

National Mapping of Services
to Older People Provided by
the Catholic Community



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Executive Summary

This research conducted by the Social Policy Research Centre at Middlesex University was commissioned by Caritas Social Action Network (CSAN). The research commenced in February and was completed in July 2009.

The Catholic Church nationally is undertaking a huge amount of work to support older people. However, much of this work goes on at local level, in parishes and deaneries across the country so it is difficult to quantify its true economic value. Nonetheless, there is evidence to suggest that this kind of support is of immense practical, emotional, social and spiritual value to many older people. In addition, academic research indicates the importance of spiritual support for older people in residential care. Official sources also confirm the high quality of care offered by many Catholic care providers.

Aims

In an effort to uncover the range and diversity of provision for older people by the Catholic community in England and Wales, this research aimed to:

Use demographic projections to estimate population trends and ageing in the next 10 years.

Map the service provision of residential care and generate a database which will be used by CSAN to produce a directory of Catholic Residential Care for older people.

Identify and highlight what is distinctive about Catholic care provision.

Highlight models of innovative and effective outreach and befriending projects to help shape the Church's care in the community.

Recommend ways in which religious organisations could work more closely together to maximise the expertise and resources available for working with older people.

Recommend ways in which the laity can be enabled to work more effectively with older people at parish level.

Research Methods

In carrying out this research, the following methods were used:

1. Demographic Projections, in order to identify future population changes and needs we used the population projections produced by the Office for National Statistics (ONS).
2. Literature Review, in order to analyse the current and future needs, gaps and debates in the service provision for older people we consulted a wide range of relevant sources.
3. Questionnaires to all 262 Deaneries throughout England and Wales, to investigate provision for older people at local level and to explore perceptions of current needs and future challenges.
4. Questionnaires to Residential Homes run by Catholic communities, to map the level of provision, number of users, religion and ethnicity of users, costs of care, numbers of lay and religious staff, identify challenges and support needs.
5. Questionnaires to Religious Congregations, to assess the extent to which they provide care for older, retired religious, as 'family members'.
6. Questionnaires to outreach and befriending projects identified by the Deans, to build up a fuller picture of the nature and extent of provision at local level.
7. Interviews and Focus groups with a selection of care providers including members and non-members of the CSAN.

Key Findings

Demographic Projections:

Over the next 10 years the population over 65 is projected to grow by a further 25%, reaching 11.1 million in 2019. The 'elderly support ratio' – the proportion between people in working age and pensionable age in the UK – is projected to fall from 3.35 in 2002 to 3.10 in 2011 and 2.53 in 2031. It is estimated that around 700,000 people experience dementia and that the numbers are forecast to increase by almost a million over the next 15 years.

Projections suggest that in order to keep pace with the ageing of the UK population, the number of places in residential care homes, nursing homes and hospitals would need to rise from around 450,000 in 2000 to around 1,130,000 in 2051: a 150% increase. The number of home care hours would also need to increase, from around 2 million to almost 5 million a week: an increase of around 137%.

The vast majority of old and very old people live in private households. According to the latest Census only 8% of men and 14% of women aged 85 to 89 live in residential or medical establishments (the proportion grows to 17% and 30% among over 90). NHS statistics show that the number of older people living in registered accommodation has fallen by 14% between 2004 and 2008 and this trend is likely to continue since local authority throughout the country are actively investing to support more people to live in their own homes.

Findings from the Survey:

Residential Care

Services Provision

Of the 30 residential homes which completed the questionnaire, 14 also provide nursing care. Nine homes also provide respite care and a further two provide day care. Only one home reported having opened a residential village, a form of sheltered accommodation, which does not require dedicated and qualified staff but provides accommodation for independent living to older people with moderate needs in fully furnished flats or bungalows.

Spiritual Provision

The high level of spiritual provision is perhaps the most distinctive characteristic of homes owned or run by the Catholic organisations. 27 homes reported having a chapel on site open not only to residents but also to visitors and members of the local community. 22 homes offer funeral and memorial services to residents and eight offer counselling or family support to carers.

Social Activities

Likewise, social activities play an important role within this holistic approach of caring offered by Catholic homes, 28 homes hold social activities open to non-residents and 13 reported holding cultural activities aim to integrate residents from other cultures.

Religious Affiliation

Catholic residents and those of other Christian denominations constitute the majority of the population in 26 homes. However, what is noteworthy is the proportion of members of other faiths. Three homes have Jewish residents, two Muslim and three from other religious beliefs.

Funding

In 21 homes the majority of the residents are self-funded, which can reinforce the idea of a Catholic community better off and able to afford care in old age. However, there are also a significant number of residents supported by a combination of funding coming from the local authority, NHS, top up by relatives or the care home itself. Those residents unable to pay for a placement and relying on the funding available from local authorities may put a strain on the homes' finances.

Challenges

The main problem identified by residential providers was the lack of funding, with 20 homes affected by increasing costs and few sources of funding. The second significant problem is the lack of religious staff as falling numbers of vocations have put a considerable strain on already limited resources. There are now fewer religious staff available to contribute the unpaid work that was previously taken for granted. Nine homes also mentioned being affected by the lack of support from local authorities, three by the lack of volunteers and another three by the lack of users reflecting the ability of people to pay for residential care.

Outreach and Befriending Services

Types of Services

Of the 28 providers who completed questionnaires, 20 provide visits and help with domestic and personal care; however, 14 also provide services such as day centres, luncheon/social clubs and respite care. Many of these outreach services are attached to a parish or, in some cases, are part of a residential home. The contribution of these outreach projects is considerable but very difficult to map and quantify.

Funding

The majority of these organizations depend on donations, legacies or fundraising events. It is significant that despite the great contribution made in the form of unpaid hours of service only three of the 28 organisations that responded receive support from local authorities.

Age Profile

While reaching a good number of people aged 80 and over, the largest proportion of service users are aged below 80. This follows the trends of more older people staying at home and delaying the entry into residential/care homes until absolutely necessary. There is a gender imbalance with women making up the majority of users which reflects the longer life expectancy of women.

Religious Affiliation

The Catholic community is increasingly catering for people of all religious affiliations. Despite having a high proportion of Catholics among their users, it is noteworthy that in 18 of the 28 organizations there are users of other religions being looked after, and in four of those organisations this number accounts for 50% of users.

Findings from the interviews and focus groups

Pastoral Provision

Catholic organisations – including lay and religious – are involved in providing an array of pastoral services to older people. These not only include sacramental and spiritual services but also befriending and companionship.

Reaching the Wider community

It is apparent that many Catholic care providers are serving the wider community, not just Catholics but people of all faiths and those without any. This is an important indication of the added value of Catholic organisations.

Partnerships with the Public Sector

The valuable work of Catholic care providers is increasingly being recognised by public sector bodies and we found several examples of cooperation and developing partnerships around the country.

Catholicity

While serving the wider community, most organisations emphasise the importance of maintaining the Catholicity which underpins their ethos of caring and values of dignity and respect for all people.

Lay Ministries

In focusing on care provision by Catholic communities, our research has highlighted the role of lay people who are already delivering all aspects of care, including sacramental provision. Clearly, there is a need to further develop lay ministries so that the full potential of the laity can be realised.

Relationship with the Catholic hierarchy

Some lay people feel that the Church hierarchy does not listen to their opinions. This raises questions about who can influence and guide Church policies and procedures, especially on matters of service provision.

Residential Provision

Falling vocations to religious life, rising costs of care and increasingly complex regulations put strain upon Catholic residential care providers.

Semi-Independent Living

Several care providers are moving from residential homes to semi-independent living such as flats. However, while these are cheaper and hence more affordable to older people and their families, official regulations prevent the landlords of the flats from also providing domiciliary care to residents.

The Active Aged

Older people are not simply recipients of care, many are also carers for family and friends. In addition, the membership of many voluntary groups such as The Saint Vincent de Paul Society and Legion of Mary are made up largely of older people. It is important to recognise the contributions that older people make to society.

Intergenerational Work

Several projects are developing intergenerational work as a way of bringing younger and older people together to share experiences and overcome stereotypes.

A Voice at the Table of Decision Making

Many people who took part in this research expressed frustration that the Church does not do enough to publicise its work. Several care providers noted that to date they have been responding to legislative changes but a more strategic approach is necessary so that they can engage proactively with the policy making process.

In summing up the strengths of the Catholic community our participants highlighted:

The ethos and values of dignity and respect, which are applicable to everyone and thus are not faith-specific.

The Church is both universal and local. It is geographically dispersed and locally rooted in parishes. Thus, it can access people that other groups may not be able to reach.

Added value – unlike many private sector care providers who are looking to get value, Catholic organisations are looking to ‘add value’ to people’s lives.

Unity and collegiality – the Church as a community brings together a wide range of groups with the potential to work together effectively across social and geographical boundaries.

The key problems affecting older people identified by respondents

Isolation:

In the questionnaires, interviews and focus groups isolation was identified as the main problem facing older people today.

Mobility:

Analysing the data from across a wider geographical area it is apparent that older people may feel isolated in rural areas, but also in urban centres. But the reasons for that isolation may be different. One participant noted that in many parts of rural England and Wales there is no public transport and this adds to the social isolation of older people living alone.

Fear:

Moving around in urban places can be frightening for older people. People who live on estates are scared of gangs, drugs, shootings. The fear of crime is probably greater than the reality, but nonetheless that perception stops people going out and about.

Absence of Community:

The lack of a sense of community was referred to by several people. Several participants noted that older people can experience a loss of belonging – no longer fitting into their community – particularly when parishes close they lose their connection to local area. Older people often don’t feel they can make a contribution to their local area any more. There is no avenue for them to get involved in local events/ initiatives.

Bereavement and Loss:

Older people often worry about death, the loss of their friends and relatives. Through building up and sharing of faith people can become more hopeful.

Language and cultural sensitivity:

Language can also be a barrier to social interaction. For example, many new comers particularly in urban areas may not speak English as a first language and this may hinder communication with older neighbours. Many people working in services for elderly people, such as staff in residential homes, are migrants who do not speak English as a first language and may be new to this country. That may make it harder for older people to relate to them and share a common bond of experience or memory. For those with dementia, the opportunity to talk is particularly important.

Dementia:

As people live longer, dementia is an increasing issue that must be addressed. At least one residential home is moving towards becoming a specialist dementia care home. However, the costs of dementia care are considerably higher than ordinary residential provision. For older people with dementia, the familiarity around religious rituals may be particularly important.

Financial/ entitlements:

Finance is a real cause for concern among many older people, but it is not a subject they feel comfortable to discuss. Because older people do not complain it does not necessarily mean that they have enough money to meet their needs. Financial assessments are considered very intrusive and stigmatising by many older people. They can be reluctant to reveal their personal finances and thus find they are denied benefits to which they are entitled. Direct payments now mean that older people are given funds to pay for their own care. Income and home ownership may be a ‘grey trap’ – people may not qualify for support just because their assets, such as their home or savings, are just above a minimum threshold. A real problem, noted by several research participants, is the complexity of provision and entitlements, people simply don’t know what or how to claim.

Recommendations

Care and Support for Older People

1. Demographic Changes

Given the population projections for 2020, it is imperative that the Church community consider now, as a matter of urgency, how they will respond to these emerging needs.

2. More innovative forms of care for older people

In the context of an ageing population, the cost and nature of care is a source of on-going debate. Living alone at home versus residential care represents the polar extremes of this debate. A range of alternative forms of care, such as retirement villages, semi-independent living, sheltered accommodation or support to stay at home need to be further explored and developed.

3. Measures to tackle loneliness and isolation

All the people who took part in this research highlighted the problems of loneliness and isolation, especially for older people living alone. Obstacles of mobility, fear, and a sense of disconnection from the local neighbourhood may exacerbate social isolation. There is a need for more resources at local level to provide opportunities for older people to engage with the community around them.

4. Clearer information about entitlements

It is apparent that many older people and their carers are baffled by the array of documentation relating to entitlements and this is compounded by constantly changing legislation and policy. More resources are needed to sign-post services so that older people and their carers can be given the information that enables them to claim their full entitlements.

5. Migrant Care Workers

Given the large numbers of migrants working in care sectors it is imperative that the rights and employment conditions of these workers are safeguarded. In addition, it is necessary that adequate training is provided not only to ensure that workers can communicate appropriately with older people but also that local customs, colloquialisms and cultural specificities are understood.

6. Dementia

More work needs to be done to improve the early recognition and treatment of dementia especially for older people living alone, where the diagnosis of dementia may be delayed. Carers need more training to recognise the early warning signs so that treatment can begin as soon as possible.

7. End of Life Issues

The end of life is increasingly more complex as people are living longer, albeit with greater frailty and multiple health conditions. There is research evidence that the wishes of older people are not well catered for and although most would wish to die at home, the majority die in care homes and hospitals. More needs to be done to enable older people to prepare for death and discuss issues relating to end of life.

8. Developing Strategic Partnerships

It is necessary for Catholic organisations to develop strategic partnerships with both voluntary and public sector organisations so that the most effective services can be delivered to people in need. However, in forging such partnerships it is important that the distinctive ethos of Catholic organisations is not lost.

9. Developing Intergenerational Work

While acknowledging the enormous contribution of older people as carers, volunteers, and befrienders, it is important to note that many projects endeavour to bring people together across the generations. Older people benefit from the company of younger people, while young people benefit from the wisdom, knowledge and experience of older people. Following the examples of good practice highlighted in this report, it is important that more opportunities for intergenerational work are developed.

Faith and Spirituality

10. Faith Groups

Faith groups need to raise their profile more generally in society and overcome some of the reticence about discussing faith in public. Inter-faith projects and initiatives such as those being

undertaken by the Bar Convent may provide an opportunity for faith groups to work together, pool resources, reach a wider community, and lobby to influence policy decision-making.

11. Raising the Catholic voice at the table of decision making.

Catholic care providers have a significant role to play in policy making but need to be strategic, proactive and assertive in ensuring a voice in decision making circles.

12. Maintaining the Ethos of Catholic Residential Care

In the context of falling vocations to religious life, it is important that the distinctive ethos of Catholic residential care is not lost. Groups such as St John of God Brothers have expertise which could be captured around service development and the training of lay staff.

13. Serving people of all faiths and non-believers

It is apparent that Catholic care provision is serving people of other faiths and those who have no religious beliefs or affiliations. While this is laudable and appropriate, it is important that the Catholic focus is not lost and that religious ceremonies and rituals are available to older people who want them.

14. Lay Ministries

Given the fall in religious vocations and the real contribution of lay people to the Catholic Church, it is important to develop more lay ministries. A ministry of older people should be developed to capture the skills and energy of the older population and to address the shortfall in ordained ministers.

15. More faith formation for older people

There is a tendency in parishes to focus on young people, and youth activities, while older parishioners may be taken for granted. Almost all formation is focused on children and there is little or no formation for adults. Thus it is necessary for the Church to develop on-going formation throughout the life course and especially in the later stages of life.

Networking

16. Religious congregations

Religious congregations should work more collaboratively on bigger projects and share resources and expertise rather than working in isolation. Working more closely together not only shares expertise and resources but affords a stronger voice with which to lobby local and national governments. Should one congregation be forced to close there may be an opportunity for other congregations to step in and take over operations.

17. Connecting parishes and residential care homes

People in parishes generally need to become more involved and proactive in making and maintaining connections between residential homes and parish life. For example, families, neighbours or friends should alert church groups when someone goes into a residential home and would welcome a visit. This is particularly necessary as residential homes cease to be run by religious congregations.

18. Developing the Role of CSAN

The findings demonstrate a lack of awareness about the existence of CSAN, the work it does or the support it could offer. Those who knew about CSAN felt it had the potential to have a greater role in raising the profile of Catholic care givers, facilitating networking opportunities and providing relevant information and forums for debate. The findings suggest that CSAN might have a role in providing information about funding streams and assisting Catholic organisations to access funding for the services they currently deliver.

19. More coordination needed between Catholic care providers

As noted above, many Catholic care providers are small and scattered throughout the country. But even larger providers can also feel isolated and marginalised at times. There is a need for more networking and coordination at a national level so that these many providers can share their experiences and resources. This suggests that CSAN has a bigger role to play not only in providing a forum for networking but also in helping Catholic organisations to become a 'loud advocate' for the needs of older people in society. Many Catholic groups are currently feeling demoralised and this may explain partly why they have been reluctant to get involved in wider initiatives like CSAN.

20. Further research needed

As we noted in this report, it has proved difficult to map the full range and diversity of Catholic care provision, especially outreach and befriending, throughout the country. This can only be done by a detailed, nation-wide parish survey. This would be an expensive and time consuming project but would clearly demonstrate the exact nature and extent of the work being done and the support being provided by Catholic communities.

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