ON THE HOMES FRONT: The Catholic Church and Residential Care for Older People

A report from Caritas - social action
In association with the Conference of Religious in England and Wales

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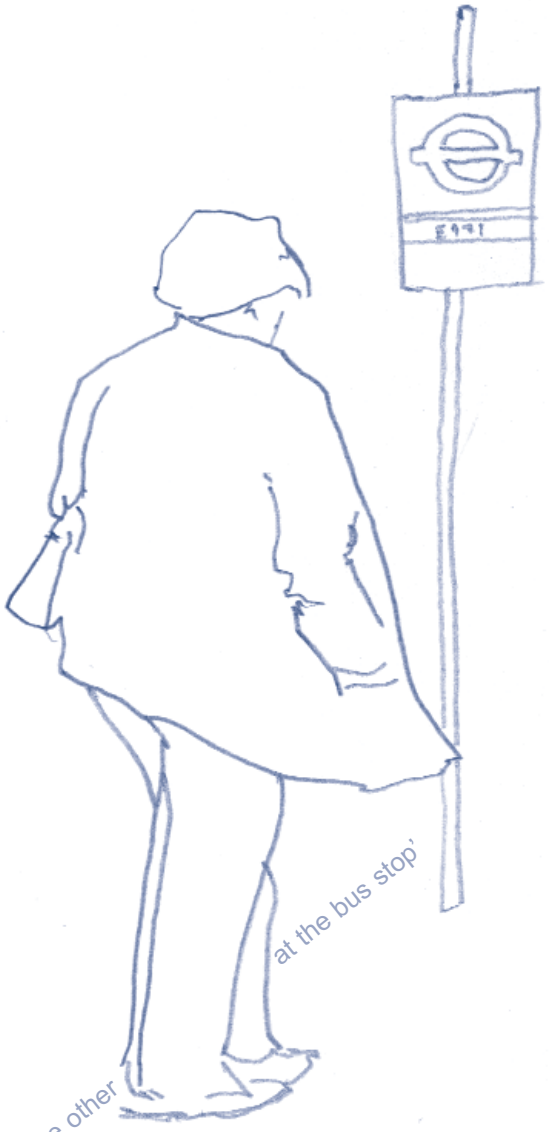

When all else fails remember 'when one foot is in the grave keep the other at the bus stop'

Caritas - social action

NOTE TO PRINTERS...

INSIDE COVER

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CONTENTS

1 Acknowledgments

This report would not have been possible without the assiduous research carried out by Judy Lindsell, freelance researcher, who conducted the survey and the extensive telephone interviews, as well as interviewing the three bishops. She and Sarah Lindsell, Director of Caritas - social action, facilitated the two focus groups.

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2 Introduction

It is a truism of the history of both the Church and social policy that Christianity has profoundly affected social provision. The Catholic Church is not alone in this but its endeavours are by a long way the earliest and most extensive. Care for the poor, the homeless and children reach back into the very distant past. The Church's social mission has been expressed especially but not exclusively in such very different areas as education and hospices for the dying. Predictions that the coming of the modern welfare state in 1945 would cause provision by the Church, as well as by other voluntary bodies, to pass into history have been shown to be greatly exaggerated. The work of schools, too, has continued, as Catholic education has come to be seen as particularly desirable. The work of the diocesan children's societies, while it has changed with the kind of care which children and young people are now seen to need, remains with us, stronger and more professional than ever.

However, there is one aspect of Catholic social care provision which has tended to be neglected, not least by the general public and many policy makers:- that is, the provision of residential care for older people by religious orders, both male and female (i). This public overlooking of such care is all the more odd when it is just such care, provided by local authorities and the private and voluntary sectors, which has been so much to the forefront of public policy concerns in the last 20 years. And with current concerns about levels of funding and the closure of private care homes this spotlight has been, if anything, brighter.

This report is intended to look at the extent, achievements and problems that face the residential care of older people offered by religious orders. The aim is to draw attention to the state of such care, which is partly determined by factors that affect such care generally, but also by those factors which are peculiar to the religious life.

A large amount of information, gathered through short-term but extensive research (see below) is given here. Many people, even those in the Church, will be surprised and alarmed, often, at what is reported. It is not easy to find solutions to the problems to which attention is drawn because they often reside in the much larger issues facing the Church, like the fall in the number of vocations to the religious life and the ageing of those who have been called to it. With the decline in Mass attendance, the numbers of those active in parishes who might be inclined to at least think about this issue with some possibility of future action are also fewer. But even though answers are not always readily available, it is important that this report should be used to raise awareness and to provoke debate. That debate should not be left to the bishops, the heads of religious orders or even to the members of those orders alone. We will all grow old and many of us have older relatives. The latter may live independently now and may continue to do so, or they may (like our future selves) require other forms of care as time passes. Each of us has a vested interest in the matters raised here because, God willing, it is a debate about what may be our future and that of those close to us.

This report cannot be wholly outward looking – that is, it is not solely concerned with what religious congregations provide for others. Because of the tradition of many congregations to offer care for their older members, the research was also concerned to consider how that care has fared. There are for two reasons for this. The most important is that it would be strange and ironic to overlook the situation of older members of congregations when concerned for the welfare of older people. They are no less deserving of dignity, respect, care and comfort in their latter years. But, second, caring for religious is sometimes subject to the same kind of problems that face the care of older people generally. But while this report draws attention to the serious decline in residential provision and suggests new initiatives, there are also homes not affected by closure and these can serve as models of good practice for a kind of care that will continue to be required.

A note below explains the methodology. After that, but before the research is reported, it is necessary to set the residential care for older people which the Church provides in the wider context of such care generally. This will allow readers to see how we have arrived at our present place and how Catholic provision is influenced by the wider financial and policy climates and how it is influenced by other forces.

3 The research

The research was conducted in the summer of 2002.There were two main aspects to the research – quantative and qualitative. The first and most in-depth research consisted of a telephone survey of 238 members of the Congregation of Religious and others. This was to identify those congregations which run residential or nursing homes for older people. There were found to be 50. Interviews, lasting between five minutes and two hours, were carried out with 200 superiors over three months. Five interviews with others in the sector were also conducted. The rate of closure and withdrawal (ii) and a range of reasons were identified.

The second aspect of the research consisted of 20 individuals being interviewed in focus groups in two different dioceses. The intention was to explore what people thought about the provision of residential care for older people and whether this should be Christian, Catholic or secular. The issue of funding was also briefly addressed.

The final part of the research consisted of interviews with three bishops, two of whom had experienced closure or withdrawal of homes within their dioceses. (iii)

The intention was to explore what people thought about the provision of residential care for older people and whether this should be Christian, Catholic or secular.

4 Why we're in the state we're in

More than any other form of care, residential care for older people exposes the realities of the so-called mixed economy of care and focuses on the problems of the largest independent provider of social care in any area – the private homeowner. As local authority funding makes no distinction between homes owners of different size, secular or religious, voluntary or private, it remains the case that homes run by religious orders are subject to the same realities. Again, all forms of provision – statutory, voluntary and private – are treated the same for the purposes of the National Care Standards Commission which came into being in April 2002 to replace and widen the registration, regulatory and inspectoral powers of local authorities. (iv)

Origins of the present situation
The present volatile situation of the sector cannot be understood without reference to the reforms of the early 1990s.

Until the 1980s the largest providers of older people's homes were local authorities. That has now changed so radically that many local authorities no longer provide such accommodation and those which do provide very little. The changes were in the offing before the NHS and Community Care Act 1990. But the change in the law not only accelerated these trends by deliberately creating a market in this kind of care, with new private owners joining established ones, but also actively encouraged local authorities to hive off their accommodation to not-for-profit agencies, which were sometimes, effectively, those who had been managers of the homes when the councils ran them.

The reason for such sweeping changes was simple – money. In the early 1980s, the then Department of Health and Social Security amended the (then) supplementary benefit regulations to make it easier for residents in private and voluntary homes on low incomes to claim their fees from the social security system. Assessment of financial need, not the need for this kind of care, determined the public subsidy. The results of taking the lid off social security spending was that the £6 million spent by the state for this purpose in 1978 spiralled to £460 million in 1988 and £1.3 billion in 1991. (1) The number of places for people in privately owned homes, for people with a physical or learning disability and older people (the growth was largely for the latter group) almost doubled (increasing by 97 per cent) from 1979 to 1984, and by 1990 had risen by 130 per cent. (2) Using another source, the figures went from 46,900 in 1982 to 161,200 in 1991. (3)

In 1986 the Audit Commission drew attention to the effects of social security funding of this sector (4) and the government appointed Sir Roy Griffiths to review the situation. His report (5) referred to the "perverse incentive" at work which encouraged the care of older people in residential care rather than in their own homes. The government's almost immediate response was a White Paper (6), on the heels of which speedily followed the NHS and Community Care Act 1990.

The White Paper, the Act (which was implemented in 1993), and the Griffiths report did two important things. First, they began the move of local authorities away from provision to commissioning or purchasing care ("enabling"). It was intended that such a move would affect the whole of social care provision and while its effects have been felt in most areas, the field of residential care for older people is the one most radically affected. This is probably because of the second important effect. This was to shift the social security budget for residential care (for a defined period) to local authorities. This would allow them to create packages of care to suit the individual needs of older people and also to create a level playing field between the private and public sectors.

However, the level playing field between different kinds of providers, which the government had specifically sought to create, was, in fact, built on an incline because it was stipulated that 85 per cent of the transferred funds were to be spent on the independent sector. (v) This created what has already been referred to - a new, diversified market with local authorities hiving off their residential provision into self-governing trusts, management buy-outs and the private sector, while encouraging new providers to enter the sector.

The results of legislative change
In 1976 for every one person accommodated in the private sector in England there were five in the public sector. By 1982 the ratio was one to three; in 1988 it was one to one. From 1989 the private sector dominated the market, so that in 1992 for every one public sector resident there were two cared for in the independent sector. (7)

One consequence was that inspection and registration units were set up in each local authority to regulate this new market. Home owners complained at having to pay to have themselves registered and inspected (and possibly de-registered) and at the fact that local authorities inspected their own accommodation. In April 2002 this system came to an end with the creation of the National Care Standards Commission, when local authorities lost all their registration and inspectoral functions.

The costs of care
But for some time now the biggest source of friction between the independent sector, government and local authorities has been the level of the fees which local authorities pay, which, the independent sector claims, fall seriously short of the money needed to provide high standards of care for each resident as well as allowing private homes to be profitable.

There is something of a buck passing circularity about this argument in that local authorities blame government for not providing them with the cash to pay higher fees. In this sense, the owners and local authorities are on the same side and much energy is wasted by their friction. But government says that the blocking of hospital beds is the problem. The bed blocking argument itself centres on whether long-term personal care should be free. The Royal Commission on Long-term Care decided, with one dissenter, in 1999, that it should be. The Westminster government did not accept the case. But on 1 July 2002 care in Scotland became free and the Welsh Assembly has also adopted the same policy.

The most recent, independent, research (8) says that there is a £1 billion shortfall in homes funding and that fees paid by local authorities are no longer enough to provide good quality care and extract a reasonable profit. In 2001 the average weekly cost of running an efficient and good quality nursing home was £459 per resident and for a residential home £353. (These are interesting figures given that 24-hour care with full board is provided – compare that to a week's stay in even a two or three star hotel.) However, the average weekly fee paid for nursing care residents was £74 and £85 less than required for those in residential homes, creating the £1 billion shortfall for the 249,000 people supported by local authorities. The figures were based on homes of 50-60 beds so large enough to make economies of scale, and allowed for a 16 per cent return on capital. (9)

At the same time, Laing & Buisson, who were involved with other recent research, showed that the number of new homes registered in 2000/1 was 117, which was barely a fifth of the numbers registered each year a decade earlier. The net loss of new places was 13,100 in 2001. (10)

Financial figures are confusing in that while fees are arguably too low, spending on homes has increased greatly. Figures given in reply to a Commons question (11) showed that spending by English local authorities on residential and nursing home care for state-funded residents rose 31 per cent in real terms between 1996-97 and 2000-01. The rate of increase differed sharply from area to area. It was 19 per cent in the south east and 20 per cent in the north west but 46 per cent in the south west and 66 per cent in the north east.

Homes closures and bed losses
The Laing report (12), referred to above, also reported that there was a net loss of 7,700 places in 2000 through homes closures and predicted a similar loss in 2001.

Paul Burstow MP, the Liberal Democrat spokesperson on older people, carried out another, much smaller survey out in 2002. It was based on questionnaires to care homes and elicited 143 responses. It showed that two-thirds of homes had considered refusing residents funded by local authorities and that more than half considered closing in the past year. (13)

Other figures offer more severe estimates of homes closures. Government figures published in 2001 (14) showed that there were 700 fewer residential care homes and 200 fewer nursing homes in March of that year than at the same time in 2000. This meant the loss of 4,700 residential home places (or one per cent), of which more than a fifth were in the south east, where the concentration of homes is greatest. Registered nursing care for the same period lost 6,600 beds or four per cent. In that year, for the first time since 1994 (the year after the NHS and Community Care Act was implemented), the number of local authority-sponsored residents dropped by 3,400 to 261,000. Only 16,000 of them were in local authority-run homes.

Nothing stays the same: New markets
All this indicates that in less than a decade what was a new market in care changed yet again. It is not easy to predict what the future shape of the sector will look like. However, it does appear as if services will have to be generated in a different way, and that many small, single-home owners (or even those with two or three homes) could go to the wall and that larger providers, like Westminster Health Care and others, may become more dominant.

But in the seeming polarisation of the debate between care in the community and residential care and how each should be paid for, another form of care is often overlooked. This is private sheltered housing. This has become increasingly popular in the last 15 or so years as older people have sold houses that were too large for their present needs and purchased what are essentially apartments with services provided and with maintenance charges paid for by social security. Some have been transformed from being homeowners who are often impoverished claimants of benefits into homeowners with a healthy bank balance. This signals not merely a change in their housing and financial situation but encourages them to look at their world in a different way.

Building up standards
The National Care Standards Commission came into being in April 2002. As has been previously stated it brought together the inspection, registration and regulation work hitherto carried out by local authorities. In addition, the law was considerably strengthened and new minimum standards were introduced. Ever since the creation of the local authority inspection units, there had been claims by some homeowners that the then existing standards and regulations imposed additional costs on them. This argument has been repeated with the start of the NCSC and the advent of the new standards. In fact, some homes closures have been attributed to the burdensome financial cost of bringing homes up to standard. This is difficult to prove as, while large numbers of homes have closed, the reasons for those closures tend to be anecdotal. It has also been claimed, for example, that some homes closures have been brought about by owners wishing to cash in on a booming property market.

However, with a sudden about face, the Department of Health announced in July 2002 that it would not be applying the statutory new environmental and physical standards. These would be replaced by guidance on good practice. But instead of provoking sighs of relief this itself brought a new problem. Some owners had gone ahead and brought their homes up to the new standards required. Others have not done so but have homes which reach what will now be the minimum standard. Local authorities may now choose the lower (but minimum) standard home for reasons of cost, causing empty places in the homes with higher standards.

5 The Church in the world: Catholic homes

Anyone with even a passing knowledge of the problems facing the residential care sector will see that homes run by religious congregations are not immune from the chill winds of economic reality which buffet it on all sides. They, too, have suffered in many of the same ways, most notably by homes closing. Other churches are also affected. For example, in April 2002, the Church of Scotland, that country's biggest provider of social care, announced that it would close nine of its homes. It, too, blamed the gap between the cost of providing and the fees which it charged.

The unseen sector

The Catholic contribution to residential care is not negligible. But along with the amount of residential care also offered by bodies like Methodist Homes, the Church of Scotland and others, the extent of care provided by religious-based bodies is very significant. And yet it hardly features for consideration and, rarely, has a voice in the debate. This is because almost all statistics, like those already quoted, and coverage relate to the situation in the private (for-profit) sector. One reason for this is, undoubtedly, the political weight or at least forcefulness of both big providers like Westminster Health Care and the associations that represent (mainly) small private homeowners. What, then, is the Catholic contribution? How does the market affect it? What are the problems peculiar to it?

The state the Catholic sector is in and how it got there

If Catholic homes are in crisis, then that crisis has run parallel with the one which affects the rest of the sector. Residential care run by religious congregations started closing at an increased rate during the late 1990s. That the last two years, since the introduction of the new care standards, have seen a rise in closures and withdrawals suggests that some of the same factors are at work. Eight homes were closed by one congregation and five by another during this period. However, the rate of closure and withdrawal for other congregations has remained relatively stable and is below the rate of five per cent shown in recent studies for homes run both privately and by local authorities, excluding homes with less than four residents.

But just as the rest of the sector still sees homes opening, this is also the case with the religious-run homes. However, unlike elsewhere the rate of growth is not known, but at least seven new Catholic homes were mentioned during interview, one of which is lay run. Forty four per cent of congregations interviewed had not been involved with closure or withdrawal, and had no plans to do so in the immediate future.

When homes did close or there were withdrawals a number of factors were involved but the cost of meeting the new care standards tipped the balance for most of those facing closure. No one would doubt the need for regulation but, as has been seen above, with the government's change of heart, this is not an uncontroversial subject. One of the bishops, supporting regulation, nevertheless opined that "the best can be the enemy of the good".

The underlying problems emerged as a crisis of funding compounded by reduced number of vocations (lay staff work fewer hours at a higher cost). Many congregations felt that it is no longer possible to work as a not-for-profit organisation – they need business managers with appropriate expertise to draw on.

Congregations did not regard the situation they were in as irredeemable. They thought about and sought alternatives. When they looked at the reduction in the number of vocations, they saw that working in partnership with lay bodies and collaborating with other congregations as possible ways forward. Here, an organisation offering advice and support or an umbrella body, with appropriate and professional expertise, would form an integral part of the process.

Many congregation leaders recognised that plans need to be implemented now in order to meet the needs of older people in the future. With ageing communities this is as important for their own members as it is for the wider community.

6 Looking after their own: How congregations care for the older members of their own community

Many professions (among them journalists and licensed victuallers) offer residential care for retired members. However, this is an decreasingly small part of residential care and has never been very significant. The Church is unique in both providing care for others and also caring for those of her clergy and religious – who may have been party to offering that care – when they retire.

All of the 50 congregations who provided residential and nursing care for those of all faiths and none also did so for their older members. All of the other congregations interviewed prefer to care for older members within their own community.

There were a number of reasons why it was felt that older members preferred to stay in community. In this way they could

- contribute to community life
- provide a model of spirituality ("It's self-giving that's them kept alive for so long")
- continue to feel useful
- support both the community and local parish through activities like prayer groups, campaigning, letters to prisoners and so on.

It was felt that they should not be expected to face a new world when they reached their 70s, but the opportunity to live in this way also allowed them to be a powerful witness in parish work.

Forty six of the 103 sisters and four of the 47 priests or brothers contacted had residential or nursing homes for their own community. About 40 per cent of these homes are in England, 30 per cent in Ireland, and the remainder overseas (Sweden, Italy, France, USA, Zimbabwe, Argentina and countries of origin). There is an understanding that a home does not need to be registered if it is for the sole use of its own community but approximately 10 per cent of the homes in England and Wales are registered. Registration was a sensitive area for community leaders and one that a few are reluctant to discuss. This seemed to imply an attempt to avoid what they believed the implications of registration to be – the need to meet the requirement of the Care Standards Act, which was their greatest concern.

Of course, many priests and religious never retire. Religious, in particular, who live in community, often live the same life of prayer and worship in their 80s as they did as novices in their 20s. In these circumstances, nursing or residential homes are only considered when the community is no longer able to provide the appropriate level of care for, for example, those with dementia or who are diagnosed as being elderly mentally infirm or whose physical disability is severe. Ten per cent of communities obtained support from social services or bought care when necessary. A few are able to use nursing religious from an attached school or other service.

It is not only retired religious (or lay Catholics) who are affected by homes closures. The bishops interviewed said that older priests might feel "isolated or even threatened" in a secular home. However, when the bishops looked at the future needs of diocesan priests they felt that there was still ample residential care provision. (They also said that this was the case for the Catholic population as a whole, although this report implies that this may well not be the case.)

While bishops were concerned about all Catholics in their dioceses, they felt a particular concern for the clergy. "Priests are dependent in a way that the laity are not," said one bishop. Most superiors are concerned about the care of their ageing community. Superiors searching for alternative nursing homes for their religious found the lack of sacramental and spiritual life in secular homes the most distressing aspect of relocation.

When wanting to choose a home, congregation leaders tend to use one or more of the following criteria (in order of importance):

- run by religious
- Christian ethos, if no Catholic home available
- locality (close to either the community or to family members)
- suited to the needs of the individual
- the cost
- reputation

Just over 30 per cent of congregations recognised the need to start thinking and planning now. Most felt unable to create their own homes because of the high cost involved. A few would like to have joined the scheme mooted by Conference of Religious but found the cost too high for the small number in their community. This scheme would have been a joint one and would have enabled those congregations not already in the care sector to join with other congregations to set up residential and nursing home care for their older religious. Those interested would pay into the scheme, to set up and maintain the homes, and take up beds when needed. The disadvantage was that the scheme was too expensive for smaller communities – and these were the ones most in need of a scheme. There was also no guarantee that a bed would be available when required.

About a quarter of those interviewed would like to be part of a joint scheme with other religious. Help is needed to achieve this goal and suggestions of how this might be done included:

- creating an umbrella organisation with appropriate expertise
- starting a trust fund and encouraging congregations involved with the sale of property to contribute a part of the proceeds
- bringing in novices from overseas where the number of vocations is increasing

Twenty three of the 238 congregations had no older religious in need of care. These include those running retreat houses or student accommodation as well as missionary societies who tend to send sisters and brothers back to their country of origin when they approach retirement age.

Seventeen of the congregations had older members who are still physically active. They have not yet needed to consider either residential or nursing care – one congregation had an 89 year-old preparing for the London Marathon!

...one congregation had an 89 year-old preparing for the London Marathon!

7 Biting the bullet: Congregations involved with the closure of, or withdrawal from residential care

Fifty of the 238 congregations (nearly one-fifth) contacted run residential or nursing homes for older people. Of these, 21 (42 per cent) have not closed, withdrawn from or plan to close any of their homes. Twenty three have closed a total of 32 homes during the last ten years: most with one home, three with two, one with five and one, which is still in the process of closing, with a total of eight homes. Three congregations plan to close homes this year, one of these will close a residential home in order to refurbish and open a new nursing home. A further three congregations have withdrawn from seven homes (see Table A).

Number of congregations running homes with no closure	21
Number of congregations involved with closure/withdrawal	29
Number of homes affected by closure or withdrawal	42
Number of homes closed within the last two years	18
Number of homes closed between three and five years ago	23
Number of homes closed between six and ten years ago	3
Number of homes with plans for closure within next two years	3

Table A

Models of good practice

A large majority of congregations which have avoided closure or withdrawal are quite sure why this is so. Sixty five per cent of them replied without hesitation that they had been able to avoid closure through dedication, hard work and commitment. While this is admirable, there must be other factors at work, otherwise those congregations who have withdrawn as providers or closed homes could be seen to be not so dedicated, not to work hard enough and to lack commitment!

About 55 per cent of those who replied positively about their virtues also expressed concern about the future of their homes, particularly the 24 per cent who feel they are “just surviving”. This suggests that dedication, hard work and commitment may mean, in effect, there but for the grace of local authority funding and the National Care Standards Commission go I.

Problems with funding were mentioned most often. The cost of meeting requirements of the care standards has been compounded by the amount spent on salaries for the increasing number of lay staff employed now that the number of religious is diminishing. Several (seven) homes are under review with a view to closure if funding issues are not resolved. These homes tend to run on a deficit with various effects: they find it difficult to maintain the high standard of care expected in a Catholic home; it erodes capital; and it will not be not possible to make provision to meet future changes in legislation.

Those not facing immediate financial problems are positive in attitude. They have planned carefully over time and have been able to meet all the requirements. Some work with assistance from the Hospital Management Trust (vi), one with a primary care groups or local housing projects. (Others have given management responsibilities over to such organisations and have been included as withdrawals.) Their staff are carefully selected and dedicated to providing a good service.

Six congregations and one large lay organisation are building new purpose-built homes. Typically they anticipate using lay managers, supported by religious wherever possible. This new work tends to be funded by the sale of a site or (part of) an older property.

8 A reality too far: The consequences of closure for staff, residents and religious.

That many referred to the closure of homes as a "bereavement" is neither surprising nor unusual. This term has been commonly used by staff and residents of all kinds of institutions and homes – from children's homes to local maternity hospitals and homes for older people. The sense of loss of people leaving their homes when an area is to be redeveloped has been well documented.

That there is no "right" way for a closure to take place was also shown by how congregations reacted. It was, literally, a traumatic experience. The process was described as "dreadful", and left some religious and their superiors "distressed for years". The duration of the process varied, from a few months to a few years. For some the longer the process the harder to avoid distress, others felt it was essential to take time to make the right decision and to help staff, religious and residents to cope with the loss.

The number of staff affected by closure varied between homes from five to 50 and above. Not all respondents knew the number affected. In homes that took up to two years to close, 52 per cent of lay staff found alternative employment during the closing period, 10 per cent were relocated in other residential or nursing homes, five per cent continued working for the new management and four per cent retired, some of the latter being part-time. The rest received redundancy packages. Help with relocation was given wherever possible and legal advice (an additional expense) sought for the redundancy packages where necessary. Redundancy packages were a heavy financial burden. One congregation sought help from the diocese to meet the cost.

As soon as the decision to close was made it was explained to the residents. Those able to understand felt "let down", "distraught" and "very vulnerable". Most had expected to live out their days in the home and were alarmed at the prospect of moving to the unknown. A great deal of time was spent easing them into new situations, though as studies show the survival rate for older people moved from one home to another, diminishes with age. Some died within weeks, others within months, it was reported.

Most homes also provided beds for religious. In a small number of homes the residents were all religious. They were also relocated, but often with the additional choice of returning to a mother house.

The majority of residents (about 90 per cent) were moved to other residential or nursing homes. About 10 per cent died during the closing period. Admissions were stopped at an early stage. Residents, where appropriate, were helped to select a home together with their families and social services, who assessed residents. In making these choices they looked for (in order of importance) somewhere the community and/or their families could continue to visit and somewhere run by religious (but this was rarely available in the same locality). They were also conscious of the cost, because residents often had only limited resources. (One congregation had four residents paying £120 a week, even though the nursing home place cost £459).

Superiors reported that the majority of sisters felt a "great loss" but accepted the situation in the "spirit of faith". Individual experiences varied, often muted with the lapse of time. Some felt that the "dreadful two years" had become "a life-giving blessing".

About 35 per cent of the religious affected by closure of homes moved into new areas of pastoral work. These included running retreat houses, hospital chaplaincy, parish catechetics, work with people who misuse drugs, with prisoners and their families, teaching, work in the diocese and counselling. About eight per cent continued in the same work but at a different location, with four per cent remaining with new management in homes sold as a going concern. Some aged 70 and over were finally able to retire and are "praying harder than ever before". For these reasons, some respondents felt that the changes must be easier for sisters than residents.

Many religious have moved into smaller “clusters”, where between two and six of them live together. They meet with the large community on a regular basis. Others chose to move to other community houses, overseas, elsewhere in England or in Ireland, or to the mother house. About three per cent are still involved with closing or selling homes. One sister joined a different congregation.

Bricks and mortar: The buildings
Details for buildings were more difficult to obtain and are therefore incomplete.

No.	**Reason sold**
2 (+1/2)	sold for rebuilding (half still being used)
3	sold for less than market value (not able to sell for full price)
2	sold as going concern (reduced value because of necessary modifications)
1	sold as retreat house to the Mormons
1	sold for classrooms
3	still in process of being sold
12	**total either sold or in process of selling**

Table B

No.	**Reason building not sold**
2	still in possession of the congregation but managed by other organisations
2	demolished in order to rebuild
1	keep for own sisters (and not register)
1	transferred to local charity
1	not yet decided
2	leased to diocese
3	2 reverted to diocese
1	using as guest house
1	using as conference centre
14	**Total unsold**

Table C

The congregation has its reasons: The closure and withdrawal
There was a combination of reasons rather than a single cause why homes were closed or congregations withdrew from providing this kind of care but the final trigger for closures during the last two years appears to have been the inability to finance the changes necessary to meet the requirements of the National Minimum Standards.

As stated above, the fate of homes run by congregations is often determined by factors which are found elsewhere in the residential sector. They are listed in Table D in descending order of the times they were mentioned.

Government legislation. Requirements too costly to meet every time	**72%**
Local authorities under-funding. There was shortfall of between £75 (residential) and £85, (nursing home) per bed per week. When private residents are taken in to help cover shortfall then it was not possible to offer beds to those in need.	**69%**
Financial. High maintenance costs of older buildings; running at a loss; capital drained; no money to make further alterations – compounded by under-funding.	68%
Reduced number of vocations. This leads to high cost of lay staff, including agency, care and nursing; ageing religious sisters need care themselves and are not able to work.	**52%**
Staffing problems. Staff are now required to have qualifications, but many of the more reliable older care staff are not willing to undertake the written part of the assessment for NVQs. Younger care staff lack experience. A small number of homes are situated in rural areas where it is difficult either to attract or retain staff. Even dedicated lay staff work less hours than their religious counterparts. (In one example, two lay matrons barely covered the responsibilities of one former religious.)	**45%**
Local authorities. Problems arise with classification of residents by social services. Unrealistic demands are placed on homes when residential care is requested but nursing care is required, or when nursing care is suggested but a hospice would be more appropriate. It can seem that only the most demanding cases are referred. When complaints are made then the number of referrals diminishes or ceases.	**35%**
Insufficient number of residents referred by social services to make the home viable. This only pertains to a few areas.	**31%**

Table D (percentages approximate)

Decision time: How decisions were made

Members of more than half the religious communities were consulted as part of the decision making process. About 40 per cent of congregations sought the advice of independent, professional advisers and almost a quarter (24 per cent) consulted financial advisers. Others consulted included architects, surveyors, property consultants, trustees, and solicitors. Seventeen per cent formed a strategic planning committee which included several of these bodies. Twenty one per cent contacted the Hospital Management Trust, seven per cent consulted Care and Housing of Elderly Religious Project (CHERP) (vii). Eighty five per cent of congregations informed the bishop as a courtesy.

Although many people are involved in reaching the decision to close, the ultimate responsibility rests with the provincial council, also referred to as the general council or leadership team of the congregation, so the decision is unlikely to be made at a local level.

...the...sisters felt a “great loss” but accepted the situation in the “spirit of faith”.

Looking elsewhere: Other options
Nearly a quarter (24 per cent) of congregations felt they had no other option than to close but the rest (76 per cent) considered alternatives. Perhaps it says much for the state of the sector generally that, as Table E shows, varied though the options were, none met with success. Even if, in one case, "doing nothing" could ever have been a realistic option, the option, in another case, of carrying on was ruled out due to the imposition of the care standards. A lack of religious stymied another option, while the proposal to merge with another congregation was ruled out by the residents – themselves religious!

Options considered	Reason rejected
Approached BUPA	Did not want to buy
Hoped local parish would take over	Did not want
Continue in care (from nursing to residential)	Registration difficulties because of new standards
Refurbishment	Too costly
Approach Housing Management Trust	Not willing to take over
Merge 2 residential homes and one nursing home i.e. adapt one to serve all	Not viable option, problems with the site
CHERP approached	Helped with some advice but no practical assistance
Hand over to lay control/governance as going concern	Could find no taker
Selling	Decided may need as resource for own sisters
Holiday house	Not suitable site
Use site for low cost housing for older people on a low income	Not able to find developer
Sell half, keep half	Not enough sisters to maintain
Sell for use as cottage hospital, attaching nursing home to convent	Not enough nurses in area, too little return on proposed sale
Catechetics centre	Too big
Merge with another congregation	Residents (religious) not agree
Attach nursing home to convent	Not able to fund
Do nothing	No longer an option

Table E

9 New directions? The consequences of closure and withdrawal

Where congregations are different from most other kinds of provider is that running homes is an expression of their mission, even though the consequences of closure or withdrawal may be that that mission has to be expressed in other ways. (While “mission” is not a term which non-religious-based voluntary sector providers would use, providing such care would be an expression of their ethos.) Not for them the penury of the bankrupt or the comfortable retirement of those who have made their money or a totally new business venture by the entrepreneur when this one failed.

Some congregations did not alter their mission as a consequence of closure. They have continued the same work in other communities, homes or hospitals. Those who withdrew from the care for older people have moved into different types of pastoral care, as stated above. Not all communities have found new ministries, though they continue to have faith in their mission and the Church. There is a sense that “you’re never redundant doing God’s work” and they will continue with “cheerfulness and confidence”.

Also, given the extensiveness, historically, of the Church’s social mission, change was not unusual for some. There were those congregations who referred to moving into a new ministry for the third time in the last 50 years. Originally in education, children’s homes, orphanages or working with disadvantaged children they moved into care for older people when the need was perceived in the early 1970s. They have now gone full circle, back to working in parishes with youth, teaching, counselling in schools and with asylum seekers – still responding to the needs of the marginalised.

However, true though this is, it would be wrong to cloak such large-scale moves, which have such enormous consequences for residents, staff and religious, with a complacent cheerfulness or a misplaced optimism. Although recognising that religious “must look at the common good - the good of the community, the congregation and the Church”, change has been difficult at a personal level for many individuals. Some sisters have “never recovered” and “are sad in their own way all the time”.

A sense of difference: Does it matter that the home is closed?
It will have been apparent from what has already been said that there are many shared experiences between those who run the congregations’ homes and those who run homes in other parts of the sector. So, when asked whether it mattered that a home had closed, there was a unanimous affirmative.

But what is significant are the majority of reasons offered for why this was so and in those reasons rests just one of the significance of the religious home. Indeed, it rests at the very heart, spirit and ethos of the home. No home owner, whoever they are, regards running a home as a matter of warehousing or hotel provision, providing only for the residents’ physical needs. Reassurance, happiness, companionship, a sense of belonging and security are what any provider would hope to offer. Congregations, of course, attempt to do all of this but they not only seek to do more but those who live their lives in a congregation’s homes wish to find more than they would find elsewhere.

There were, of course, some responses which any home provider or staff member might have been expected to make in the face of closure. These were ones like: “It is a sad loss when they [the homes] go” or that it was “an enormous loss to everyone”. And again, the references to the upheaval suffered by residents or the loss to a local community of which a home is part or the statement that “it is a great blow to the residents who thought they could die here” represent a common outlook. Even the belief that “caring for older people is not a job, it is a vocation. It should be given as many hours as it takes” can be found among workers in secular homes. A remark that “Catholic homes are more concerned with the level of care for residents rather than making a profit” would be echoed by those who work in voluntary sector homes and also those run by local authorities. The question about who would “care for the marginalised with no money in the years to come” mirrors a common secular thought. And even perhaps “the old people were part of us, we think about them everyday. It was their home” is found among anyone who feels a real attachment to those with whom they work and where they work.

There was also the sense that a facility was disappearing that would have benefited others who would come after the present residents: “It matters enormously to those who will not be able to benefit, those ‘we don’t know’.”

But there were some distinctly Catholic comments made when congregations were asked if it mattered that homes had closed. That someone said that “residents are safe from euthanasia” may express an irrational fear of what happens outside of Catholic homes. However, it was other remarks which, more positively, expressed an ethos not to be found elsewhere, which would be valued by residents and their families. At the lower level this was expressed by remarks like the fact that there were “not many Catholic homes left” or “Catholic homes are happy homes”.

Focus group respondents would have recognised this because they saw Catholic homes as being different from other homes in their ethos and values; allowing residents links with the parish and the opportunity to attend daily mass; and that such homes are “more of a community” with a “caring feel”. Focus group members also judged Catholic homes to be always “pleasant with good food”. They believed that residents were accorded dignity, treated as individuals and valued.

One focus group response was that Catholic homes were “familiar to older people, the people in it are the same as you, with the same experiences and the same values. They believe the same. This matters when you are old.” This was interesting because it accorded with a comment from Rabbi Julia Neuberger, chief executive of the King’s Fund, when speaking about homes provided by the Jewish community. She said: “When you are looking toward the end of your life, you want to be with your own.” (15)

A Catholic approach was spelled out when congregations said: “Homes are an important face of the Church, a witness to local communities” or “there is no chapel to visit and no daily mass for residents.” That “sacramental and spiritual life is disrupted” speaks in a society that does not find it easy to accept spirituality as part of social care, even less to provide opportunities for its expression. And this ethos, outlook and way of life were best expressed and summed up by the person who said: “The philosophy of care, the whole environment and ethos are different in homes run by religious”.

The bishops mirrored both lay and religious opinion in what homes offered (and thus what was lost when they closed). They reflected, they said, a Christian ethos and values; a faith setting for both priests and laity; a beacon, a shining example which lifts standards; and a religious witness which was important to the rest of society.

Being awake to what is happening, thinking about those areas where help is needed...

10 Closing the doors: What communities have learnt from the experience

The experience of closure and withdrawal has been self-evidently painful, in some cases traumatic for religious, staff and, not least, residents. But from this experience congregations were quite sure that there were many lessons to be learned. Closure and withdrawal will continue to affect congregations, even if new homes have opened, new partners are found to sustain a service, and some congregations will continue to provide homes. But what others have found through experience of closure and withdrawal may either lessen the pain or even, in some cases, save services.

Whatever might be desired, realism had to be faced. Being awake to what is happening, thinking about those areas where help is needed, and planning are three essential elements of any strategy.

Underlying those three responsibilities were other principles, which were a part of exploring all options. Getting professional advice was said to be essential. However, it was said that congregations should think about what they wanted before "jumping in". But decisions have to be made and acted upon without waiting for a crisis. Time management in care provision was found to be even more important now that religious do not provide 24-hour cover. Those managing services needed to bring to the fore what was most important and to make decisions before degenerating to a sense of failure. The advice was to proceed slowly and carefully as it takes a long time to reach the final decision and in doing this nothing should be taken for granted. There is a need to be prepared to change and compromise ("If you want your nursing or residential home to stay the same, then don't invite someone else in to run it for you!"). An important part of exploring options, too, was the recognition that there is still a great need to provide care for older people.

It was part of facing reality to recognise that if a home was not viable, then it had to close. Likewise, cosmetic, patch-up jobs were warned against, which was all part of realising that trying to survive was not enough. If money was not available, *something* has to be done. Being calm was necessary, being sentimental was not. There was a need to live with uncertainty for a long time.

Another part of the need to face reality was the recognition that without more vocations congregations will not be able to continue in the same way. As community members age and there are fewer vocations, religious who are left have less time to spend with residents. There is no longer another sister to take over as one retires. While the mission to provide such care arose out of need, the communities themselves are sometimes elderly and that brings its own problems. But facing reality and acting on it – if that action, in fact, leads to closure or withdrawal - can open up new opportunities. In that sense, what may seem to be negative actions are in no sense an "end". Some congregations felt that a change of ministry can be life-giving. It allowed more freedom to embark on a life to which the religious are called. One person said: "There's more to life than paperwork and red tape. Using increased energy to fight red tape changes our ministry." The advice was to let go and move on to new life. But a practical part of that was the other advice to research new ministries.

These are the practicalities of closure and withdrawal. What can be done for those who have to face them? As has been said, closing homes can be like bereavement and congregations said this. But they also said that closure affects people differently, and the need was to be there for them, both the cared for and the carers. When the doors close it's not the end only the beginning of the process of grief. Help from others could be useful - religious with similar experience or a counsellor. It was felt that it was not appropriate to lean on a resident's family for such help. Closure, too, affected the local community - local shops, employment, respite provision, even the undertaker!

There were lessons to be learned too about the congregations' elderly members. One was to collaborate and share resources with other communities. Another was to plan now for elderly members. It was more difficult to find nursing homes for them than for lay people and it was thought to be difficult to send sisters into non-Catholic homes. Strategies, both short- and long-term, needed to be developed. Laity should be included in future management and providers called together to develop plans for the future.

One frequent wish by congregations was that they had a national body to offer appropriate expertise at a local level and help with government legislation and the introduction of care standards.

Much has changed even in recent years in the field of residential care provision and, in some ways, congregations have continued with their own styles of management and practice while the world around them has changed. The experience of withdrawal and closure has shown that residential and nursing homes are now businesses and they need a professional contribution. Thus, it was felt that there was a need to get help from outside organisations as some religious may not know where to find help. Professional advice was needed because it was felt, that religious can be “gullible”. Likewise, financial advice was needed because religious may not be skilful managers of money. Congregations faced with closure or withdrawal could find an organisation that knows how to run homes and sell the home or homes to it.

And just as the kind of care provided by congregations offers a different ethos from that in the secular sector, so attitudes to closure evoke different responses. True, the pain of withdrawal and closure, the loss of the familiar and the sense that something is ending would be shared by anyone in a home which closed, however provided. But for congregations there was the sense (indeed, knowledge) that God is always there, guiding it all. There was a trust in divine providence. Faith had to be strong but an act of faith had to be made and followed. There was a strong sense that while God would see one through, this had to be worked for and would not be offered “on a platter”.

The advice was to let go and move on to a new life...

11 The future of Catholic care for older people

As was said at the beginning of this report, the Church's social mission is a long and honourable one that has seen work in many fields from the care of the very young to the care of the very old. Almost all congregations interviewed felt that it remains part of Catholic tradition to care for older people, not least as there is a great dearth of Catholic accommodation for them. Congregations hope that it will experience an upturn, but if the number of vocations fails to increase then congregations may not be able to provide homes even for their own elderly members. "Religious used to live and die in one convent, but now they, too, must move on", said one person.

Almost 50 per cent of congregations thought that working in partnership was the most effective way forward for Catholic social care provision. Some have experience of working with the Hospital Management Trust, and although the management service was not cheap and there were teething problems, they established a good working relationship. A few congregations had joined with local secular bodies, which had also worked well. Some (14 per cent) preferred a joint scheme with other congregations.

Almost 20 per cent of congregations thought there should be more lay involvement at management level, which would still allow the retention of a Catholic ethos, with sacramental and spiritual life supported by religious. Two congregations suggested that churchgoers should be invited to become involved. Interest needs to be sparked in religious places – churches, parishes, diocesan agencies, anywhere where Christians or Catholics gather together - not only in the business world.

Is there still a place for Catholic provision?
When congregations said that they believed there was still a role for Catholic provision there were two exceptions. One congregation was not sure and the other felt there should be more emphasis placed on Christian or ecumenical provision, as did one bishop.

Why there was a role for religious-based care was illustrated in some of the statements which congregations made. Many stated that older people, religious or lay, "really want God at the end of their days", and that Catholic homes provide a sense of security, where a spiritual atmosphere can be absorbed and where there is emphasis on care rather than profit. People spend a lot of time "searching for something, if Catholic care is no longer offered, we are being unjust to them". Catholic care has a "wonderful name", they are "happy" homes and "Catholics want Catholic care". It would be "a pity without Catholic care" – there would no spiritual aspect, no provision for Mass and no sacraments. Forty five per cent of congregations felt that the witness value of Catholic care is increasingly important in a secular society. Religious life is gospel-led, and gospel values spread throughout homes.

The focus groups very much echoed this view. While being near to family and friends (70 per cent) and cost (35 per cent) were among the criteria they said they would use in choosing a residential home, 60 per cent wanted one run by religious because this would be "safe, happy and sacramental" and/or one which was Catholic or had a Christian ethos (60 per cent), which was said to be better than a secular home and possessing "the right values".

Almost 80 per cent of the focus group members thought that it was important to have Catholic provision, while Christian care, depending on the commitment and quality of staff, provided an acceptable alternative for almost 40 per cent, with less than 10 per cent preferring an ecumenical approach.

It is obvious from what this report has shown, and especially in the wider context of residential care for older people, that vast changes are upon the sector. The independent sector is in a state of crisis, not of its own making. It is one that also affects homes run by religious congregations. It is arguable that successive governments are partly to blame not only because of their inability to make money available to meet fees but also making the residential care of older people so reliant on the private, for-profit sector, as well as the vulnerable voluntary sector.

State subvention from local authorities has not kept up with the costs of providing care. That congregations wanted the assistance of a national body to help them shows how much may have been lost by the lack of such an organisation. While the private care sector has suffered in many ways similarly to the Catholic sector, it cannot be said to lack voices – indeed, there are three associations of owners. However, the sector is not united because there is no one voice for both private and voluntary sector providers to speak to government. Some providers, perhaps like BUPA or Westminster Health Care, may consider that they are large enough organisations to have the ear of ministers. But all organisations, whatever sector, large and small, suffer many of the same problems.

In this world of divided advocacy, it is obvious that the congregations have suffered most from the lack of a voice. There is no reason why they should not play a part in national secular organisations concerned with the welfare of older people just as the Catholic children's societies play a role in those concerned with child care. This would not prevent them from also speaking as Catholic agencies, with a distinct outlook, but what is also important is that there is a united Catholic voice when this is done.

CHERP was set up in 1990 to look at the needs of elderly religious but has not included the issues raised here within its remit. Given what this report reveals and the possible future which is suggested below, the most immediate task is for a clear Catholic voice on these matters. The creation of Caritas - social action in 2002 comes at the right time. It has extensive links with Catholic welfare agencies, other Catholic bodies and a constitutional association with the Bishops Conference of England and Wales. There is no other body, so well placed and dedicated to Catholic social issues as Caritas to assume this role of advocacy and representation. However, that role is different from the need for a body which can offer advice and support to congregations, which has been referred to several times. This might properly be the role of CHERP if it were to widen or change its remit.

New homes for old: Need and new forms of care

Fee levels are the main cause of the immediate, general crisis but discrete parts of the independent sector may also face their own problems – in the case of religious-run homes, while they are not run for profit the steeply declining number of vocations must mean that there are fewer staff to care.

Catholic care has a "wonderful name", they are "happy" homes...

The government has given no attention to religious-based residential care for older people. This is curious for two reasons. First, as has been stated, Catholic homes are not the only form of religious provision, and, indeed, are not the only Christian provision. In the Jewish voluntary social care sector the lion's share of its £135 million income is spent on 36 residential and nursing homes which care for 2,500 residents. (16).

Second, such monies, along with those spent by Catholic and other Christian denominations, are significant sums. But as we have seen the Catholic sector (and maybe the others) is suffering a crisis. The government is very keen on promoting the voluntary sector as an even stronger provider of social care and is devoting new funds to achieve that end. Yet it allows residential care for older people, where such care is already established and could be expanded, to be subjected to the same economic factors as the rest of the residential care sector. Such official neglect also sits oddly with the government's favour of faith-based schools when, at the same time, it makes no pronouncements about faith-based residential care for older people.

There are reasons why the government is ambivalent about this type of care generally. Quite rightly, it wishes older people to live in their own homes where practicable, with support to do so. Yet residential care is and will be necessary for some older people, which is something which government statements and financial policies do not seem to recognise.

However, ambivalence is not confined to government. Twenty per cent of the 20 respondents in the focus groups said that they would never use care homes for their loved ones under any circumstances. They would support them in their own home with the help or social services and/or nursing care. The remaining 80 per cent preferred not to use residential or nursing homes but recognised that for some people living at home might no longer be appropriate.

However, all of those in the focus groups would make use of a Catholic home for themselves or those close to them if one were available in their area, and all would be willing to make a financial contribution to help start such a home and maintain it.

Even if some Catholic residential care survives – and the evidence suggests that this is more than likely, even allowing for all the difficulties - there may be new forms of care which are desirable and this may be supported by the Catholic community itself just as that community has sustained its education. Indeed, Catholic education is a very apt parallel for the forms of care for older people which may emerge, or which, at the present time, may at least seem desirable. Every parish has a school or at least a school close by in which its children and young people can be educated and their faith informed and sustained.

Why have we never considered that, at the other end of the age spectrum, older people might not welcome other specific forms of Catholic-informed care which would allow them to remain within their parishes, receive personal care, and enjoy some form of collective worship when infirmity or illness prevents them from attending mass? To date the kind of provision which has allowed this to happen has been residential care. However, as at least one interviewee mentioned, sheltered housing may be a "third way" in accommodation for elderly people between living in residential care and living in their own homes. Sheltered housing, where there is now substantial private sector provision by providers like McCarthy and Stone, allows independent living with shared facilities, like dining, if required, but also on-site care by staff. Owners are able to live as independent a life as possible. Current private provision is available only to older people with property, which is now too large for them, to sell. But local authorities have also provided such accommodation, as have charitable organisations like Anchor Housing.

When asked about the future of Catholic provision, the focus group members not only said that there should be some form of provision at local level but thought that this did not necessarily have to be residential and nursing home care. They referred to sheltered housing or retirement apartments as an alternative, a view which the bishops reflected and they believed that for that, there should be financial and personal contributions from the parishes.

The Catholic community has become more like wider society in all kinds of ways. It has become more “middle class”. It, too, has benefited from greater post-war prosperity and, importantly, for the purposes of this report, from the spread of home ownership. This last fact means that many Catholic older people, like the general population, do have the means of obtaining private sheltered housing, and for their children – those in their 40s and 50s - this will be even more true.

Overall, congregations tend to be reluctant to form partnerships with housing associations, local authorities and primary care trusts. What can be achieved when this reluctance is overcome can be seen from the experience of the Brothers of St John of God, which has expanded from three to 39 projects (not all of them admittedly in the field of residential care for older people.) Likewise, as the experience of hospices, schools and children’s societies shows, engaging professional lay staff, rather than relying on religious or clerical staff does not necessarily diminish the Catholic ethos of the institution.

The Church may be more concerned at the present at looking at the consequences of the closure of congregations’ residential homes or the withdrawal of congregations from this kind of care. That said, things cannot return to where they were. The research shows that there are lessons to be learned from this painful process if and when other congregations follow. It is important to learn those lessons from those who have had to learn them the hard way.

But it is also important to look further ahead. Catholic residential care met (and continues to meet) a need. That need is not only for humane care which allows as much independence as possible, with comfort and dignity but also the creation of an ethos which many Catholic older people value – as will younger generations when they consider whether such care is necessary for them.

The revolution wrought in Catholic residential care offers more than the chance to salvage what we have and to close or withdraw less painfully and more skilfully from what we can no longer support. It also offers the chance to think about what it means to be Catholic and elderly, what such a person’s spiritual needs are and how they may be met, in terms of social care provision, even if the forms of that provision may in future often be different from what we have come to know.

...older people, religious or lay, “really want God at the end of their days”

12 Summary

1 Two hundred and thirty eight religious orders were contacted as part of the research. Two hundred superiors were interviewed together with three bishops. Two focus groups of parishioners were held in two dioceses. The research was carried out in the summer of 2002.

2 Residential care for older people provided by the Catholic Church is extensive. Religious orders also provide such homes for their own older priests, nuns and brothers. Many of the orders which do not provide residential care as part of their mission, do so for their retired members, 40 per cent of them in England.

3 Fifty of the 238 religious orders contacted as part of the research run homes for older people.

4 Forty five per cent of congregations had neither been involved in the closure of homes or withdrawal from the field, nor had plans to do so. New homes had opened - six congregations and one large lay body were building purpose-built homes that would, typically, have lay management assisted by religious staff. However, unlike elsewhere in the sector, the rate of growth was not known.

5 Of the 55 per cent of congregations who had not closed homes or withdrawn, 24 per cent said that there were “just surviving”.

6 Of the 50 orders running homes, 23 had closed or withdrawn from the field – 32 homes had closed in the last 10 years. At the time of the interviews, two more congregations planned closures and three had withdrawn from the field.

7 Twenty four per cent of the orders felt that they had no other option but to close but 76 per cent considered alternatives.

8 When closure or withdrawal was being considered new standards tipped the balance against continuing.

9 Next to other kinds of provision by the Church this kind of work is overlooked. It also neglected by the media, politicians and the public. It is ironic that at a time when the government seeks a greater role for the voluntary sector in social care and places emphasis on faith-based schools, it has nothing to say about faith-based care for older people and leaves such care to the whims of the market.

10 There is no united Catholic voice to make the case for Catholic care and draw attention to its special problems.

11 Those interviewed – lay and religious – all felt that Catholic homes offered a different ethos and values from other kinds of home. These homes allowed residents to maintain links with their parishes and gave them the opportunity for daily mass attendance. Residents also had a shared sense of values, experience and outlook. The provision of homes was also felt to be a witness to local communities. Homes offered a sacramental and spiritual life in a society that does not find it easy to accept spirituality as part of social care, even less, opportunities for that to be expressed.

12 Like other providers in this sector, the Church’s provision – whether for older people generally or for its own retired priests, nuns and brothers - is affected by new standards and inspection, which came into being in April 2002, and inadequate funding by local authorities. However, fewer vocations, in particular, exacerbate the problems that homes face. Lay staff cost more and work fewer hours.

13 When superiors looked for alternative, secular care for their retired members, they found the lack of sacramental and spiritual life “distressing”.

14 Thirty per cent of the congregations saw the need to start planning now for their older members. However, cost ruled out for most creating their own residential and nursing homes.

15 A scheme proposed by the Congregation of Religious was felt to be too costly for most congregations. This would have allowed congregations to join together to set up homes for those members who required such care. However, a quarter of the congregations would have liked to have participated in the scheme.

16 There was no “right way” to close a home. It was always traumatic, “dreadful” and left some religious and their superiors distressed for years. Some referred to closure as “a great loss” and some sisters were said to “have never recovered” and “are sad in their own way all the time”.

17 Closure always came as a shock to residents who had expected to end their days in the home. They often felt “let down”, “distraught” and “very vulnerable”. There was alarm at the prospect of moving but the majority (90 per cent) went to other nursing and residential homes.

18 Slightly more than a third (35 per cent) of religious entered into new areas of work when homes closed or orders withdrew from the sector. This included running retreat houses, hospital chaplaincy, parish catechetics, work with drug misusers and with prisoners and their families, asylum seekers, teaching, and counselling. Eight per cent of religious continued the same work elsewhere and four per cent stayed to work under the new management. Some aged 70 and over retired.

19 Fifty per cent of congregations felt that working in partnership with other congregations and secular organisations was the most effective way forward for Catholic social care and some had done this.

20 The bishops and the focus groups saw sheltered housing as a possible part of future provision for older people.

...all felt that Catholic homes offered a different ethos and values from other kinds of home.

13

Considerations and action for the future

1 Any strategy to close homes, withdraw from the sector or attempt to save homes must mean being aware of what is happening; thinking about areas where help is needed; and planning ahead.

2 Orders faced with withdrawal, closure or saving provision must get professional advice; make decisions before waiting for a crisis; proceed slowly and carefully; and take nothing for granted. They must also be prepared for change and compromise.

3 When exploring options, it should be recognised that there is still a role in providing Catholic care for older people.

4 Fewer vocations and the ageing of existing members mean that orders will not continue in the same way.

5 If closure or withdrawal is inevitable, this also provides an opportunity for new types of ministry.

6 It is more difficult to find alternative kinds of care for older members of orders, so planning for them becomes more urgent.

7 There is a need for a national body to offer support and advice at a local level and help with matters like government legislation and new standards at a national level. This could be the role of the Care and Housing of Elderly Religious Project (CHERP) if it were to widen its remit.

8 Caritas - social action is best placed to act as an advocate for religious orders providing this kind of care to offer a united Catholic voice. However, this should not stop orders participating in secular bodies involved in the field, in the same way that the Catholic children's societies come together within Caritas but also participate in national child care advocacy bodies.

9 There should be recognition that religious-based homes need to employ lay professional staff and managers. This does not obviate the need for religious to continue to play their part. Given the experience of Catholic schools and children's societies, such lay participation does not diminish the Catholic ethos.

10 More congregations should follow those who have successfully entered partnerships with other congregations or lay bodies to strengthen Catholic provision.

11 The Church should think about Catholic residential homes in parishes in the same way as it regards schools as an integral part of local parish life.

12 The Church should consider sheltered housing as a "third way" provision when residential and nursing care's future is uncertain and not every older person can live independently in the community.

14 Notes

i The term “residential care” is used in this report to encompass both residential and nursing homes for older people. There is a legal distinction between the two but when it is not necessary to distinguish between them the commonly used all-purpose phrase is used.

ii “Closure” is when a congregation has shut down its provision. Residents move to other homes and the buildings are sold or re-used for other purposes. “Withdrawal” is when congregations hand over the running of homes to another organisation and no longer play a role in the governance or delivery of services.

iii All quotations and statistics in this text are from those interviewed as part of the quantative research. Where quotations and statistics come from the qualitative research this is stated.

iv The research was conducted before the government’s change of policy on minimum standards and so congregations were unable to comment on any effects which that might have.

v The phrase “the independent sector” was coined by the Conservative government which piloted through the NHS and Community Care Act 1990. It is used to embrace voluntary as well as commercial homeowners. While independent residential care remains very much a haven of the small business with the (typically) husband and wife owners, it also includes small groupings of privately owned homes, not-for-profit owners (like religious congregations, Anchor Housing and the Church of Scotland), BUPA and large commercial undertakings like Westminster Health Care. (BUPA is,
contrary to popular understanding, not a commercial body and is also the largest provider of Part 111 accommodation (homes for older people) in the UK.)

vi The Hospital Management Trust is a charity which promotes and develops the services of charitable and religious hospitals and care homes in ways which are economically viable, protective of the founding ethos and socially valid. It has 12 hospitals and homes with 443 beds. It also undertakes consultancies for charitable hospitals.

vii CHERP was established in 1990 by the Conference of Religious. Its aim is to enable religious leaders and communities to make the best possible provision for the care of those members of congregations who are elderly, sick or physically or mentally infirm.

...it should be recognised that there is still a role in providing care for older people.

15

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