluntary organisations are widely thought to nurture various forms of citizen participation (Kramer, 1981). It is this participation which the proponents of pluralism and welfare pluralism advocate: The voluntary sector is seen as the main medium through which participation can be achieved. Hinton and Hyde (1982) described voluntary organisations as "a means of enfranchising thousands of people in this country for whom other opportunities to meet human needs and influence decision-making are remote and haphazard". Being a volunteer, or a member of a voluntary organisation, is said to compensate for a lack of personal autonomy in other areas of life, to provide opportunities for involvement in areas of communal and public importance and to educate individuals for an intelligent role in civic affairs. According to Rowe (1978) the positive benefits of the voluntary sector in this sphere are undeniable and
should be welcomed and encouraged. Associated with the spread of participation, is the spread of power over a number of political, social and economic institutions. Hadley and Hatch (1981) claim that the statutory services have concentrated power in the hands of civil servants and professionals, thereby leaving the consumers virtually powerless. Wolfenden (1978) advocated a pluralist pattern of institutions as a means of spreading power. On the assumption that pluralism is a desirable goal and is beneficial to society as a whole, and that an increase in voluntary sector activity is the means to this end, then surely it is important that there is an equal spread of voluntary activity across the country to allow everyone equal access to increased participation and power. The welfare pluralists see here an important role for the State. The State, they believe should devise a pluralist strategy and provide a framework within which alternative institutions can operate. As part of this function the State would ensure an equitable distribution of resources and adequate standards of care. The issues are much the same as those advanced previously: to what extent should the government intervene, how can pluralist strategies be planned with inadequate knowledge about what each sector provides, what is the ideal mix between sectors? These are all issues which need to be addressed before pluralism as a policy can effectively be adopted.
Apart from these main issues there is a further problem regarding pluralism. Newton (1976) stresses that a large number and diversity of groups making service provision does not automatically equate with political pluralism. Diversity does not always spread power and decision making. It must be recognised that a great many voluntary organisations are themselves run by an elite group, usually middle or upper class people. Therefore, the spread of voluntary activity is likely to be exploited by these classes while those who are currently most deprived and disenfranchised will continue to be so (Newton, 1976; Brenton, 1985; Rowe, 1978).

3. The expression of altruism

The voluntary sector is said to guard and protect a set of individual and social values by offering opportunities for their active expression (Kramer, 1981). While pluralism may be regarded as \textsuperscript{com} of these, providing increased opportunities for altruism is another. Titmuss (1970) in his \textit{Gift Relationship}, referred to concern about the Welfare State stifling altruistic behaviour. The voluntary sector, on the other hand, is said to preserve the ‘gift relationship’ providing ordinary people with an opportunity to give their time and money (Jones et al,
4. Setting high standards

The roles played by the voluntary sector in pioneering, experimenting, setting standards and acting as pressure groups are all regarded as beneficial to society as a whole, and their equal geographical distribution is therefore desirable. One of the most longstanding claims in favour of voluntary organisations is their role in pioneering services which are later taken up by the public sector (Kramer, 1981; Brenton, 1985; Wolfenden, 1978, Gladstone, 1979). According to Kramer, this role is no longer as significant, but the voluntary sector nevertheless continues to be a source of innovation and experimentation. It is able to do this as a result of its relative freedom and lack of accountability. Voluntary organisations are, moreover, regarded as an important force fighting for an enlightened and humane social policy, helping to keep the government honest and responsible (O'Connell in Kramer, 1981). They have a role to play as statutory watchdogs, criticising public sector services and setting standards (Jones et al, 1978; Barclay Committee, 1982). Voluntary organisations are said to manifest a concern for a particular group or a specific problem, drawing the public's attention to certain issues (Kramer,
5. Obstacles and problems

While evening out inequalities in the distribution of voluntary sector services may, for reasons outlined above, be a desirable aspect of future social service's administration, the problems of the voluntary sector should not be neglected in the development of new policies. The major problem cited by the sample organisations in terms of planning their services centres on the uncertainty of funding. It is difficult to plan effectively when relying on charitable donations which do not provide a regular or dependable income. Voluntary organisations say that they need to have a definite long term financial commitment from central or local government. The present situation for housing associations of operating through the Housing Corporation which makes annual allocations is regarded as inadequate to allow for long-term planning. Until these uncertain funding arrangements are improved, not only is the voluntary sector impeded in planning its own provision, but it is also difficult to include their activities in any overall planning strategies for total provision. This issue is becoming increasingly important now that local authorities are withdrawing their sponsorship of residents in voluntary homes in order to
preserve their resources for public sector services, and with the reduction in the level of Housing Corporation grants to housing associations.

A further important problem, often cited in relation to voluntary organisations, is the lack of co-ordination both within the voluntary sector, and between it and the public sector. If voluntary organisations were to become more dependent on funding and support from central or local government then they in turn would have to be prepared to fit into an overall plan for an area. Of course, housing associations already do this. But the attitudes of both the public and voluntary sectors may have to be altered in a more fundamental way if they are both to accept this co-ordination. Co-ordination implies co-operation, a feature which has not been much in evidence so far.

Two important issues thus arise in connection with these types of policies. These are issues of independence and accountability. An important feature of the voluntary sector has firstly been its independence to provide what it wants, for who it wants and where it wants. If, however, voluntary organisations become dependent on government funding and are forced to fit too closely with what others want, this may negate a unique characteristic of the
voluntary sector. The loss of independence of housing associations has already been discussed; however, it must be borne in mind that it was voluntary sheltered housing which displayed the lowest coefficient of variation. The question therefore arises as to whether in order to obtain a more equitable distribution of services voluntary organisations should further sacrifice their independence, thereby undermining to a large extent their entire underlying philosophy and raison d'être? Although voluntary organisations can be said to be not completely independent since they are constrained to some extent by their environment, they still have relative freedom to make decisions. Some organisations believe that any form of central or local government interference is unacceptable while others, in particular housing associations, already operate within a framework largely determined by the government. Johnson (1981) argues that some loss of independence may be a small price to pay for the benefits to be secured by improved co-ordination. However, the statement made by Webb, Day and Weller (1976) that "flexibility and responsiveness to clients should not be sacrificed in a fruitless search for the Holy Grail of the perfectly planned set of services" seems valid. The voluntary sector has a unique contribution to make which should not be compromised. In order for the voluntary sector to continue in its present form it should not be
expected to merely to ape and duplicate the role currently performed by the statutory sector.

Secondly, voluntary organisations are often criticised on the grounds of their lack of accountability. While the statutory sector is accountable to the public through elected representatives, this is not the case for voluntary organisations. The questions that arise therefore include whether or not voluntary organisations should be made accountable? To whom should they be made accountable? And for what should they be accountable? If statutory funding is offered, then maybe voluntary organisations ought to be more directly accountable to the public. However, in reality, the transfer of responsibility for service provision to the voluntary sector may actually mean a diminution of democratic accountability and control.

The main conclusions to be drawn from this research project are that very little is actually known about what is being provided, where and by whom. Given this fact, combined with evidence showing that the voluntary sector in fact exercises relatively little control over the location of its services, comprehensive service planning for the elderly does not appear to be easy. The present situation based on ad hoc developments and voluntary
organisations, some of which can be criticised for their inherent conservatism, their patronising attitudes, and their perpetuation of sadly out-of-date and pathetic images of dependent people in need of charity does not seem able to cope with the anticipated increase in the elderly population. In a very real sense, this is the most important message to emerge from the project, namely, that in all three sectors the existing pattern and style of provision is not only geographically uneven, but it is also unco-ordinated, rather confused and often rife with inadequacies and shortcomings. No proper or effective overview is taken and very little information about provision is collected. While the percentage of the population which is elderly remained small, such a system may have been able to cope, though it was not ideal. In the future, however, as the very elderly population increases markedly, and in the absence of any real prospect of effective management and co-ordination, the existing system appears to contain all the ingredients for unmitigated chaos. While central government may already possess the ability to intervene in some ways, the nature and the extent of this intervention now urgently needs to be carefully thought out.

In 1976 Webb, Day and Weller stated that
possesses much detailed information relating to the size, scope, nature and development of voluntary organisations' activities. The lack of even basic information makes the research, as well as the planning, task a difficult one and discourages study; ignorance is self perpetuating.

In the intervening decade, until this study commenced in 1986, little work had been carried out to rectify this situation. While recognising the limitations of this study, it has nonetheless provided an important basis for both researchers and decision-makers by making a start to provide a more indepth analysis of the workings of the voluntary sector than has been hitherto available in this country.

9.8 Further research

Inevitably no research project can do full justice to its chosen topic and explore thoroughly all the possible avenues of inquiry. Moreover, it is also inevitable that research studies will raise new questions as well as shed light on existing ones. This final section, therefore, selects from a range of potentially rewarding themes, several topics which merit particular consideration for future research.

As has been stressed throughout this thesis, the voluntary sector comprises a very diverse and complex group of
organisations. In this study attention was focussed on the large national organisations operating in more than one local authority area. While it is felt that this approach provided a valuable beginning to the study of the hitherto neglected voluntary sector the role of the many smaller organisations (providing a single home or sheltered scheme) is of equal importance to overall service provision. An important extension to the present study would, therefore, be an examination of these organisations.

A second topic which would be of interest and which would also be an extension of the present study would be to look in more detail at the operation of voluntary organisations in one, or possibly several local authority areas. This study has provided a general overview of provision and organisations at a national level, a logical extension would be indepth case studies. In doing this a more detailed examination of voluntary sector-public authority relations could be carried out to determine their exact nature and effectiveness. The extent to which moral support is turned into practical support would be an interesting topic. So too would be the changing attitudes and practices of the local authority towards voluntary organisations in the light of the present, radical changes which are anticipated following the government's recent response to the Griffith report. In such a case study it
would also be possible to examine in more detail the nature of the interactions between different voluntary organisations.

An alternative case study approach would be to take one or two organisations and, over a period of time, possibly involving participant observation, make a study in depth of the development process. This type of study would enable questions to be answered such as how is new development initiated, how is the decision-making process put into practice, what forms of consultation are actually involved, how important are individuals, and how much power do voluntary organisations really have? While the present study was able to determine that there is a complex decision-making process at work, it was beyond its scope to examine the exact nature and extent of these. Clearly this thesis has opened up a range of exciting new lines of research for the future.
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APPENDIX 1

INTERVIEW SCHEDULE FOR VOLUNTARY SECTOR. PROVIDERS OF RESIDENTIAL HOMES (Topics covered)

General Information

Name:
Director:
Founded:
Number of residential homes for the elderly:
Number of places in homes for the elderly:
History of the organisation:

Aims and Objectives

Principal goals or objectives:
Supplement/complement the public sector.
Influence of government pressure and incentives on objectives.
Justification for voluntary sector provision.

Management Structure

Levels of decision making.
Relationship of branches to the centre.
Autonomy of branches.
Types of decisions made at each level.
Decision makers.
Importance of individuals.

Spatial Evolution of Organisation and Homes

Branch locations.
Home locations.
Reasons for location - factors influencing the location decision.
Policies for spatial expansion.
Catchment areas.
Branch closures.

Allocation Policies

Elderly population targeted.
Centrally devised policy.
Policy devisers.
Policy implementation.
Interaction with the Public Sector

Influence of policies of central government.
Contacts with central government.
Influence of policies of local government.
Contacts with local government.
Attitudes of central and local government.
Political disposition.

Interaction with Other Voluntary Organisations and Private Bodies

Relationship with other corresponding bodies.
Forms of interaction.
Influences on the location of homes.

Budget

Size of budget.
Major sources of capital income.
Major sources of revenue.
Residents supported by DHSS or local authority.

The Future

Aims and objectives for the future in the light of the present political and economic climate.
Spatial policies for the future.

Critique

Strengths and weaknesses of the voluntary sector.
Strengths and weaknesses of this organisation.
APPENDIX 2

INTERVIEW SCHEDULE FOR VOLUNTARY SECTOR PROVIDERS OF SHELTERED HOUSING (Topics covered)

General Information

Name:
Director:
Founded:
Number of sheltered housing schemes:
Number sheltered units:
History of the organisation:

Aims and Objectives

Principal goals or objectives.
Supplement/complement the public sector.
Influence of government pressure and incentives on objectives.
Justification for voluntary sector provision.

Management Structure

Levels of decision making.
Relationship of branches to the centre.
Autonomy of branches.
Types of decisions made at each level.
Decision makers.
Importance of individuals.

Spatial Evolution of Organisation and Homes

Branch locations.
Reasons for their location.
Location decision making process.
Policies for spatial expansion.
Branch closures.

Scheme locations.
Reasons for their location - factors influencing the location decision.
Housing Corporation zoning.
Decision making process.
Policies for spatial expansion.
Catchment areas.
Scheme closures.
Reasons for closure.
Allocation Policies

Elderly population targeted.
Centrally devised policy.
Policy devisers.
Policy implementation.

Interaction with the Public Sector

Influence of policies of central government.
Contacts with central government.
Influence of policies of local government.
Contacts with local government.
Attitudes of central and local government.
Political disposition.

Interaction with Other Voluntary Organisations and Private Bodies

Relationship with other corresponding bodies.
Forms of interaction.
Influences on the location of homes.

Budget

Size of budget.
Major sources of capital income.
Major sources of revenue.

The Future

Aims and objectives for the future in the light of the present political and economic climate.
Spatial policies for the future.

Critique

Strengths and weaknesses of the voluntary sector.
Strengths and weaknesses of this organisation.
APPENDIX 3

INTERVIEW SCHEDULE FOR PUBLIC SECTOR PROVIDERS OF RESIDENTIAL HOMES (Topics covered)

General Information

Name:
History of provision:
Awareness of level of provision in relation to other areas.

Factors Influencing the Level of provision

Tradition/inheritance.
Priority given to elderly.
Central government pressure.
Financial considerations.
Levels of provision made by the public and private sectors.
Policy towards the voluntary and private sectors.
Attitudes towards the voluntary and private sectors.
Partnerships with the voluntary and private sectors.
Set targets or guidelines.
Defining need or demand.
Community care policy.
Other services provided for the elderly.
Political disposition.
Levels of sheltered housing provision.
APPENDIX 4

INTERVIEW SCHEDULE FOR PUBLIC SECTOR PROVIDERS OF SHELTERED HOUSING (Topics covered)

General Information

Name:
History of provision:
Awareness of level of provision in relation to other areas.

Factors Influencing the Level of provision

Tradition/inheritance.
Priority given to elderly.
Central government pressure.
Financial considerations.
Levels of provision made by the public and private sectors.
Policy towards the voluntary and private sectors.
Attitudes towards the voluntary and private sectors.
Partnerships with the voluntary and private sectors.
Set targets or guidelines.
Defining need or demand.
Other services provided for the elderly.
Political disposition.
Levels of residential provision.
APPENDIX 5

INTERVIEW SCHEDULE FOR PRIVATE SECTOR PROVIDERS OF SHELTERED HOUSING (Topics covered)

General Information

Name:
Number of years in sheltered housing market:
Number of sheltered schemes:
Number of sheltered units:
Proportion of total housing stock which is sheltered housing.
Distribution of schemes:
History of the organisation:

Factors Influencing the Decision to Enter the Sheltered Housing Market

Gap in market.
Activities of other private developers.
Influence of housing association leasehold schemes for the elderly.
Government encouragement.
Changes in general housing market.

Location of Sheltered Housing Schemes

Reasons for location.
Market research.
Advice from housing associations/local authority.
Affluent elderly population.
Availability of sites.
Traditional retirement areas.
Areas which would not be considered for sheltered housing.
Reasons.
Areas in which sheltered housing has not been a success.
Reasons.

Interaction with the Public and Voluntary Sectors

Level of support or encouragement from central or local government.
Forms of support or encouragement.
Planning authorities.
Partnerships with housing associations.
View of Demand

Scale of demand.
Nature of the market.
Catchment areas.
Elderly population targetted.

The Future

Continue to provide sheltered housing.
Plans for spatial expansion.
New forms of housing for the elderly.
View of way market is changing.