

THE PROVISION OF HOUSING RELATED SERVICES FOR FRAIL ELDERLY PERSONS

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Abstract

Data collected from 355 service providers were analyzed to discover 1) their involvement in providing services which assist elderly persons to remain in current homes, 2) their opinions as to the difficulty of frail elderly persons in obtaining such services, and 3) their attitudes regarding who should provide needed services. Analysis of variance was used to identify significant differences among service providers by type. Findings indicate that current services concentrate on areas that entail minimal costs yet have maximum benefits for providers and clients. To encourage the provision of higher cost services, attention needs to be focused on policies that effectively reduce costs in relation to benefits.

Introduction

As the proportion of elderly persons continues to grow, it is increasingly important to better understand the availability of in-home services for the frail elderly in order to identify service gaps. Such gaps frequently prevent elderly persons from living in their current housing units. Remaining in one's own "home" for as long as possible serves two purposes: it is preferred by elderly individuals (Newhouse and McAuley, 1987) and it is cost effective for society (Urban Land Institute, 1983).

The objectives of this study were three-fold: to obtain information from current service providers about their services; to quantify the difficulties that the frail elderly experience in obtaining services; and to find out from service providers who they think should be responsible for providing needed services. The data were analyzed for significant differences among types of service providers.

The findings are important to decision makers for several reasons. First, the information will better enable decision makers to know what services exist and which groups assume responsibility for providing these services. Gaps can be identified and current providers can be given additional support. Second, knowing the opinions of those closest to the problem will facilitate the work of decision makers as they grapple with increased demand for services. And third, specific information on the difficulty of obtaining needed services by income level can contribute to improvements in the design of programs.

Literature Review

Most older people wish to remain independent in their own home as long as possible (Brody, 1985; Johnson and Fulcomer, 1984; Merrill and Norris, 1986). Yet some older people need support services to maintain independence and to enjoy quality of life (Merrill and Norris, 1986). The lack of such services commonly forces individuals to seek care in costly institutions (Merrill and Smith, 1985).

Among those who live at home, five to ten percent are estimated to require some home care (Shanas, 1979). Over one million households have an older person who

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needs assistance with daily activities or mobility (Brody, 1985). Approximately two million people require assistance in such areas as eating, continence, transferring, toileting, dressing, and bathing (Brody, 1985). Two million individuals require assistance in meal preparation, chores, and shopping. Another 0.8 million require assistance with mobility (Merrill and Smith, 1985). In spite of these needs, Brody (1985) concludes that services and service-supported arrangements for elders living at home are virtually nonexistent.

Previous studies show that the family provides from 60 to 80 percent of the services used by elderly persons (Brody, 1985; Kermis, Bellow, and Schmidtke, 1986; Special Committee on Aging, 1986). Friends and neighbors generally provide supplementary and nonpersonal assistance (Stoller and Earl, 1983). The federal government, through legislation such as the Older Americans Act and Title XX of the Social Security Act, provides funding for a variety of services such as day care, counseling, foster care, health-related care, homemaker tasks, housing, information and referral, legal advice, meals, protective services, recreational activities, transportation, residential care, plus employment and education options (Nelson, 1980). The businesses most likely to provide services are grocery stores and post offices, followed by banks, taverns, cafes, and hair-care salons (Windley, 1983). A variety of nonprofit groups sponsor programs (Huttman, 1985). Funds come from the United Way, the Community Chest, service clubs, and foundations. Although some churches provide services for elderly persons, both as individual congregations and by supporting their denominational service agencies, they tend to do so in a gap-filling capacity. The church acts in much the same way as a friend or neighbor (Ellor, Tobin, and Anderson-Ray, 1982).

Most of the literature on who should assume responsibility of services for the elderly reflects the opinions of individual professionals in the field (Linsk, Keigher, and Osterbusch, 1988; Brody, Johnson, and Fulcomer, 1984; Stone, Cafferata, and Sangl, 1987; Brody, et al., 1983) rather than survey results. However, Newhouse and McAuley (1987) found that older people perceive the informal network of kin, friends, and neighbors as the appropriate social support. Brody (1985) found that there is the expectation that adult children will provide support for their parents. Merrill and Norris (1986) note that, traditionally, families have been expected to look after their aged members. Recent demographic shifts, however, have made family care more and more difficult.

Methodology

Sample

This project, Journal Series Number 9477, was funded by the Research Division of the Institute of Agriculture and Natural Resources, University of Nebraska-Lincoln, and by a grant from the Center for Applied Urban Research, Omaha, Nebraska. Questionnaires were mailed to 793 potential service providers for the elderly in three counties in a midwestern state during the spring of 1988. There were 243 social service professionals, 150 church leaders, and 400 businesses in the sample. The three counties were selected to represent a rural county, an urban county, and a rural county near an urban center. The sample of potential social service professionals was obtained from the Area Agencies on Aging, from extension agents, and from a variety of other sources. The names of businesses that typically provide services that are used by the elderly were randomly selected from telephone directories serving the survey counties. Likewise, a random sample of churches was drawn from appropriate telephone directories.

Respondents who provided at least one service to the frail elderly were instructed to indicate in what capacity they provided the service(s). The types, for instance, included for-profit business, social service agency, church group, and individuals in the form of a friend, neighbor, or volunteer. Using the first two steps of the Dillman Total Design Method (Dillman, 1978), responses were received from 433 individuals, a 55 percent response rate.

Of the 433 who returned completed questionnaires, 355 identified themselves as actual service providers for the frail elderly. Of these respondents, 103 provide services as a member of a church; 95 provide services as a family member; 87 provide services as part of their business or profession; 50 provide services as a friend, neighbor, or volunteer; and 40 provide services as a social service employee. Twenty respondents identified themselves as providing services to the frail elderly in more than one role.

Table 1. Extent of services provided for the frail elderly in percent (N=355)

Services provided	To what extent do you help the frail elderly?				Mean
	None	Some	Mod- erate	Consid- erable	
Emergency response	20	27	17	32	2.6
Companionship/social/spiritual needs in home	30	32	18	18	2.2
Provide information on home care	39	29	12	18	2.1
Provide transportation to doctor/dentist	40	29	11	15	2.0
Provide daily check	46	25	8	15	1.9
Transportation for shopping/business	43	27	12	12	1.9
Counseling in home	49	24	10	12	1.9
Transportation for social purposes	43	29	11	9	1.9
Protection from fraudulent schemes	49	28	8	10	1.8
Transportation to church	49	24	10	11	1.8
Financial advice in home	52	24	10	11	1.8
Lawn care & snow removal	55	21	10	9	1.7
Home repairs	57	21	9	8	1.7
Delivery of prescriptions & physical aids	55	23	8	8	1.7
Delivery of groceries	55	24	8	8	1.6
House cleaning/laundry	63	18	6	8	1.6
Delivery of prepared meals	63	17	6	9	1.6
Delivery of consumer goods/hobby material	59	21	9	5	1.6
Medical help in home	63	17	6	9	1.6
Help with meal preparation	64	20	6	5	1.5
Help with personal grooming	69	15	4	7	1.5
Home modifications/adaptations	69	14	5	7	1.5
Financial aid	64	20	4	6	1.5
Help with dressing/bathing	75	10	4	6	1.4
Legal advice in home	70	13	7	5	1.4
Therapy in home	74	9	3	7	1.4
Dental/optical help in home	83	6	1	3	1.2

Total percents may not equal 100 due to rounding.

Findings

What Services Are Being Provided?

Service providers were asked to report the extent to which they provide 27 selected services for the frail elderly. These data are shown in Table 1. Possible responses were: 1=none, 2=some, 3=moderate, and 4=considerable. Means were calculated.

Response in case of an emergency is the service provided by the largest proportion of service providers and to the greatest extent. Providing dental/optical help in the home is provided by the fewest service providers.

Table 2. Significant differences in extent of services provided for the frail elderly by the type of service provider.

Services provided	Type of service provider					F ratio	F probability
	Local business	Social service	Church	Family member	Other		
Emergency response	2.28	2.31	2.89	3.16	2.06	12.63	.000
Companionship/social/spiritual needs in home	1.55	1.85	2.86	2.68	1.83	25.87	.000
Transportation to doctor/dentist	1.54	2.03	1.88	2.62	1.91	12.05	.000
Daily check	1.37	1.55	2.15	2.47	1.56	14.58	.000
Transportation for shopping/business	1.46	2.03	1.74	2.53	1.68	14.06	.000
Counseling in home	1.66	1.94	2.32	1.79	1.76	4.49	.002
Transportation for social purposes	1.49	1.88	1.81	2.38	1.56	10.34	.000
Protection from fraudulent schemes	1.64	1.79	1.66	2.17	1.64	4.22	.003
Transportation to church	1.40	1.42	2.12	2.23	1.45	11.41	.000

Boxes on the same level indicate no significant differences.
 Scoring ranked: none=1, some=2, moderate=3, considerable=4


























Table 2--continued

Services provided	Type of service provider					F ratio	F probability
	Local business	Social service	Church	Family member	Other		
Financial advice in home	1.73	1.88	1.57	2.16	1.50	5.13	.001
Lawn care & snow removal	1.29	1.70	1.58	2.27	1.59	11.83	.000
Home repairs	1.41	1.39	1.49	2.23	1.48	12.09	.000
Delivery of prescriptions & physical aids	1.63	1.38	1.51	2.17	1.36	9.66	.000
Delivery of groceries	1.32	1.72	1.54	2.11	1.50	8.87	.000
House cleaning/laundry	1.27	1.67	1.47	1.93	1.40	6.06	.000
Delivery of prepared meals	1.29	2.30	1.69	1.52	1.58	6.70	.000
Delivery of consumer goods/hobby material	1.46	1.39	1.41	2.01	1.28	9.12	.000

Boxes on the same level indicate no significant differences.

Scoring ranked: none=1, some=2, moderate=3, considerable=4

Table 2--continued

Services provided	Type of service provider					F ratio	F probability
	Local business	Social service	Church	Family member	Other		
Medical help in home	1.77 	1.30 	1.40 	1.79 	1.59 	2.94	.021
Help with meal preparation	1.24 	1.70 	1.54 	1.69 	1.36 	3.61	.007
Home modifications/adaptations	1.27 	1.36 	1.22 	1.87 	1.37 	7.81	.000
Financial aid	1.23 	1.69 	1.61 	1.68 	1.32 	3.70	.006
Legal advice in home	1.28 	1.36 	1.36 	1.78 	1.38 	4.41	.002

Boxes on the same level indicate no significant differences.
 Scoring ranked: none=1, some=2, moderate=3, considerable=4

What Groups Are Providing Services?

To discover which groups provided more services, an index for each service provider was created. The scores shown for each service provider in Table 1 were cross-tabulated and summed over the 27 services. Hence, each service provider could have a score ranging from 28 to 108. The low score of 28 means a service provided one service to "some" extent. The high score of 108 indicates considerable services in each of the 27 services. An analysis of variance with the least significant difference test (LSD) was conducted to identify significant ($p < .05$) differences.

The family category had a mean score of 53.68 compared to 45.33 for social service agencies, 44.05 for church groups, 37.61 for local businesses, and 37.40 for the group comprised of individuals. Although social service and church providers did not provide services to the extent of family members, they did provide significantly more services than local businesses or individuals. No significant differences were found between social service providers and churches, nor between local businesses and the individuals' group in the extent to which they provide services to the frail elderly.

What Groups Are Providing Which Services?

An analysis of variance with the LSD test also identified differences among service providers regarding the extent to which they provide the 27 individual services. These are shown in Table 2.

Families provide the following services to a greater extent than the other service provider groups: delivery of groceries; prescriptions and physical aids; consumer goods and hobby materials; transportation to the doctor-dentist; for shopping, business, and social purposes; provision of lawn care and snow removal; home repairs, modifications and adaptations; legal advice in the home; and daily checking on elderly persons.

Social services provide the delivery of prepared meals to a greater extent than other groups. More so than other providers, the family and the church respond more often in case of emergency, provide transportation to church, and provide for the companionship and social and spiritual needs in the home. The church provides more counseling in the home than other groups, except for social services. The family provides more protection from fraud, financial advice, and house cleaning and laundry than other groups, except for social services. The family and local businesses provide medical help in the home to a greater extent than social services and churches. The family provides more financial aid and help with meal preparation than local businesses and the individuals' group but not more than social services and churches.

How Difficult Is It for Frail Elderly to Obtain Services?

Service providers were asked to rate their perceptions on how difficult is it for frail elderly to obtain selected services in their community. Responses were rated as not difficult=1; somewhat difficult=2; very difficult=3. Service providers could also indicate if they had no opinion. The data are shown in Table 3.

As indicated in Table 3, the higher the mean the greater the difficulty. Means of 2.1 to 2.6 indicate those services which range from somewhat to very difficult to obtain.

From the service providers' perspective, frail elderly persons find the obtainment of a number of services to be somewhat difficult to very difficult (means=2.1 to 2.6). In the economic arena, service providers perceive that frail elderly persons have particular difficulty in obtaining financial aid if needed, or in obtaining protection from fraudulent schemes. Another area where they perceive that elderly persons have particular difficulty in obtaining help is in the provision of professional services (dental/optical, legal, financial advice, physical therapy, counseling), as well as personal services (grooming, bathing/dressing) in the home. Also, service providers perceive that frail elderly persons find it somewhat difficult to very difficult to obtain the consumer goods/hobby materials they need whether this be transportation to obtain them or delivery of them to the home.

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Table 3. Service providers perceptions of the difficulty encountered by frail elderly persons in obtaining services in percent (N=355).

Services provided	How difficult to obtain?				Mean
	Not	Some- what	Very	No opinion	
Dental/optical in home	7	28	57	7	2.6
Financial aid	8	37	47	8	2.4
Protection from fraudulent schemes	10	34	46	9	2.4
Legal advice in home	14	36	42	7	2.3
Help with dressing/bathing	14	38	45	2	2.3
Help with personal grooming	13	41	41	3	2.3
Delivery of consumer goods/hobby materials	18	43	34	4	2.2
Financial advice in the home	18	39	35	8	2.2
Transportation to obtain consumer goods/ hobby materials	22	39	32	5	2.1
Therapy in home	22	42	32	4	2.1
Counseling in home	20	42	31	6	2.1
Companionship/social/spiritual needs in home	25	48	22	5	2.0
Help with meal preparation	25	45	28	1	2.0
Transportation for social purposes	24	45	28	2	2.0
Medical help in home	30	38	27	3	2.0
Daily check	26	43	28	2	2.0
Home repairs	28	45	24	3	2.0
Home modifications/adaptations	25	42	28	5	2.0
Help with house cleaning/laundry	28	50	21	0	1.9
Transportation for shopping/business	30	41	25	1	1.9
Transportation to doctor/dentist	38	44	17	1	1.8
Transportation to church	38	42	18	2	1.8
Lawn care/snow removal	37	45	17	1	1.8
Information about home care	34	43	17	5	1.8
Delivery of groceries	46	31	20	2	1.7
Delivery of prepared meals	46	36	16	1	1.7
Delivery of prescriptions/physical aids	49	33	16	1	1.7
Emergency response	53	27	15	3	1.6

Percentages may not equal 100 due to rounding.

Services perceived as somewhat difficult (mean=2.0) to obtain include home repairs; home modifications and adaptations; help with house cleaning and laundry; meal preparation; companionship in the home; transportation for social purposes; someone to check on them daily; and medical help in the home.

Services perceived as somewhat difficult to not difficult to obtain (means=1.6 to 1.9) include finding transportation for shopping and business; to doctor/dentist; and to church. In the same category are the delivery of groceries, prepared meals, prescriptions and physical aids, plus lawn care and snow removal, and someone to respond in case of an emergency.

To discover if any significant differences existed in perceptions of difficulty among service providers, an index for each service provider was created and cross tabulated with the 27 selected services. One additional service was included. This was transportation to obtain consumer goods or hobby materials. Ratings were scored as not difficult=1, somewhat difficult=2, and very difficult=3. Scores were then summed over the 28

services. As a result, each service provider could have a score ranging from 28 through 84. An analysis of variance with the LSD test indicated no significant differences ($p < .05$) among the mean scores.

How Difficult Is It for Frail Elderly of Different Income Groups to Obtain Services?

For additional insights, service providers were asked their perceptions concerning the relative ease of obtaining services by frail elderly persons in three different income categories: upper, middle, and lower income. Ratings were scored as strongly agree=1; agree=2; no opinion=3, disagree=4; and strongly disagree=5.

Upper Income. Almost three fourths of the service providers indicated that the upper income group find it relatively easy to obtain services that allow them to remain in their own home. Of the remaining respondents, 15 percent disagreed and 11 percent had no opinion. The mean score was 2.2.

Middle Income. Slightly less than half of the service providers believe it is relatively easy for lower income, frail elderly persons to obtain services in order to remain in their home. Almost 40 percent disagreed. Thirteen percent had no opinion. The mean score was 2.9.

Lower Income. Almost a fourth of the service providers believe it is relatively easy for lower income, frail elderly persons to obtain services in order to remain in their home. Two thirds of the service providers disagreed. Almost one in ten had no opinion. The mean score was 3.6. No significant differences in perceptions among the various types of service providers were found with regard to difficulty of obtaining services by income groups.

Who Should Provide Services for the Frail Elderly?

Service providers were asked to indicate their opinions as to how much responsibility various groups should assume in providing services for the frail elderly. Possible responses and scores were none=1, some=2, moderate=3, and considerable=4. Service providers could indicate that they had no opinion. These data are shown in Table 4.

Table 4. Attitudes toward extent of responsibility of various groups in providing services in percent (N=355).

Groups	How much responsibility?					Mean
	None	Some	Moder- ate	Consid- erable	No opinion	
Family	0	6	14	77	2	3.7
Social services	3	25	32	37	1	3.1
Churches/nonprofits	1	26	31	27	12	3.0
Volunteers	3	41	35	16	2	2.7
Friends	4	37	45	10	2	2.6
Neighbors	5	51	31	8	3	2.4
Local businesses	12	47	28	8	2	2.3

Percentages may not equal 100 due to rounding.

Over 80 percent of the service providers believe that each group should assume at least some responsibility in providing services for the frail elderly. As indicated in Table 4, however, these respondents believe that family members should assume the most responsibility. On the average, they believe social services agencies and churches/nonprofits should assume a moderate amount of responsibility. Similarly, they believe that friends, neighbors, volunteers, and businesses should assume a measure of responsibility ranging from some to a moderate amount.

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An analysis of variance with the LSD test showed that significant differences exist among the groups in their assignment of responsibility. Respondents from churches think that friends and neighbors should assume more responsibility than respondents from other groups. Respondents from social services, churches, and the individuals' group think that social services should assume more responsibility in providing services than do family members. Similarly, respondents from churches and local businesses believe that churches and nonprofit groups should assume more responsibility in providing services than family members. These data are shown in Table 5.

Table 5. Means of differences in attitudes toward extent of responsibility of various groups in providing services by type.

How much responsibility?	Type of service provider					F ratio	F probability
	Local business	Social service	Church	Family member	Other		
Family	3.70	3.75	3.74	3.84	3.74	0.80	.527
Friends	2.61	2.59	2.91	2.54	2.44	4.14	.003
Neighbors	2.47	2.34	2.72	2.25	2.40	4.81	.000
Volunteers	2.73	2.69	2.80	2.55	2.67	1.13	.342
Social services	3.10	3.29	3.14	2.88	3.34	3.03	.018
Local business	2.46	2.21	2.39	2.17	2.41	1.78	.132
Church/nonprofits	3.11	3.11	3.14	2.77	3.00	2.69	.032

Scored as follows: none=1, some=2, moderate=3, considerable=4
Boxes on the same level indicate no significant difference.

Discussion and Conclusions

The greatest extent of services currently being provided to frail elderly persons appears to be those that entail minimal costs and provide optimal benefits. Responding in case of an emergency, for example, was the service provided most extensively. This service requires a short commitment in time, yet has enormous benefits for the elderly person involved. Other areas where services are more extensively provided include the provision of companionship, social, and spiritual needs. The family and church are most active in providing these needs. Indeed, the mission of most churches is to provide for the spiritual needs of their members. Because of the emotional bonds that develop within the family, it is likely that family members receive social rewards by providing companionship and seeing to the social needs of their elderly.

Services provided to a lesser extent appear to be those requiring more costs in relation to benefits. These costs may be in terms of an investment in human capital such as physical therapy, legal, dental, or optical help in the home. The costs may involve a major commitment of time as in personal grooming, dressing, bathing, or in meal preparation. A third example entails the reallocation of monies as in financial aid and home modification. The consistency expressed across provider types underscores the validity of these services as the most difficult to obtain.

If services not being provided are those which entail the most costs in relation to benefits, what measures can be taken to encourage a more extensive provision of these services? More specifically, toward which groups of service providers should these measures be directed?

To answer these questions, the data make a convincing case from converging avenues of approach. First, service providers perceive some responsibility in each of the types of service providers, yet assign the greatest responsibility to family members. Indeed, elderly persons prefer that services be provided by their family. Conversely, the family is providing more services than other groups and believe they are responsible. Thus, the social norm and current practice both point to the family as a major provider of services for the frail elderly. Perhaps policy makers should focus on ways to decrease the costs and increase the benefits of providing services to frail elderly persons by family members. Increased support for family caregivers could be accomplished through business policies such as flex time and leave provisions, and through services for families via social services, nonprofit groups, and churches.

The findings indicate that family members should not have total responsibility. To increase the extent to which services are provided by other groups will involve policies that increase benefits and decrease costs. This may be accomplished by increasing wages, social support, or by capitalizing on personal gratification.

Although the provision of services for the elderly is often perceived as a social service, the findings of this study indicate that income level is very important in determining access to caretaking services in the home. Service providers, regardless of type, perceive that low income elderly persons have more difficulty in obtaining services that allow them to remain in their home than middle income elderly persons. Similarly, middle income elderly persons are perceived to have more difficulty in obtaining services than upper income elderly persons. Resources from the public sector that are designated for low income elderly persons have generally been channeled into services within institutions rather than services within the home. Further investigation as to the costs and benefits associated with the design and development of programs that channel more public resources into the provision of services for frail elderly persons in their own home is needed.

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