

UK Data Archive

Study Number 4750

Last Refuge, 1958-1959

USER GUIDE

Introduction to *The Last Refuge*¹

The research for this project, funded by the Nuffield Foundation, was carried out between late 1957 and 1961. A team of four research officers worked alongside Peter Townsend undertaking variously visits, interviews, administration and statistical analysis of the survey. The project's key question was '**Are long-stay institutions for old people necessary in our society and, if so, what form should they take?**'

To answer this question, the research team visited a random sample of old people's residential homes; interviewed local authority welfare officers; and conducted interviews with matrons/wardens of these institutions. In addition the experiences of residents who had recently entered homes were sought. This was done by a questionnaire covering such topics of home, family, physical health, occupations, social contacts, reasons for entering the institution and reactions to the life provided. (The statistics relating to the sample of homes and to the numbers of residents interviewed can be found overleaf.)

The teaching pack incorporates a selection of the qualitative material collected during the course of the research. Students will be able to analyse both the different types of information provided by the data and the project's methodology. A book review and press cuttings are also included as a means of investigating the ways in which qualitative sociological research findings can be disseminated through the press and the potential value of that dissemination.

Much of the original research data from this project is deposited in the National Social Policy and Social Change Archive. Publications include:

Peter Townsend, 'Private Homes for Old People', *The Times*, 17 and 18 May, 1960

Peter Townsend, 'The Institution and the Individual', *The Listener*, 23 June, 1960

Peter Townsend, *The Last Refuge* (Routledge & Kegan Paul, 1962)

¹ *The Last Refuge* provides a comprehensive introductory section on the project's methodology and further detail can be found in its 'Appendix 1: Further notes on research method'.

This determined me to do the present study.

STRICTLY CONFIDENTIAL

AN ACCOUNT OF A VISIT TO A LARGE WELFARE HOME FOR THE AGED IN LONDON
Tuesday, 28th June, 1955

An uninviting, grey string of buildings with a high wall surrounding it. One old man in a wheel chair was making his way along the street outside and another scratched in his pockets in the doorway of a tobacconists. Inside the entrance was a yard of asphalt with a few small flower beds and, against one wall, a large cage of budgerigars. At either end were the large wards, on each of three floors. On the third side, opposite the entrance was a building with dining hall, kitchens and administrative offices, above which were two or three large and a few small rooms now being converted into so-called "infirm" wards. The deputy warden, a slight, balding man in his late forties or early fifties with dark, piercing eyes, introduced us to the Matron, a woman of perhaps 60 years with grey hair and coarse, fleshy features, and to the admitting officer, a tough man with a prussian shaped head and a crooked nose.

The difference between pre-1948 and post-1948 was stressed. "In the old days", said the admitting officer, "there was the word destitution, whatever that meant. A person got in here whether he was one week or a hundred, if he was destitute. His relatives, right up to the grandfather and down to the grandchildren, had a duty to support him. Even if the father was an old drunkard who had a son who hadn't seen him for years and who said 'He's never done anything for me and I've only 50s. for my wife and three children' he still had to pay - maybe 2/6d. a week. The old Relieving Officer was in touch with the family in the local area - when they were sick, when they applied for a corset or for relief. He knew that family. He visited them every week. An old person got used to your visit. You went every Thursday and they looked forward to it. They were sorry when we called for the last time in 1948. Now what happens? Someone comes along and I think they don't even go in the house (wrong) but stand at the doorstep and give them a book that lasts a whole year. It's just stamped and they can go and collect it." (His assistant said, "That's why there's so many verminous cases. I think they've increased because old people deteriorate and get neglected and no one knows. That's the case of insanitary conditions."

There is the obvious point too that because relatives were liable to help maintain people, for outdoor or indoor poor relief, the R.O. was obliged to record information and this, together with his previous acquaintance with many families, was of great value in judging an applicant's need for care and attention, particularly institutional care. His decision was often one taken in context. "Now you're concerned only with the immediate situation", said the admitting officer, emphasising the word immediate, "your powers have all been taken away
/from....

from you. If a person can't maintain himself and is getting a bit infirm, even if there are relatives you can't say what they should do. A young woman might say she can't look after her mother because she wants to go out to work and there's nothing you can do about it. That's half the trouble, women wanting to go out to work. No, we can't approach their children elsewhere. It's just what you find in the home when you go." There seemed to be a conflict in his own mind about the changes that have taken place. At one point he was saying, "You have to implant the idea in people that the old days are dead and buried. It'll take two generations, though. They think it's the old workhouse and you have to tell them it's not like it was. It's all different now." And then at another point he seemed to be regretting the passing of the old days when he was a Relieving Officer and to be defending the former system. He said that the problem now was "leisure" - what people made of it - implying they had too easy a life and didn't have to work to get what they wanted. He was scornful of "television and the motor-car" and suggested some children with both, neglected their parents, applied for them to be admitted to a home and then came in the motor-car to take them out for a day. Asked whether he thought family loyalties were less strong he thought it was difficult to generalise but he believed they were. "Children don't want to disown parents but they don't want to give mother a scrub-out because they know mother can get a home help." The Welfare State made things too easy for families, he seemed to say.

The deputy warden touched on the same theme. He mentioned that up to 1948 punishments were allowed. A person could be stopped from going out or he could be deprived of his tobacco. Some of the changes that had taken place were for the good but some were for the bad. Such as? He fled to generality and said he thought what was done in 1948 was right, although he seemed to imply that those in charge of welfare homes ought to have some residual right to punish or coerce. Final recourse to discipline was necessary. This was mainly in reference to old men who might be put to some form of work.

It is difficult to convey my impressions as we were shown round the Home. While Southern Grove usually holds 500-600 old people there are only 400 at present, of which all but 50 are men. (They are awaiting staff before the infirm wards are opened). Next to the wards many of the old people were sitting in the day-room, although it was a bright sunny day. The men sat, many in high-backed Windsor chairs, staring down at the ground or straight ahead. They seemed to be just sitting, eking out what little time remained to them. Many seemed already to be in position for lunch, over an hour early. Watery-eyed and feeble, they looked suspiciously at our party and then returned to their self-imposed contemplation. Some wore carpet slippers, some boots. Several had their caps on. From their life seemed to have been drained, all but the dregs. Their stoic resignation seemed to be more than infirmity and old age. They seemed to be like people who have taken so much punishment that they have become insensitive to more. They have the air of not worrying much about their /problems...

problems because it would be too difficult to sort them out. It would be too difficult to get anyone to understand or take notice, and efforts in this direction had always been fruitless. Some men sat on the verandahs outside the wards; we saw one group of crippled men in wheelchairs in ground floor rooms coping as best they could with a bowl of soup in which were as many as a dozen large carrots; we saw a workshop where a seventy-seven years old man had his paintings and drawings (One of a naked woman - an obvious imitation of a Velasquez - entitled "After the Bath").

There was a small, pretty rose garden where we encountered Sam, Sam Goldstein, an old man of 97 with bushy beard and hair, staggering along in a shapeless brown coat and grey trousers and wearing unlaced, down at heel boots. The deputy warden pointed him out as if he was a prize exhibit - the only panda in captivity - who can do what he likes so long as he remains alive. The warden had said earlier that this man was an example of longevity - he had been in institutions all his life and had never worked. Cause and Effect. "It gives some people a new lease of life", said the admitting Officer, "coming in here. Some people we say, they can't last, but months later they're up and about and telling you off." He thought that though "old men sit and vegetate they have company. They can see other people." Because of that he thought it was better than lingering in one-roomed solitude.

His assistant thought the basic problem was loneliness. "They're less lonely here." He agreed that by loneliness he meant both the inability to get out and about in old age and that many were left high and dry as their relatives died or left them. The Admitting Officer insinuated that the approach to a condition where a person required admission to a home was gradual. "It's deterioration. They're on their own and they stop going downstairs for water and then they use a commode instead of a toilet. They don't move out of their rooms and don't notice what's happened. You go in and rub your fingers over the dust and say, "there, look what a state you're getting in" and then they say perhaps they ought to come in. A lot of them are verminous and that's why people stop calling to see them. They (the latter) go home and perhaps find a flea on them. Some of them you think their hair is mousy coloured and when they've had their first bath you look at them and say 'is it them?' They've got fine white hair." One change he's stopped was that "people spend their money. People know how to spend it these days. The days of excessive thrift have gone, when you found them putting money under the mattress."

The women provided a striking contrast to the men - in the ward they seemed more lively, knitting and chatting and a number of them sat and joked outside in the sun on a bench. "There've been some budding romances since we first had the women", said the matron. They seemed to be more resilient and less depressed than the men. Apparently three married couples have been admitted to the home in the last two or three years but "unfortunately every time one of the couple /has...

has died. No, we don't have married accommodation." For me, there was one moving moment when an old woman came out of a ward to meet two young women, presumably her daughters, "I've been dreaming you'd come today", she said.

One of the staff came up to the Matron while we were on the round to tell her that someone had passed away. It was obviously daily routine. I asked whether this upset the patients but the deputy warden thought they accepted it. "They hardly notice."

We looked at baths - standing in rather public positions on which tubular bars were fixed so that a person could grasp them. An attendant always has to be there. The matron showed us the lavatories - in the women's ward and unfortunately one blind old lady was installed in one as she opened it. The matron, particularly, seemed to take the attitude that the old people there had surrendered their privacy. I suppose this is true of many staff members of institutions of all kinds. The patient is washed and laid out for inspection like a frog dissected in a school laboratory - its skin pinned back under the preservative to show its inside. There are a few tiny lockers; most wear the fairly shapeless garments supplied by the authority; and it really is inconvenient if someone has to stay in bed or wanders in his speech. One toothless woman, who beamed continuously at us, spoke in rather confused language to the matron. Some words and gestures were recognisable. The matron patted her head like a mother who loves but fails to understand a wayward child and repeated one or two words she had spoken, as if that were sufficient reply. Inmates of the home are allowed to leave, but only if their names are taken and if they explain whether or not they will be back for the next meal. "The old men go out", said the deputy warden, "they're always finding some excuse to go up the road. It may be for some tobacco, or a paper, or to lay a bet. But the women stay put....We like them to be back for meals but unless we know they're out with friends or relatives we like them to be back early in the evening. If they're not back by midnight and we don't know they are with friends we have to notify the local police."

One noticeable thing was the number of fairly healthy-looking men. These, we found, often did a number of odd jobs, for which anything from 2/6d. to 10/- was knocked off their "hotel" charge. But how could these be infirm and in need of care and attention? The warden hesitated and seemed unconvincing when he replied that they were a group who had first entered the home before 1948. One suspects it is convenient to admit some old people in fairly good shape both to reduce the depressing features of the place and, directly or indirectly, reduce the staffing problem.

The two Admitting Officers said they might visit 16 people a week. About half of these may be admitted to homes. A number refuse to leave their homes after a doctor or social worker has got in touch with Southern Grove and perhaps persuaded them to agree to enter a home. The Admitting Officers made it plain they disliked awkward cases, involving prolonged arguments and several visits. "We go and say, mother, we've got one bed, it's the only vacancy and I think you ought to take it. It's like saying it's the last on the stall. Then you put the flowers round it and you may be back here within the hour writing your report." They both agreed that many old folk had to be persuaded, that some were told to visit the home to see it for themselves. "They don't like dragging up their roots...They like to go somewhere they know...near their friends and relatives. Old folk don't like change." This last was emphasised earlier by the warden. One small point referred to was the inability of many relatives to have an old parent living with them even if they wish to because they are living in council flats, where complicated households are discouraged, if only because so many of the flats have only two bedrooms.

There was one important discrepancy between the information supplied by the warden and matron and that by the Admitting Officers. The former said some old people did not reveal the existence of relatives, partly because they imagined a charge might be levied on them. They had noticed occasionally that a relative visited the person and the name and address was established. The Admitting Officers said the nearest relative was always established because they took the precaution of saying the relative would not be asked to pay anything. Whatever the truth, and what evidence there is suggests the former, the Admitting Officers rarely find out anyone other than "nearest relative" and that may in fact be a relative living at a great physical distance. Their recording of information (as we know from the files) is haphazard.

Peter Townsend

TABLE 1
NUMBERS OF INSTITUTIONS AND HOMES IN ENGLAND AND
WALES, 1958, AND NUMBERS VISITED, BY TYPE

Type of institution or Home	Number of institutions with the following no. of residents of pensionable age				Number in sample	Number visited
	250 and over	100-249	Under 100	Total		
Former public assistance	19	84	224	327	40	39
Other local authority	0	3	986	989	53	53
Voluntary	1	22	718	741	40	39
Private	0	0	936	936	47	42
Total	20	109	2,864	2,993	180	173

TABLE 2
NUMBERS OF ELDERLY RESIDENTS INTERVIEWED IN
DIFFERENT TYPES OF INSTITUTIONS AND HOMES

Type of institutions or Homes visited	Numbers of old people entering within previous 4 months					
	No longer resident*	Not interviewed			Inter-viewed	Total
		Out at time of visit or too ill	Matron refused	Old person refused		
Former public assistance	89	4	0	2	219	314
Other local authority	24	5	0	2	157	188
Voluntary	6	1	7	1	56	71
Private	17	5	9	5	57	93
All Types	136	15	16	10†	489	666

* Dead, transferred to hospital or other institutions, or returned home.

† Six of these 10 were refusals only in part.

¹ Of the 136, 43 had died, 29 had been transferred to hospital and 19 to other institutions, and 45 had gone home or to lodgings.

INTERVIEW WITH DEPUTY DIRECTOR OF WELFARE SERVICES, HULL

(50)
Interview Circumstances. Brian Rees and I interviewed Mr. [REDACTED] Deputy Director of Welfare Services, in about one and a half hours on the afternoon of January 16th, 1959. Mr. [REDACTED] is a youngish man in his late thirties, very direct and forceful in his manner. He seemed very confident of the work being done in Hull and to take real enthusiasm in his job.

1. Staffing and Organisation of Department. There is a Welfare Services Committee of the City Council consisting of 17 members with
They meet monthly. Under this Committee is the Homes and General Purposes Sub-Committee, which takes references from the full Committee and discusses matters in more detail. There is a direction from the Committee that in any individual case of admission/^{both}the Chairman and three or four other members of the Council should be consulted but Mr. [REDACTED] said that in practice only the Chairman is consulted in cases of individual admission.

The Welfare Department itself has a Director, aged 60, with 40 years' experience in Poor Law and new legislation, and an Assistant/^{who}came into the service in 1948 with a Diploma in Municipal Administration (Mr. [REDACTED]). Directly under them the Welfare Department is divided into the following sections: General Welfare (the elderly and homeless, and including domiciliary visiting); Handicapped (general classes, except the blind and the deaf); Blind (home teachers and working through a voluntary agency for workshops); Homes (supplies, supervision of running of homes and records); Wages and Staff; and then there are one or two additional people in the Department who deal with receivership and the care and protection of property. The care of the Deaf is supervised by the Department through voluntary agencies.

Mr. [REDACTED] emphasized that the Council took a very real interest in the running of the Department and this was not an instance where the Chief Welfare Officer really controlled policy. He emphasized that policy was, in fact, very much controlled by the Council itself.

Within the General Welfare section there is a Superintendent, aged 62 and with long experience, together with 2 assistants (one of them a woman) and these three are the administrative group in charge of five district offices, directly concerned with visiting old people in their own homes. There are five district officers, one of them 30 (Dip. in ~~Social~~ ^{Municipal} Administration), and the other four between 55 and 60, the four of them former Relieving Officers, and these five each have an assistant and one other in their offices. In each of these five

offices the three people all do domiciliary visiting. I found that their main work is interviewing people in connection with admission, reviewing people on the waiting list, and carrying out some domiciliary visiting. It was a bit difficult to find out quite how much of this is done, but Mr. ██████ said "We have systematic visiting of those living alone. In 1948-9 we had had thousands of records from the old Poor Law, and the elderly were retained on a register. Then in 1949 we did a comprehensive survey of the population of old people and this formed the basis of lists of people whom we were to visit. Those living alone are visited weekly or monthly and others who might be living in families are visited less frequently. These officers also deal with people who are likely to be evicted and act very generally as a clearing-house for many welfare problems."

He was a bit cagey about the attitude to training and recruitment. He said that "Hull is very keen on the academic exam. but historically a lot of the staff of the Poor Law were absorbed into the Ministry of National Insurance or National Assistance and those left were not necessarily the best type of men. And as you know, local government has difficulties of recruitment because of the low pay." I gathered that on the whole, despite some emphasis on academic qualifications, there is still a leaning towards appointing youngish men who have proved themselves in some or other department of the Council. The Welfare Officers, or rather District Officers, who carry out visits, do not have cars but use cycles.

3. Co-ordination. Most of the discussion was taken up with future policy and we did not spend too much time on this subject. Apparently, partly because they had given up a large type of institution, the relationships with the hospitals was fairly good. "We don't do so badly." In general Mr. ██████ said that "We tie up with all the various services fairly well but there isn't a great deal of that because unlike many authorities we have our own domiciliary visitors and don't need co-operation in some fields. You could say that we need many more services, particularly the domiciliary ones." When I asked about tying up with the Home Help Service he said at first that he would rather not answer (whether that should come under the Welfare Department) but revealed his feelings very clearly when he said: "I fail to see that that is a medical service, but by and large, if there is good co-operation, I don't think it

makes much difference whose responsibility it is."

4. Waiting Lists and Applications. The present waiting list is 200, and, unlike most other authorities, this has been reduced in the last two or three years, having been 400 a few years previously. I was told that there is a monthly review at the very least of all those on the waiting list. "Before very long we hope to have the problem solved, as we are opening new Homes."
5. Policy and Large and Small Homes. This was by far the most interesting part of the interview. I had known from previous information that Hull was one of the very few authorities in the country which has dispensed with the use of former workhouses. They originally had two sets of accommodation in two institutions owned by the R.H.B. and joint users. The accommodation was for 80 women and 110 men respectively. "In the first we reduced the numbers to 65 and then opened two small homes and cleared the lot in 1955. The second was scaled down to 61 men and then, in one fell swoop, we moved them to Wensley Lodge in February, 1958. I will say this. I expect our problem was made easier by the fact that this was a joint user which we ourselves didn't own. If we'd been the principal user I don't know what we would have done. And one angle in all this was that the hospital beds could be freed and we had complete agreement on this. The hospitals wanted the beds. Moreover, our Council was determined to get rid of this accommodation."

I put to him the points which had been made by local authorities in favour of the large institution, both about the finance, the frail sick and the so-called "anti-socials." In reply he said "I would disagree on every point about former P.A.I.'s. We find it cheaper to have them in our homes than in a joint user. I would say about £1 a week per resident cheaper. We never experience great difficulty about the frail and nursing them. Moreover, we understood that the men, particularly, in the joint user, were a horrible lot. Yet the home they've gone to is the home where we have the least difficulty. I admit it has knocked us aback. I admit that some were long-stay institution cases and therefore more malleable. But even so I think many people have been surprised at the success of the operation."

and I have recorded these on the sheets we have. One of them is the purpose-built home for 60 infirm people and is the first in the country which follows the Ministry's recommendations about the care of the more frail aged. Another purpose-built one which is to be opened in 1960 is of particular interest because, apart from the home for 37 people there are going to be grouped dwellings round it for some 40 people who will ~~be~~ receive their meals in the home and will also be part III cases but live independently to a great extent. This is rather different from the grouped dwellings now being built and maintained in different parts of the country, where the housing department is mainly responsible for the erection of buildings and the welfare department only contributes the cost of communal services.

Although this one new purpose-built home will accommodate the very frail, at four of the small homes at present they are able to accommodate some of this kind of people at present. At four places, Westbourne House, Hugh Webster House, Roseville and Wensley Lodge, there is a 24-hour turn of duty.

There are no other group dwellings for the aged in Hull but there is one group of bungalows run by the housing committee. Mr. [REDACTED] said that as a result of the keener work done by the domiciliary services "People have been propped up for longer in their own homes and we have been getting them later on. There has been a swing in emphasis to the more frail needing attention, and maybe at night." He seemed, therefore, to be in favour of providing for these frail persons in their own homes. He thought that there were scarcely any people in their homes who could be regarded as hospital cases. "Occasionally we have one or two but generally speaking you might say it was none." When I asked about those who might otherwise be cared for in their own homes if the domiciliary services were better, he said, "I don't think there's much of a proportion that could be maintained in their own homes rather than in residential accommodation. I think it's rather deceiving when you go to some homes, because you ask "Why the devil is that person there?" You will not have seen that person when he was admitted. It is certainly true to say that some people improve very quickly when they get good meals and warmth.

6 & 7. Voluntary and Private Homes. We didn't talk much about this but he seemed to be rather cool about voluntary homes, interestingly. Two of them have in the last three years or so been taken over by the local authority because they couldn't be managed any longer. Apparently members of the welfare committee

visit the voluntary homes quarterly by arrangement. They only visit those homes which are assisted by the authority. Of the two private homes Mr. [REDACTED] [REDACTED] said one was very good; the other was not so good but as it was registered he could hardly say that it should be closed. "I suppose they're all right. Whoever goes there can see what they're paying for and I suppose it's up to them."

Am Waves

20

For those who have been admitted within the previous four months

NAME . MRS

SERIAL NO.. 093

1. INDIVIDUAL DETAILS

(a) Age 60-64 1 80-84 ⑤
 65-69 2 85-89 6
 70-74 3 90-94 7
 75-79 4 95+ 8

(b) Sex Male 1
 Female ②

(c) Marital Status How long?
 Single 1 Widowed ③ 0-2 yrs. 6
 Married 2 Divorced 4 3-5 yrs. 7 1943
 Separated 5 6-9 yrs. 8
 10+ yrs. 9
 Not known X

3.(i)
 (c) If no other person in household, had old person a relative in another household in the dwelling?
 Yes 1
 No ②

(d) Who provided the midday meal?
 Self ①
 Relative in dwelling 2
 Relative elsewhere 3
 Friend, landlady, or neighbour 4
 Meals on wheels 5
 I'd get some chops or summit like that
 Other I were used to bacon & home 6
 Not known made bread what I did X

2. OCCUPATIONAL HISTORY

(a) Last occupation
 Weaver: Labouing

O R
 (b) If married, widowed or separated woman, husband's last occupation
 6

(i) If non-private household - myself
 (a) was it
 Old People's Home - Local Authority 1
 " - Voluntary 2
 " - Private 3
 Hospital 4
 Common lodging house or reception centre 5
 Other ⑥
 Not known X
 Date last in private household if known D M Yr
 ②

3. PREVIOUS RESIDENCE

(i) If private household - ~~State before~~

(a) name of village, town or borough
 Bromsgrove
 (Seymour St.) Chorley

(b) with whom did the old person share the household?
 Alone Y
 Alone but in lodgings 0
 Unmarried or widowed child(ren) only 1
 Married daughter and son-in-law only 2
 Married son and daughter-in-law only 3
 Widowed daughter and grandchild(ren) 4
 Widowed son and grandchild(ren) 5
 Married daughter, son-in-law and grandchild(ren) ⑥
 Married son, daughter-in-law and grandchild(ren) 7
 Sister or brother only 8
 Others (please specify) ②
 Not known X

(b) Name of village, town or borough where last in a private household

4. ADMISSION

(a) Name and address of Residential Home to which admitted
 Labrum House
 Upton-on-Severn
 Waves

(b) How far is this from last private residence?
 Under 5 miles 1
 5-20 " ②
 over 20 " 3
 not known X

(c) Was the old person accompanied on the day of admission?
 Yes ①
 No 2
 not known X

(d) If yes, by whom?
 Relative ①
 Friend or neighbour 2
 Social worker 3
 Person unknown 4

Those in household 2 daughters, one at
 least with husband & children

I wasn't satisfied where I was, because they think when you're old you should be out of sight.

11.(c) Does the old person have visitors?

	(i) Relatives	(ii) Friends
Twice a week or more	1	1
Once a week	2	2
Less than once a week	3	3
Not since arrival	4	4
Not known	X	X

(d) Should your relatives visit you more than they do?

Yes	1
No	2
Uncertain	3
Not known	X

Discuss availability of relatives and friends

See page 2 of opp.

(e) Does the old person visit outside the Home?

	(i) Relatives	(ii) Friends
Twice a week or more	1	1
Once a week	2	2
Less than once a week	3	3
Not since arrival	4	4
Not known	X	X

(f) Does the old person leave the precincts of the Home without assistance?

Twice a week or more	1
Once a week	2
Less than once a week	3
Not since arrival	4
Not known	X

(g) Has anyone in the old person's family died or moved away since arrival?

No. I don't think they have.

12. FRIENDS IN THE HOME

(a) Do you have a close friend in this Home?

Yes	1
No	2
Not known	X

Discuss means of maintaining friendships

See page 2 of opp.

(b) Is there anyone you assist in getting about this Home? (to dining room, W.C., walk outside)

Yes	1
No	2
Not applicable	3
Not known	X

We are like peaceful - you know, but some you can't talk. Nurses is all right. They're a good help.

12.(c) Is there any other resident who assists you in getting about this Home?

Yes	1
No	2
Not known	X
Not applicable	3

13. OCCUPATIONS

(a) Do you help regularly in the Home?

Washing up	1	Cleaning rooms	5
Laying tables, serving	2	Making beds	6
Preparing food	3	Gardening	7
Cooking	4		
Other (please specify)	8	None	9

See opp.

(a)(ii) Yes, with reward	1
Yes, without reward	2
No	3
Not known	X

Comment

(b) What occupations or hobbies do you engage in?

Knitting, sewing etc.	1	Gardening	5
Basket work	2	Reading papers and T.V.	6
Woodwork	3	None	7
Other handicrafts	4		
Other (please specify)	8		

See opp.

(c) What do you do in the morning?

See opp.

(d) Do you find you have enough to keep yourself occupied?

Yes	1
No	2
Uncertain	3
Not known	X

(e) Is there any job you would like to do or to help with?

See opp.

(f) Is there anything else you can do and would like to do such as a hobby to keep yourself occupied? (books, cards, television, radio)

I've done that much washing and cleaning and I've got out a bit. I feel I can't do because of my head hurts.

I like reading a bit. My glasses is broken.

13.(g) Are you free to do what you like in this Home?

Yes 1
 No 2 Reason ~~.....~~
 Uncertain 3
 Not known X

summed about this being better than any of the many places she had been in.

14. CONTENTMENT WITH PERSONAL SITUATION

(a) Do you think you did the right thing in entering this Home?

Yes, definitely 1
 Yes, on the whole 2
 Uncertain 3
 No, on the whole 4
 No, definitely 5
 Not known X

.....

(b) Now that you are here, do you want to stay permanently? (even if a favourable change in individual circumstances?)

Better than out else.

Yes 1
 No 2
 Uncertain 3
 Not known X

(c) Is there any possibility of going back to a home of your own?

Yes 1
 No 2
 Uncertain 3
 Not known X

(d)(i) Do you know of any other Homes?

Yes 1
 No 2
 Not known X

I know of plenty as is not so good.

(ii) Is there any other Home you would prefer to be in?

Yes 1
 No 2
 Uncertain 3
 Not known X

(e) Are you satisfied with the general arrangements here?

Yes, definitely 1
 Yes, on the whole 2
 Yes, with one or two exceptions 3
 Uncertain 4
 No, with one or two exceptions 5
 No, on the whole 6
 No, definitely 7
 Not known X

I couldn't say a wrong word.

14.(e) Prompt:

(i) clothes *.....*

.....

(ii) wardrobe, lockers, and dresser space
..... Yes, well, nurse puts them away.

(iii) sleeping arrangements *.....*

..... We have good beds & everything.

(iv) meals *..... I can't grumble over it.*

(v) washing facilities *.....*

..... I don't have to wait.

(vi) recreational facilities *.....*

.....

(vii) relationships with staff *.....*

.....

(viii) other arrangements *.....*

(f) Have you any suggestions for making this Home a better place to live in?

Yes 1 *.....*

.....

No 2 *Oh no, I don't think I can.*

I'm satisfied. It's best as I've

Uncertain 3 *ever been in.*

.....

Not known X *.....*

See opp.

(g) Would you like a bedroom of your own here, if there were one?

.....

Yes 1

No 2

Uncertain 3

Already have one 4

Not known X

15. LONELINESS

Are you lonely?

Often 1

Sometimes 2

Not lonely 3

Not known X

16. REASON FOR ADMISSION

Why did you enter this Home?
 They were like telling me
 to get out. And I done
 most for them.
~~.....~~
~~.....~~
~~.....~~
~~.....~~
~~.....~~
 My daughter said "Mother I've got a
 nice place for you". I says "I'm not
 going anywhere like Loves Lane; I'll
 give you a wallop"
 Other daughters don't want me.
 Was living with
 married da. who is now ill.
 with a nervous complaint.
 2nd gr. da. took over care for
 2 wks but is a widow &
 has to go out to work.
 "mother can't be left on
 her own, she is rather forgetful.
 & at times con found."
 H. 3. | H.

CHECKS

(i) If ~~formerly~~ living alone check Yes 1
 whether lost home No 2
 and if relatives or friends living within
 mile, why could not provide.
 OR (ii) if formerly living with others check
 reasons why could not provide, and why no
 other relatives to go to.
 OR (iii) if from hospital, check Yes 1
 whether home now lost No 2
 and why no relatives or friends to go to.

Former Home Amenities

(i) Was any part of your home on Yes ①
 the ground floor? No 2
 (ii) W.C. indoors? Yes ① (iii) Electricity Yes ①
 No 2 No 2
 (iv) Piped water in home? Yes ①
 (i)-(iv) DK X No 2

See opp.

- 5 -
 17. APPLICATION

(a) When was attention first drawn to the need
 for the old person's admission? ②

(b) By whom? D 29 M 6 Yr 59.
 Self or spouse Y
 Relative X
 Neighbour 0
 General Practitioner ① ✓
 Housing Department 2
 M.O.H. or Public Health Department 3
 Health Visitor 4
 Home Help Service 5
 Almoner (or otherwise Hospital) 6
 National Assistance Board 7
 Old People's Welfare Sec. or Cttee 8
 Minister of Religion 9
 Other (Council of Social Service,
 W.V.S., etc. Please specify.) 1

Not known X

(c) What was the length of time between
 application and admission?
 Under 2 weeks 1
 2 weeks and under 4 weeks ②
 4 " " " 12 " 3
 12 " " " 6 months 4
 6 months and over 5

18. KIND OF RESIDENT

Former P.A.I.: (a) joint-user 1
 (b) other ②
 Other L.A. accommodation 3
 Voluntary Home: (a) maintained by L.A. 4
 (b) not maintained by L.A. 5
 Private Home 6

19. DATE OF INTERVIEW

22nd September 1959

Was the old person
 himself interviewed? Length 1/2 hour

Yes, 1
 Yes, with others present ②
 No, ill/very infirm 3
 No, deaf 4
 No, other reason (please specify) 5
 Ward Sister came in several times & tried to
 answer questions for Mrs. Miller.

20. ADDITIONAL OBSERVATIONS (Details from case
 record, old person's reaction to environment
 and to interview, general demeanour)

Small, attractive woman with fair pinkish
 skin. I gathered she was considered
 amusing for her aggressive language.
 Product of a bitterly hard life, forced
 to be independent and protected by
 lack of insight into the consequences
 of her own behaviour. Strong Lancashire
 accent & dialect. Told story of hitting
 her son-in-law three times.
 Confused and unable to remember
 how many daughters, or dates.
 5 of R. Penn only. ③

STAFFING AND ORGANISATION OF DEPARTMENT

- (1) Welfare Officers actually visiting aged and taking applications.
Age and Sex? Former R.O.? Qualifications? Pay? *Some - draw pensions - pay statutory amt*
- 1. *W.O. field work - keep pension books - pay pocket money.*
- 2. *NO* | *All men 2 wvs 55, 60 4 were 30-40 former relief*
- 3. *AWO* | *take inventories*
- 4. *AWO* | *of houses of people admitted*
- 5.
- 6.

Use of cars? *NO - can draw on Transport Dept taxi*

Discuss attitude to training *advertis - essential to look for sense of vocation rather than social science degree.*

- ii) Description of rest of organisation (including relationship with committee of L.A. council)
- Divided into two. Handicapped (centres for blind & deaf) 2 home teacher. Social centre for blind & deaf at Prince Consort Rd. Physically hand 1 w.o. Large hut for play area, handicapped to make things. 1 w.o.*
- 1 Ophthalmic examination @ home visits & teach, braille*
- 2 Sunday social centre @ morning handicraft class*
- W.V.S. - 1 contact potential employers @ road club centre*
- 1 interpreter for legal jobs*
- W.O. @ Kings social centre @ supervise handicraft class*
- @ signal appliances*

- iii) How often does Chief Welfare Officer visit each Home?
Chief Clerk 2 wvs or 2 assistant wvs 2 typists & 2 juniors
- welfare services chief - manual accommodation - total for visit monthly*
- 3 sub - handicapped*

RESIDENTIAL ACCOMMODATION AND SPECIAL INFORMATION SOUGHT

- i) Check list of Homes (together with latest number of residents)
- ii) Add "special" Homes, for blind, epileptics, etc.
- iii) Add voluntary "special" Homes
- iv) Add private Nursing Homes
- v) Obtain copies of latest statistical returns about
 - (a) visits paid by W.O.'s.
 - (b) numbers admitted to waiting list
 - (c) size of waiting list
 - (d) numbers dying and discharged
 - (e) numbers from hospital and exchanged with hospital

Molly House 30s per week each room caretaker - residents supposed to hand rules & regulations necessary - find houses best method of accommodation existed cases caretakers wife informal help - teach them to knit family wvs

- 2. (vi) Obtain copies, if any, of instructions given to Welfare Officers
- (vii) Suggest value of having example of Welfare Officer's week showing case-load.
- (viii) Check how average costs worked out

COORDINATION

- (i) Working relationships with
 - (a) hospitals *- tricky see over*
 - (b) General practitioners
 - (c) housing dept. *- fallen into abeyance*
 - (d) old people's welfare
 - (e) Home Help service

noting formal, as well as any interesting informal, relationships
anxious to get OPWC in hands of DWS with Amalg. as sec - otherwise continually fall

- (ii) when did you last meet
 - (a) hospital secretary or equivalent?
 - (b) secretary, old people's welfare association?
 - (c) Home Help organiser?
- (iii) Do you think the cooperation between different services concerned with old people could be improved? In what ways?
Home situation is delicate & little cooperation with housing department. Prob. not until housing situation in Gateshead improves

- (iv) Do you feel the opportunities for learning the problems of other authorities are adequate? Is there sufficient liaison between the two associations for county and borough welfare officers?

Ass. of Child's officers all meet on same level. In welfare committees take different line - partly because of being open county medical officers. But Shroton put welfare as grant - carrying dept. like

- (v) Do hospital secretaries and almoners regularly visit Welfare Homes?

- (vi) Do you have as much interest displayed in the day to day life of the Homes by voluntary and other associations as you would like? (e.g. visits by religious organisations W.V.S., local dramatic societies and so on)

W.V.S. also meets on wheels - lot of cooperation & lot of cooperation from health dept. With exception of Home Help service can't see how could improve

(Continued ...)

Housing officer has too much strain on resources

9 urgent } more or less
32 revision } static
for past few years

4. WAITING LISTS AND APPLICATIONS

- (i) What happens after an old person has been accepted for admission? Are you able to review periodically the cases on the waiting list?
.....
.....

- (ii) Is the old person free to choose between particular welfare Homes or do you find that in practice the welfare officer will know which Home suits the applicant best? Are any applicants able to visit the Homes before-hand or is this felt to be unnecessary?
from doctor quite lot of inquiries
.....
.....
NAB
.....

- (iii) Is the applicant formally given any information about the Home it is proposed he should enter?
.....
.....

- (iv) What personal articles is the new resident allowed to take to the Home and if these are limited in number is this because of the feelings of the other residents or because the Home could not be managed so efficiently otherwise?
.....
.....

- (v) Are any special arrangements made to get him to the Home or will he generally be able to find his own way there?
.....
.....

- (vi) What information does the authority collect about the whereabouts of relatives, and for what reasons? Are any special measures taken to keep them in touch or is it felt that they can gain all the information that is necessary during their visits to the Home?
.....
.....

5. LARGE AND SMALL HOMES

- (i) If there is a former P.A.I. in the area, do you anticipate closing it down in the foreseeable future?
*Long term future of Fountain View
Got to stay from economic point of view
Wd close the south - closed for place
No relocation from Rent Act yet*
.....

- (ii) Is the balance right between large and small Homes? What is the ideal size, or proportion?
Bigger problem in mental health proposals. 75% in mental block
.....

- (iii) Do you see grouped homes for the elderly playing a bigger role in the future, or does the rising incidence of infirmity mean putting more emphasis on institutional or "half-way" provision?
No discussion of 1/2 way
.....

6. VOLUNTARY HOMES

- (i) To what extent do you come into contact with the voluntary Homes? (Scrutinise list) Which do your officers visit regularly? Which ones have maintained residents and how many? (Complete information on appropriate sheets) What records are kept about the Homes?
.....
.....

- (ii) By and large are you satisfied with the voluntary provision in your areas? In what ways is it deficient? How might it be improved?
None
.....
.....
.....

7. PRIVATE HOMES

(i) What principles do you follow in requiring registration? (Number of old people, seasonal variation, strict application of fire precaution rules?)

NONE

(ii) What safeguards do you have in the way of inspection?

(iii) By and large, are you satisfied with the standard of accommodation?

8. OCCUPATIONS

(i) What principles do you follow in enabling the residents to work in the Homes? Please give examples of practice. Do you see that each small Home has at least one active domestic "helper"?

(ii) What occupations unconnected with the management of the Home are encouraged? Have you any staff concerned solely or mainly with occupational therapy?

Not at Fountainview

1 superintendent for 2 ^{small} homes. Man lived with wife & family at 1 & wife is cook-housekeeper + 2 down staff. widow cook-housekeeper at other with 2 down staff

9. EXPERIMENTS

(i) Are there any experiments you would like to see tried in residential provision?

(a) In the siting of homes?

(b) In attaching Homes to a housing estate or old people's bungalows?

(c) In placing Homes near hospitals?

(ii) Would there be any advantage in making residential provision a service of the State rather than of local authorities? Or bringing it within the control of the Regional Hospital Board?

10. In your opinion, if hospital provision were better and the domiciliary services improved, what proportion of people who are now resident in your homes could be kept at home or moved into hospital?

Urgent to put home help service under welfare dept. If we had a team of home help available we cd probably keep many of these people in their own homes thereby making old people happier, secondly by not having to build new hostels (Serious economic problem) - 3, by being able to reduce the no. of people in large establishments & giving them more amenities

Supervisor of MH helpful but we have to go on bended knees cases We cd reduce Section 47/10 nil

INSTRUCTIONS FOR KEEPING DIARY

In the enclosed letter we have asked you to keep a diary of your life in the home for one week, beginning with Monday. An example of one resident's notes for one day is enclosed, and we set out below some points about the type of information we would like.

1. Please put on the left hand side of each page the rough time (e.g. 10 o'clock, 3.15 etc.) when the event happened.
2. What time you got up and went to bed.
3. What you had for breakfast, dinner and tea.
4. What time you went out and how many times you went out. Where you went and how (walk, bus, train, etc.).
5. If you go out and visit friends or relatives say whom you saw and how long you spent with them. (For example: 3 p.m. Went to see my daughter at her flat in Talked to her for half an hour and had tea. She said that she and her husband were coming to see me at the home on Saturday. I left about 6 p.m. and got back to the home at 6.15 p.m.)
6. Also say if friends or relatives come to see you. Say who they are and how long they stopped. (For example: 5.30 p.m. My son George dropped in on his way home from work. Talked about a neighbour of his who had just come out of hospital. He asked me how I was settling in and I said it still felt a bit strange.)
7. Please say as much as you can about what you do in the home, in which room you sit and for how long. Also, write down any opinions you have which would help us to recommend improvements in homes to be opened in the future, and any events that strike you as especially interesting. Say whether you do any washing up, knitting or gardening, and what you do in your spare time.

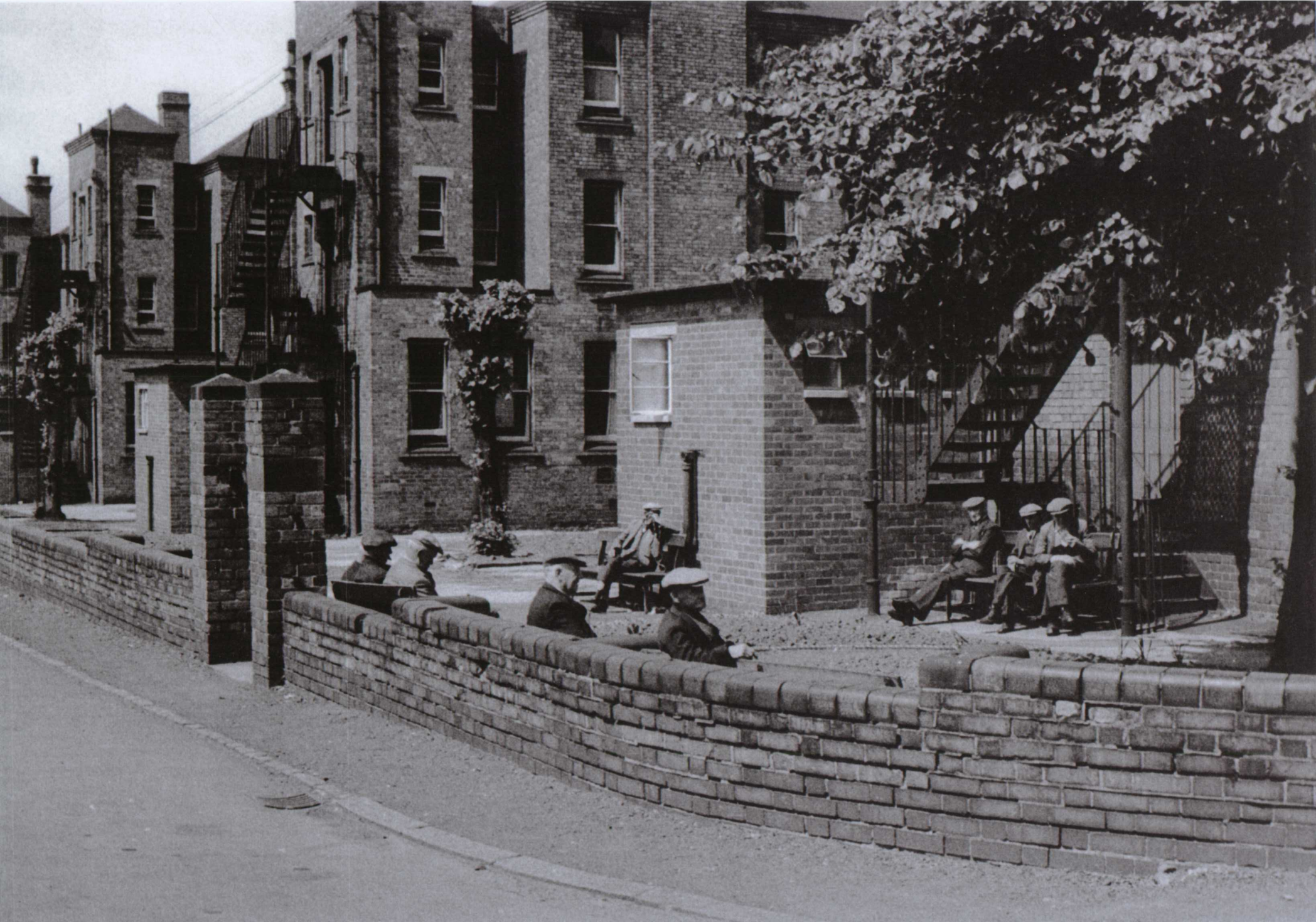
EXAMPLE OF RESIDENT'S NOTES FOR ONE DAY

Thursday

- 7.30 Attendants came round and called us. Got up and took my turn at the washbasin at the end of the passage, then I dressed and went downstairs. Mary (sleeps in the next bed) wasn't feeling too good and the Sister said she could stay in bed.
- 8.15 Had breakfast (Tea, porridge, bacon, bread and marmalade). Went to kitchen and helped with washing up for half an hour. I get five shillings a week for helping. Cook hurried us out because she wanted to get on with her work.
- 9.30 Went to No. 4 day room and had a look at the "Mirror". Talked to my friend Milly about her daughter. Did a bit of knitting. Mrs. Jones had a row with Mrs. Robbins. Mrs. Robbins wanted the window open. (She's a bit of a trouble maker.) In the end the attendant came in and they quietened down.
- 11.00 Went out for a little walk on my own and had a look round Woolworth's. Bought some hairpins.
- 12.30 Went back for dinner (Roast lamb, cabbage and potatoes, stewed apple, cup of tea).
- 1.30 Went to No. 4 day room. Read a book for an hour but my eyes got sore. Mrs. Brown told me her rheumatism is playing up again and said she would tell Matron when she came round.
- 3.00 Bath day. Waited 15 minutes in changing room and then the attendant bathed me. I used to bath myself at home but we are all helped here. I suppose some of them need it. Some old people might hurt themselves on their own.
- 5.00 Tea (Herring, bread and butter, jam, tea).
- 6.00 My Nellie (youngest daughter) dropped in and we talked for half an hour. She told me about the new self service shop down in the High Street. She brought me 10 cigarettes and told me that her boy (he's 12) has got a bad cold.
- 7.00 Watched T.V. for an hour. Didn't want any supper (Milk and biscuits). Had a smoke. I'm beginning to get used to living here now. I was lonely at first and everything was strange. People come here from miles around and there's only one from my home district. They're a funny lot but I keep my sense of humour.
- 9.00 Went to bed. I was very tired and had a bit of a headache. Mary was feeling better and will be getting up tomorrow. She was a bit fed up because some of us came in just as she was nodding off.











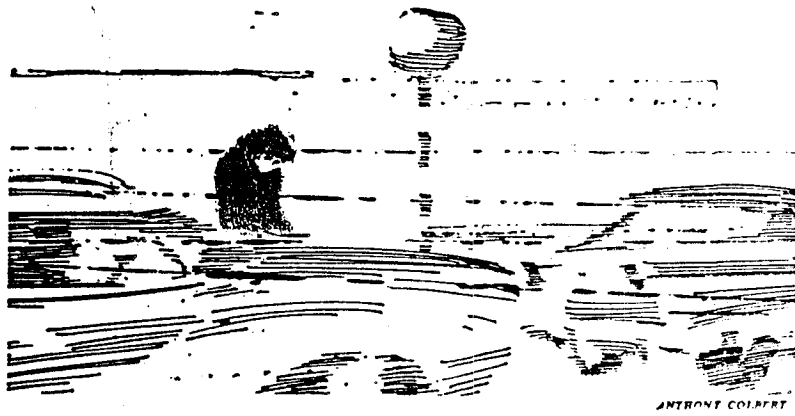






THE FATE OF THE ELDERLY

PETER TOWNSEND puts the vital question about old people: Should they be segregated from ordinary society or integrated into it?



ANTHONY COLPERT

NO INDUSTRIAL society has yet tackled imaginatively or consistently the problems produced by a growing number of old people. In fact Britain has been indecently slow, not least in the months since the Labour Government took office, to match in social policy the public concern expressed so anxiously since the late 1950s.

Partly this is because the nature of the problems has not been clearly identified or understood. Many people know that the number of persons aged 65 and over has increased and is increasing, from five million in 1945, for example, to 6,400,000 in 1965 and to an estimated eight million in the late 1970s. But the real challenge posed for the social services is greater than these figures suggest. The needs of persons aged 80 and over are greater than of persons of younger ages and their numbers are increasing disproportionately (rising by as much as 40 per cent in the last 10 years).

treated like everyone else in society, irrespective of their age? Or do they prefer the retired status of a section of the population which is gently removed from the main-streams and cross-currents of ordinary life, even to the extent of living independently of their families and of the younger generations in seaside retirement communities and institutions? The answer we give to this question can make a great difference to the policies we adopt to achieve an efficient as well as a just society.

First, retirement policies. Whatever younger people may like to believe, the evidence shows that those approaching retirement age dislike the catastrophic change from full-time work to complete retirement. Nearly half the persons who are in fact retired, and a majority of the more active among them, would prefer some form of employment, including part-time or light work. Men are particularly reluctant to lose the satisfactions and associations that work supplies and here, despite the well-known (and perhaps misconceived) economic arguments, the social or human arguments favour a measure of "integration" involving a revolution in current industrial policies.

Right to work

Again, more of the elderly are retiring, and are obliged to retire, early. And more of them than of their predecessors have small families. Fewer have a child still unmarried in the home, and more of their middle-aged children will be faced with the dilemma of providing care to elderly parents on both sides of the marriage. The social services thus have to expand quite fast even to maintain existing standards.

But poor intelligence services alone do not explain the meagre efforts and achievements of recent Governments. The belief that services for the elderly should not be given as much priority as those for other age-groups is widespread and leading politicians continue to delude themselves that voluntary organisations can cope with problems and needs which have long since outstripped their resources. They are also perhaps lulled into inertia by the lack of organised pressure groups among the elderly.

Underneath is a kind of ambivalence about the role of the elderly. Should they be integrated or segregated? Do they prefer to work and to be

Poverty line

Secondly, social security policies. A retired population with separate and low status can conveniently be left to "subsistence" pensions and assistance rates. But an older section of the population which still has access to some forms of occupation and which otherwise contributes to national life can justifiably claim standards of living which are related to the standards of those at work. The evidence shows that over half the elderly, about 3,500,000, depend wholly or primarily on minimum State benefits. Supplementary occupational pension schemes are not developing swiftly enough to diminish such large-scale relative poverty and there remains an unanswerable case for the early introduction of a scheme, like that proposed long ago by the Labour Party, which links pension levels not only to the previous earnings of the indi-

vidual but also to increases in national income per head.

Above all, the question of "segregating" or "integrating" the aged affects health, housing and welfare policies. All the evidence supports a radical reorganisation of existing services. Only 44 per cent of the elderly live in institutions, but their present distribution as between psychiatric hospitals, other hospitals and residential homes is irrational. The best long-term solution seems to be to replace the different institutions for the elderly with half-way homes attached to district general hospitals which would be grouped under a single administration. They would be smaller in size (say 30 beds) and would be designed to re-create so far as possible the conditions of home life.

Given reorganisation, should the total amount of institutional accommodation be increased or reduced? On balance the evidence favours a rapid reduction.

A substantial proportion of old people in institutions are surprisingly active. Indeed, as many as 6 per cent work 20 or more hours per week. A large proportion entering institutions do so mainly because they have lost their homes through eviction or other reasons. Provided there is a rapid increase in special kinds of housing and community services, many people currently occupying long-stay accommodation could remain, and would prefer to remain, in their own homes.

The qualification must be watched. Many other old people who require help at home are involved. Local authorities are beginning to provide groups of flatlets or bungalows which are specially designed for the infirm and which have certain communal facilities and a housekeeper or warden on call. The best are situated in the midst of other housing near shopping centres. But only six in every 1,000

old people live in this kind of sheltered housing and estimates suggest there should be over eight times as many, or 50 per 1,000. They would give many infirm people a measure of security without depriving them of privacy and independence.

Expansion of the community services is perhaps the most urgent priority of all. The latest survey shows that the inadequacies are far more serious than anyone had supposed. There is evidence, for example, that the mobile meals service should be expanded at least five-fold, the home help service at least three-fold and the chiropody services two- or three-fold. Both "sheltered" housing and all home welfare services, including domestic help, should be administered by a major new family help service replacing the existing fragmented and puny services. Its general aim would be to integrate into the community that minority of old people who have considerable physical, psychological and social need. Among 6,400,000 even a small minority can number several hundred thousand.

All this amounts to a very ambitious programme. But nothing less will prevent the growth of a deprived and isolated under-class in society.

WHAT IS—AND ISN'T—DONE

One out of every nine people in Britain today is over 65: in all, 6,400,000 men and women, of whom about 300,000 live in institutions. The figures below, which are based on the results of a new national survey, show some of their problems and needs.

HOUSING

Lacking three basic amenities (indoor W.C. and sole use of bath and kitchen) 355,000

Lacking two of three basic amenities 1,281,000

Approx. numbers requiring sheltered housing (because of infirmity and lack of relatives or separation from them) 300,000

HOME HELPS

Getting local authority service 258,000

Not getting service but feeling the need or having difficulty with housework 600,000

MEALS

Having meals delivered to home 66,000

Not getting meals delivered but feeling the need or having difficulty in cooking 384,000

HEALTH

Nearly 700,000 suffer from severe incapacity—i.e., have difficulty in walking, negotiating stairs, washing or dressing—or are bedridden. Only 150,000 of these are in institutions.

CHIROPODY

Getting foot care 425,000

Not getting care but feeling the need or having difficulty in caring for feet 1,025,000

HEARING

1. Severe difficulty in hearing but either no examination or none for more than 5 years 210,000

2. Severe hearing loss but no aid 255,000

SIGHT

1. Severe difficulty in seeing, but either no examination or none for more than 5 years 376,000

2. Severe difficulty in seeing, but not registered with local authority 454,000

THE survey covered representative samples of 4,000 persons living in private households and 2,000 living in hospitals, nursing homes and residential homes throughout Britain. It was carried out, with the help of the Government Social Survey, by Peter Townsend and Dorothy Wedderburn, assisted by Sylvia Korte and Sheila Benson. A report will be published this week under the title, "The Aged in the Welfare State" (Bell 21s.).

PETER TOWNSEND BOXES 36 & 37

The Peter Townsend Collection List of Contents for Boxes 36 'The Last Refuge'.

File Name: Contents:

- Pilot:1** Background material: extracts from Health Service reports, legal statutes etc.
Account of PT's first visit to an old people's home (28/1/1955) headed 'This determined me to do the present study'.
- Pilot:2** Pilot visits/interviews in Hampshire, c. February 1958; includes 5 homes; 3 welfare officers and 3 residents.
- Pilot:3** Pilot visits/interviews in London, c. June 1958; includes 6 welfare officers and 1 resident.
- W.O.Ints.** Notes and reports of interviews with County & Borough council welfare officers, or other named official with similar responsibilities. Sorted alphabetically into folders.
- W.O.Ints:1** Barnsley
Bedfordshire
Berkshire
Birmingham Corporation
Birmingham City
Bootle
Brighton
Bristol
Bury
- W.O.Ints:2** Cardiganshire
Cheshire
Cornwall
Croydon
Cumberland
- W.O.Ints:3** Devon

Doncaster
Ely
Essex
Exeter
Gateshead
Glamorgan
Gloucester
Gloucestershire

Notes and reports of interviews with County & Borough council welfare officers continued.

File Name: Contents:

W.O.Ints:4 Halifax
Hampshire
Hertfordshire
Hull

W.O.Ints:5 Ipswich
Kent
Lancashire
Leeds
Leicester
Liverpool

W.O.Ints:6 Manchester
Middlesex
Monmouthshire
Northumberland
Norwich

W.O.Ints:7 Oldham
Peterborough
Preston
Reading

W.O.Ints:8 Salford
Shropshire
Southampton
Southend
Stoke on Trent
East Suffolk
Sunderland
Surrey
East Sussex
West Sussex
Swansea

W.O.Ints:9 Walsall
 Wiltshire
 Wolverhampton
 Worcestershire
 East Riding of Yorkshire
 West riding of Yorkshire

Home Ints. Notes and reports of interviews with matrons, superintendents or proprietors of homes for the elderly. Sorted alphabetically by location into folders.

Home Ints:1

Location:	Name of Home:	Type: (P=Private, V=Voluntary, LA= Local Authority)
Abergavenny	Nantederry House	
Addlestone	Kingthorpe	
Altringham	Edenhurst	V
Ashurst		P
Barnsley	Needlewood	LA
Bath	Greystones	P
Bexhill	St. Judes	P
Biggleswade	The Limes	LA
Birkenhead	St. Josephs	V
Birmingham		P
Birmingham	Devonshire House	V
Birmingham	Icknield	LA
Blackpool	39 Woodfield Rd.	P
Blechingly	Pendle Court	V
Bodmin	Crossfield House	V
Bodmin	Clann House	P
Bootle	Connolly House	LA

Home Ints:2

Boscombe	St. Gabriels	P
Brighton	Devonia	LA
Brighton	The Silver Hotel	P
Bristol	Eastville	LA
Bristol	Clifton Downs	V
Broadstairs	Bradstone Lodge	V
Burnham	Pine Grange	P
Bury St Edmunds	Mansion House	V
Bury	Beech Grove	LA
Buxton	Hawthorns	V

Home Ints:3

Canterbury	25 Evesham Rd.	P
Cardigan	Yr Hafod	LA
Cheltenham	Fairhaven	V

Chobham		P
Colwyn Bay	Rockwood	LA
East Croydon	Davidson Lodge	LA
Derby		P
Doncaster	Edenfield House	LA

Home Ints:4

Eccles	Rowsley Home	
Essex	Sherrell Court	LA
Exeter	Greengates Home	LA
Exeter	Grendon Road	LA
Farnham	St Andrews	LA
Glamorgan	Caewern	LA
Gloucester	Hampton House	LA
Gloucester	Westbury Hall	LA
Halifax	Farfield	LA

Home Ints:5

Hendon		P
Hildenborough	Sunnyside	P
Holmfirth	Oaklands	V
Hove		P
Hull	Ernest Wray Home	V
Hull	Dunbar House	LA
Knaresborough	Greylands	P
Lancashire	Highlands	LA
Lancaster	Far Elms	LA
Lancing	Drumconner	V
Leeds	Crow Trees	LA
Leeds	Moorfields	LA
Leicester	Hillcrest	LA
Liverpool	Aigburth	V
Liverpool	1, Ashfield Road	P
Liverpool	St Augustines	
Liverpool	Lismore Hotel	P
Liverpool	Westminster House	LA

Home Ints:6

London	Bourneside	V
	Camberwell	V
	King's Mead	LA
	Ladywell	LA
	Luxborough Lodge	LA
	Maxtead Park	P
	Middlesex	P
	Orchard Lodge	LA
	Portobello Road	P
	St. John's Hostel	P
	94 Seddlescombe Rd.	P

Southern Grove LA

Home Ints:7

Manchester	Moor Bank	LA
Manchester	Newholme	LA
Margate	96 Grosvenor Place	P
Midhurst		
Newbury	Nazereth House	V
Norfolk	Beach House	LA
Norwich	The Grove	LA
Nottingham	East Leak Hall	V
Nuneaton	Manor Court	V
Oldham	Wellington	
Peterborough	St John's Close	
Polgate	Bernard Baron Homes	V
Pontefract	Northgate Lodge	LA
Reading		LA
Redhill	St. Annes	LA
Reigate	Dungate Manor	P

Home Ints:8

Salford	Granville	LA
St. Leonards	10 Cloudsey Rd.	P
St. Leonards	Spring Mount	P
Salisbury	Meyrick Close	LA
Sidmouth		P
Skegness	Frenchfield Hotel	P
Southampton	Gaters Hill Guest House	P
Southampton	The Rest Home	P
Southend	Connaught House	LA
Southgate	Trentfield	LA
Southport	Jewish Convalescent Home	V
Southsea	Alberta Hotel	P

Home Ints:9

Southsea	Sunbury Court	V
South Shields	Stanhope Road	LA
Stoke on Trent	Fairhaven	LA
Stratford	John Barnes Memorial	
Sudbury	Acton Square	P
Sunderland	High Barnes	V
Surbiton	Surrey Home	LA
Surrey	Parkhouse	V
West Sussex	Marlands	LA
Sutton	Eversfield	V
Sutton Coldfield	The Rest Home	P
Swansea	Norton Lodge	LA
Sydenham	Salvation Army Home	V

Home Ints:10

Teddington		P
Torquay	Villa Rosa	V
Truro	Malabar Blind Home	V
Tunbridge Wells	6 Madeira Park	P
Twyford	St. Johns	V
Uxbridge	The Elms	P
Walsall	The Shrubbery	LA

Home Ints:11

Watford	Greenhill Lodge	V
Westcliff on Sea	Oakleigh	P
Weymouth	Rodlands	P
Isle of Wight	The Briars	V
Wiltshire	Shaw House	LA
Wolverhampton	The Poplars	LA
Worcester	Stonebridge	P
Worthing	Fernbank	P
Yelverton	Minster House	P
Unidentified	Hill Homes	

Background/Contextual Information: Assorted correspondence, diaries and case studies.

File Name: Contents:

- B1** Assorted questionnaires: 'Admissions to Residential Home' (9).
Interview schedule for Chief Welfare officers.
Hand-written listing of old people's institutions by type/size.
- B2** Correspondence: c.1962, unsorted, mainly reactions to publication of 'The Last Refuge'.
- B3** Correspondence: c.1963, unsorted, mainly reactions to publication of 'The Last Refuge'.
- B4** Miscellaneous: Press releases; correspondence re: Mrs Boiselier.
- B5** Miscellaneous: Reports and lists.
- B6** Miscellaneous: The Sweet Case.
- B7** Miscellaneous: The Ellen Craven Case. Devon CC regulations.
- B8** Contextual background to diary keeping; correspondence and diaries.
- B9** Assorted diaries, correspondence and personal accounts from professionals and residents involved in care of the elderly c. 1959/60.

B10 Peter Townsend's accounts of his participant-observation visits to NEWHOLM and COOPER HOUSE; plus some questionnaires completed with residents.

Book Drafts: Drafts of chapters for 'The Last Refuge'; including tables, analyses and printed ephemera.

BD1	Chapter 1
BD2	Chapter 2
BD3	Chapter 3
BD4	Chapter 4
BD5	Chapter 5
BD6	Chapter 6
BD7	Chapter 7
BD8	Chapter 8
BD9	Chapter 9
BD10	Chapter 10
BD11	Chapter 11
BD12	Chapter 12
BD13	Chapter 14
BD14	Chapter 13 & 15
BD15	Chapter 16
BD16	Appendix 1
BD17	Appendix 2
BD18	Appendix 3