Housebound Older People: the links between identity, self-esteem and the use of care services
John Baldock and Jan Hadlow

A significant minority of disabled older people refuse help and services they are offered and may need. Some of these people are very old and living on their own.

This small, qualitative study of 35 older people, with an average age of 82 and who had recently become housebound, suggests there are conflicts between the need to sustain one's identity and self-worth and the acceptance of help and services.

When asked about sources of quality in their lives, none mentioned services early on even though 15 had been assessed and 10 were receiving home help or home care arranged by social services.

Self-esteem among the housebound is more likely to be sustained where there are changes in routine or increased contacts with family.

Self-esteem is more likely to stay low or fall where health worsens or there is little change in routine or contacts over time.

Some older people have negative images of services and low expectations of the benefits they deliver. They may not be the best judges of their needs.

The study suggests that regular contact with others and the introduction of at least some kind of service intervention generally has positive effects (on measures of self-esteem and mental health) even if the interventions are initially resisted.

The implication for providers of social care services is not to allow detailed assessment procedures and the precise matching of users' wishes to delay intervening in some way. Sooner, even if rough and ready, is better than later and exactly tailored to need.

The aims of the research

The research had two main aims. The first was to increase understanding of why some disabled older people do not seek or even refuse health and social care services to which they may be entitled. This issue is important because there is evidence that, although the targeting of home care services on those with the greatest need has greatly improved over the last ten years, there remain some very frail older people living on their own with little or no help. The hypothesis behind the research was that these people might find accepting services incompatible with their images of themselves as independent adults.

The second aim of the research was to link two established types of academic inquiry that have remained relatively isolated from one another but which, when brought together, had potential to explain some of the variety in the quality of life of older people.

The social policy research tradition tends to focus on the 'fit' between needs and services. Research objectives have been to pinpoint innovations and strategies that 'target' public resources where they bring maximum social and political benefit. In the UK and other industrial countries this 'managerialist' focus has led to major policy reforms designed to improve the targeting of public resources. However obtaining a good 'fit' between services and needs remains a practical service-delivery problem.

The second research tradition is that concerned with biography, life review and the management of identity. It is immensely rich and varied, but it has rarely focussed on people's
accounts of the fit between their needs and the help they use. This work has revealed that maintaining one's identity and self-esteem, built up over a whole life-time, may be more important than adjusting to 'appropriate' or 'convenient' solutions to the needs of later life.

The main findings

How older people manage their self-esteem

Firstly our data demonstrate that becoming housebound for this sample led to sharp falls in self-esteem and confidence as they adjusted to their new limitations. Table 1 shows how the distribution of self-esteem in our sample (the GO Sample) was markedly worse than that in Coleman's larger representative sample of all older people. However, in the six months over which we studied them, some two-thirds of the GO sample were able to raise their self-esteem to levels closer to that of others of their age.

Table 1 Changes in Self-esteem among the sample over six months compared with the distribution of self-esteem amongst a cross-section of older people of a similar age

<table>
<thead>
<tr>
<th></th>
<th>GO Study First Interview</th>
<th>Southampton Study</th>
<th>GO Study 6 months later</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>35</td>
<td>100</td>
<td>69</td>
</tr>
<tr>
<td>%</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

In only seven cases did the self-esteem score fall and in only two cases was the fall substantial.

By exploring what older people told us about their lives in the six months after becoming housebound we sought reasons why their self-esteem rose quite quickly. It appeared this was achieved by shifting from the more usual sources of self confidence (good health, social contacts and activities) towards those based on family and aspects of mental and spiritual life. Table 2 shows the GO and Southampton samples at a similar age. In the Southampton sample the positive sources of self-esteem were health, family, others, interests and inner self. In the GO sample, selected because they were on their own and recently housebound, the order of positive sources was dominated by inner self followed by family, interests and others. People's explanations of how they coped with disability tended to be couched in terms of inner emotional and intellectual resources followed by support from a family member. The main explanation offered by those whose self-esteem remained low was poor health.

Table 2 Main sources of self-esteem

<table>
<thead>
<tr>
<th></th>
<th>GO sample</th>
<th>Southampton sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>After 6 mths</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inner self</td>
<td>Health</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>Family</td>
<td></td>
</tr>
<tr>
<td>Interests</td>
<td>Others</td>
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</tr>
<tr>
<td>Others</td>
<td>Interests</td>
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<tr>
<td>Health</td>
<td>Inner Self</td>
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The importance of change and intervention by others

However, the most common factor in moving up the self-esteem scale over six months was some new intervention by 'others' in the lives of our sample; starting to attend a day centre or increasing the days of attendance, making new friends (usually at a day centre or after moving to sheltered housing) and starting to use or getting on better with a home help or personal carer. In a very high proportion of the cases these sources had not been mentioned or foreseen at the first interview. Day centres, home helps and personal carers, had often been positively resisted. It was notable that in the seven cases where self-esteem scores fell over the six months, either health had got markedly worse, or very little change had happened in the routine of the older people's lives. Identity maintenance needs material to work on, and new events in an older person's life are the best material, whether the outcome is 'positive' or 'negative' in terms of service provision.

Sustaining a sense of self by downplaying needs and services

Our research confirmed that old age is a time of 'identity work' in which people search for ways to sustain their self-images and to link their present existences to their previous lives. There is a need to be seen, and to see themselves, not as dependent service users but as whole persons with lives of value and achievement. As a result they focus less on practical needs than service providers might wish to do. Agreeing to a service was for most of our sample incompatible with their personal project to fight, delay and even deny disability. They essentially saw themselves on a downward trajec-
tory and many admitted to fears that came with their current dependencies and even greater fears of what the future might bring. Disability could either be fought and transcended or it could be accepted but ignored. In both cases there was a dominant view that it was mental attitude rather than physical reality that was important. To use a service was to lose this battle, or at least it was an admission of a weakness of spirit and resolve.

**Negative attitudes towards old age among the elderly**

There was also a tendency among our sample to maintain positive self-images by distancing themselves from those who did use social care services. Being old does not mean one abandons negative stereotypes of age; indeed they may assist in maintaining a strong sense of self. Sources of help were described in negative ways and appropriate to people with characteristics quite different to those of the respondent. Among the arguments often expressed were:

- Residential and nursing homes are for people who are confused
- Residential and nursing homes are for people without a caring family
- Day care is for a different class of person with whom the respondent would have little in common
- Home care is for people who are lazy
- For those who can no longer decide for themselves
- For those who are too poor to pay for themselves
- Is too expensive to be an option

This approach to disability was not that promoted by the disability rights movement, acceptance of a loss of function and a search for re-ablement through some other mechanisms. This was much closer to denial.

**Self-talk rather than needs-talk**

In describing how they coped with their disabilities the sample used language in quite different ways to those that are necessary for social workers when carrying out assessments of need. Whereas an assessment must necessarily focus on abilities, disabilities and sources of help such as the family, the sample talked rather of feelings, the self and relationships and much less of practicalities. The need for a particular service was never stated in the direct way which an assessment interview might seek. Rather when asked how they felt about services that were available, the older people’s answers were mediated by their conceptions of self.

'I can't apply for help. That would be admitting failure.'

'I wanted to help myself...not sit and watch someone else do it.'

'I don’t want help (from social workers etc)... I want to be independent.'

The more depressed in our sample would equally speak in terms of self but of an inadequate or damaged self. This too would be offered as a reason why services would not help.

'No I don’t want them. They wouldn’t help. It’s because I’ve lost my confidence you see.’

Even services put in place and apparently working could, none the less, fail the test of subjective acceptability. They were either ignored as much as possible in the older person's presentation of self, or, less often, denigrated explicitly and even eventually rejected and cancelled.

If our sample is broadly representative of older people living in the community with these levels of need, then we would expect that effective needs assessment interviews are particularly difficult to carry out. Interviewers will have to interrupt, cut short and change the direction of the discussion.

**Conclusion: the case for early intervention**

Sustaining self-confidence and identity when made housebound by old age is not always compatible with being the best judge of what one needs. Our evidence shows that service interventions sometimes raise morale even where the older person may downplay or even deny their effects. At the same time a lack of help and change to daily routines can have a dispiriting effect. The lesson for care managers and service providers is that they should consider intervening early after a rise in dependency in almost any way that increases an older person’s contact with others. They should expect resistance from the older person. Initially there may be as much to be gained by the promptness of intervention as from detailed assessments and the matching of services to needs, particularly where these are likely to delay greater contact with others.
How the research was carried out

Two qualitative interviews, spaced six months apart, were conducted with a sample of 35 people, 26 women and 9 men. The criteria for selection were:

- aged 75 or over,
- living alone in the community,
- representing a range of incomes and educational backgrounds,
- facing broadly the same health and social care environment, and
- having recently (in the last three months) developed a physical disability which meant they could no longer go out of the house unaided.

The sample lived in a partly urban, partly rural area in South East England. The interviews were conducted from December 1999 to December 2000. They covered relatively specific questions about needs as well as more open, life-review questions. The research used the Southampton Self-Esteem and Sources of Self-Esteem Scale (SSESS) developed by Professor Peter Coleman and colleagues in an earlier study of the ageing experience (Coleman, 1984). Standardised scales of mental health and self-care ability were applied. The data were analysed using qualitative techniques and a description was built of older people's coping strategies, their use of services, how these patterns are linked to their self-esteem and how they understand and develop their sense of self.

Although the number of people surveyed was small, the point of qualitative studies such as this is that they can show where there are connections between aspects of people's lives that larger quantitative studies, such as some of the other projects in the Growing Older Programme, may not ask about. In this way small but detailed studies can indicate new questions and new directions for larger scale and more representative surveys.

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References


Publications


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