

Caring for the elderly

READING SKILLS

Analysing information
Recognizing the structure of an argument
Identifying the writer's views

EXAM PRACTICE

Completing notes
Matching features
Yes/No/Not Given

Predicting the writer's views

1 Look at these newspaper headlines and answer the questions.

- A Neglect in care homes for elderly
 - B There's no place like home for the elderly
 - C GRANNY FIGHTS FOR RIGHT TO WORK
 - D Pensions at seventy: a solution for the future
- a What issues are raised in each of these headlines?
 - b Do you think these problems are the same in every country? Why?
 - c Which headlines suggest a positive, negative or neutral viewpoint? How do you know?

Skills

Identifying the writer's views

The writer's attitude towards the topic of the text can be expressed in several ways, for example, through the use of:

- a vocabulary that has positive or negative connotations or associated meanings (*kind, strong, motherly, deceitful, undecided, lazy*).
- b modal verbs that suggest doubt (*might/may/could*).
- c vocabulary that suggests degrees of probability (*possibly, likely*).
- d structuring sentences to emphasize or focus on a particular point (*'Because he was over 60, he found it difficult to find a new job.'*).

2 Read the following passage and underline examples of each of these techniques.

Over the last century, perceptions of the elderly have changed for a number of reasons. Improved health, longer life expectancy and greater potential for a productive contribution to society are amongst these. There can be little doubt that in recent centuries, better nourishment, combined with impressive advances in both preventative and curative medicine, has led to increased longevity. Thus, it is reasonable to assume that this extended lifespan might possibly be accompanied by a longer working life and later retirement.

- 3** Which sentences in the passage state facts and which sentences express the writer's opinion?
- 4** Select the word in each group that does not have positive connotations.
- a healthy energetic dynamic exhausted experienced
 - b powerful capable obstructive creative imaginative
 - c weary intelligent helpful wise sensible
 - d family friends home care ignorance
 - e improve deteriorate strong tolerant optimistic
- 5** Read the following sentences (a–e) and underline the words that indicate degrees of certainty.
- a Continuing to work into later life has definite health benefits.
 - b People who continue to work into their later years may enjoy better health than people who retire early.
 - c There is a slight possibility that early retirement could lead to a deterioration in health.
 - d Working longer almost certainly keeps people healthy.
 - e There can be no question that later retirement results in better health.
- 6** Number the sentences (a–e) in Exercise 5 in order of the degree of certainty (1 = very certain, 5 = very uncertain).

Exam skills

Yes/No/Not Given questions

In questions that require you to decide whether a statement agrees or disagrees with the writer's opinion, first check whether the writer explicitly makes a claim or not, then look carefully for words or phrases that indicate a positive or negative view.

Skills

- 7** Read the following passage and check which topics (a–f) are mentioned in the text. Write a tick (✓) on the line if they are mentioned and a cross (X) if they are not.
- a residential options for the elderly _____
 - b the opinions of the elderly about their housing options _____
 - c the facilities available in extra care housing _____
 - d the cost of accommodation in retirement communities _____
 - e the facilities available in care homes _____
 - f the amount of control older people have over their lives _____

A Housing with care, such as extra care housing (ECH) or continuing care retirement communities, has been promoted as a purpose-built, community-based alternative to moving into residential care for older people (e.g., Department of Health, 2005). It aims to meet the housing, care and support needs of older people, while helping them to maintain independence in private accommodation (Department of Health, 2008), and is seen as a positive option for older people in current social care policy (Department of Health, 2010). Key features of ECH are that it is primarily for older people; accommodation is self-contained; care is delivered flexibly by staff often based on site; staff are available 24 hours a day; domestic care is available; meals are usually available; and it offers security of tenure (Laing and Buisson, 2010). The expectation is that ECH will afford older

people a greater sense of control over their lives than more institutional settings, such as care homes, whilst avoiding the pitfalls of 'staying put', such as disjointed care, social isolation and inappropriate housing.

B There have been several studies in which older people living in ECH have been asked about their experiences and have reported high levels of satisfaction (see Croucher, Hicks and Jackson, 2006). Feeling that they have retained more control over their lives than they would have in residential care is frequently mentioned as being valued. However, the evidence has largely come from evaluations of new and innovative housing with care schemes, which market themselves as promoting independence and providing positive alternatives to institutional models of care (Croucher, Hicks and Jackson, 2006). In fact, a recent study of the expectations and experiences of older people moving into residential care (Darton, 2011) suggests that the expectation that residential care is associated with a total loss of control and independence can be overly pessimistic. Most of the 69 residents, interviewed after settling into a care home, told researchers they had more control over their lives than they had expected before moving in and the percentage rating their quality of life as good or very good rose by 12 per cent (Darton, 2011). Furthermore, Boyle (2004) found that older people in residential care experienced the most control and people receiving domiciliary care the least, when she conducted semi-structured interviews with older people living in care homes (residential and nursing) or in the community.

C Surprisingly, studies such as Boyle's (2004) are difficult to find in the UK literature. There has been seemingly little research directly comparing older people's sense of control in different care settings, despite the policy agenda. Most research has tended to look more broadly at older people's experiences in a single setting: care homes (Bowers et al, 2009; Darton, 2011; Kane et al, 2004; Raynes, 1998; Taylor et al, 2009; Train et al, 2005); ECH (Bäumker et al, 2012; Callaghan, Netten and Darton, 2009; see also Croucher, Hicks and Jackson, 2006 for a review); or home care (Aronson, 2002; Barrett, Hale and Gauld, 2012; EHRC, 2011; Raynes et al, 2001). Where comparisons have been made, they have tended to focus on broader quality of life issues or physical and cognitive functioning, and have focused on comparing two main care options, such as extra care to domiciliary care (Bernard et al, 2007; Gardner, Browning and Kendig, 2005; Kingston et al, 2001; Kneale, 2011), extra care to residential care (Darton et al, 2011a) or domiciliary care to residential care (Boyle, 2004).

8 Scan the passage again and underline the words or phrases that express possibility, doubt or potential.

9 Scan the passage again and underline the words that have positive connotations.

10 Read paragraph A of the passage and decide whether the following statements agree with the views expressed in the text. Write *YES*, *NO* or *NOT GIVEN* next to statements a–d.

- a** The Department of Health supports the development of extra care housing. _____
- b** Extra care housing is becoming increasingly popular amongst the elderly. _____
- c** Policy makers believe that supported housing schemes will prevent the elderly from controlling their lives. _____
- d** Not receiving appropriate medical attention is one of the disadvantages of staying at home in later years. _____

Exam skills

Matching features

In one type of question you are asked to match a series of statements to a list of options which represent the characteristics of a specific group; for example, a field of science, a school of art or philosophy. The instructions will tell you if you can use the options more than once. The questions are in the same order as the information in the text.

Skills

11 Match the following statements (1–3) with the names of the researchers (A–C).

- 1 Residents in extra care housing schemes believed they were more in control of their lives than they would have been in care homes.
- 2 Residents in care homes felt they controlled more aspects of their lives than they had previously anticipated.
- 3 In comparison with people who live in residential homes, people who were cared for in their own homes felt they had less control over their lives.

List of researchers

- A Darton
- B Croucher, Hicks and Jackson
- C Boyle

Skills

Recognizing the structure of an argument

You can follow the logical argument in a text by taking note of the organizational words and phrases that indicate the relationship between the different ideas. These linking terms will show whether the author intends to:

- a supply additional information.
- b give an example or an illustration of an idea.
- c contrast one idea with another.
- d compare ideas.
- e describe the consequences of events.
- f summarize several ideas.
- g state a condition.

12 Match the linking words (1–10) with their organizational function (a–g). Some functions can be matched with more than one word.

- | | | | |
|-------------|-------|---------------|-------|
| 1 moreover | _____ | 6 thus | _____ |
| 2 however | _____ | 7 such as | _____ |
| 3 but | _____ | 8 furthermore | _____ |
| 4 whatever | _____ | 9 in brief | _____ |
| 5 as ... as | _____ | 10 leading to | _____ |

Exam skills

Completing notes

In this type of question you may be asked to complete notes with a certain number of words taken from the reading passage. The instructions will tell you exactly how many words to use. If you use more, you will lose points.

- 13** Read the passage and complete the notes. Write NO MORE THAN TWO WORDS from the passage.

Number working beyond State Pension Age doubles over past two decades

The number of older workers, defined here as those working beyond State Pension Age (SPA), has almost doubled from 753 thousand in 1993 to 1.4 million in 2011. Over the period, the number remained relatively flat between 1993 and 2000 but quickly rose to a peak of 1.45 million in 2010.

Over the period, with an ageing population and with the post-World War II 'baby boom' generation reaching SPA, the population of older people has increased. Likewise, looking at the percentage of the older population in employment this too has increased from 7.6 per cent in 1993 to 12 per cent in 2011. This shows that the number of workers above SPA has risen at a faster rate than the population.

There may be many factors influencing the decision for more people to work past SPA, such as the improved health and well-being of this group, financial pressures, people living longer and wanting to remain active in society, and others.

Now focusing on the final quarter of 2011, workers over SPA were more likely to be self-employed than their younger counterparts (those aged between 16 up to SPA). Around 32 per cent of workers above SPA were self-employed compared to just 13 per cent of those below SPA.

Also, workers over SPA were twice as likely to be working part-time (66 per cent) than full-time (34 per cent). For those under SPA, three-quarters (75 per cent) worked full-time and the remaining 25 per cent worked part-time.

This shows that when working over the State Pension Age, those remaining in the labour market work fewer hours, possibly helped by the financial support of their state pension and other pension arrangements, which allows them to fit their work around other engagements.

Workers over State Pension Age (SPA)

Statistics: 1993: 753 000 2010: 1.45m 2011: 1.4m

Reason for increase:

- after WWII 1 _____ rose rapidly
- post-war 2 _____ is staying in 3 _____ longer

Reasons for continuing to work:

- 4 _____ concerns, better health, more 5 _____ lifestyle

Older worker profile:

- 32 % 6 _____
- 66% 7 _____

Reasons for work pattern:

- income from 8 _____, more flexibility

Reading Passage 8

You should spend 20 minutes on questions 1–14, which are based on Reading Passage 8.

How can retirement affect health?

This analysis raises an important question: is the decreased labour force participation rate partly responsible for the improvements in general health? This question is important. If a longer working life induces health deterioration, then a policy of trying to encourage people to work longer will be much less attractive. Furthermore, since healthcare is mostly publicly funded in the UK, a decline in health as a result of policies that induce longer working lives may lead to increases in health spending. At the same time, of course, such policies would also produce more suffering among the elderly, who would pay for their labour force participation with poorer health.

On the other hand, it is also possible that retirement may be to the detriment of health, so policies to induce longer working lives could, in fact, produce even better improvements in life expectancy and healthy life expectancy. In fact, Milligan and Wise (2012) find little relationship between mortality and employment rates at the country level. For any given mortality rate, the employment rate among older men varies significantly across countries, and changes in mortality within countries are weak predictors of changes in employment rates of older men. However, mortality is a rather crude measure of health. Secondly, it is not necessarily the case that the apparently non-existent relationship between employment and health holds up in microlevel analyses. Indeed, the evidence clearly suggests deteriorations in health-induced retirement at the individual level in the British context (Disney et al, 2006).

Theoretically, the impact of retirement on health is far from certain. According to the human capital model of Grossman (2000), good health is crucial for allowing individuals to maximize their utility. Health has an impact on utility directly through its effect on people's life satisfaction and happiness while also reducing work-related illness which, in turn, allows people to raise their total earnings. The former mechanism may lead people to invest more in their health after retirement – since they have more time to enjoy their leisure activities – whereas the latter mechanism may lead them to invest less, since they no longer have a job with which to increase their earnings. Whether incentives to invest in health increase or decrease after retirement depends on whether the marginal benefit of better health is higher or lower compared with before retirement, and there is no straightforward correct answer regarding which scenario is correct (Dave et al, 2006). Additionally, it is important to note that health investments may change prior to retirement, since individuals engage in retirement planning, the effects of which may kick in once they have retired. Also it should be noted that investment in health may not be primarily monetary investments. They can include making changes to diet, developing a daily exercise routine, and so on.

Other mechanisms by which retirement can affect health appear equally ambiguous. The social capital literature*, for example, indicates beneficial effects of trust and social interactions on health (for example, see Petrou and Kupek, 2008; d'Hombres et al, 2010, Ronconi et al, 2012). It is plausible that retirement can reduce social networks if these mostly stemmed from a person's job. However, the retired also have more leisure time, which can be used to establish new social contacts outside work. Additionally, retired people have more time to devote to voluntary work, which is also a base from which new contacts can be established.

Equally, while stress is clearly detrimental to health, the impact of retirement on stress is also not clear-cut. Retirement is an important life event that can be very stressful, but it can also decrease work-related pressure. The same applies for physical exercise. Some people get most of their exercise from work, whereas retirement may allow others to exercise more on a voluntary basis. Indeed, the impact of retirement on exercise appears to vary depending on the type of people and the type of job from which they exit (Chung et al, 2009; Kuvaja-Köllner et al, 2012).

Another mechanism by which retirement affects health is through what is termed the 'income effect'. When people retire, they are likely to see a drop in their income. This, in turn, might affect their health negatively.

Furthermore, it is important to note that the health impact of retirement is not necessarily linear: immediate and short-term effects may differ significantly from medium- and long-term impacts. The mechanisms linking retirement to health can involve very long delays. It is clearly plausible that the longer-term health effects of retirement can differ significantly from the short-term impact. For example, the reduction in stress may have a beneficial short-term impact but the reduced social contact may have a detrimental longer-term impact.

* **social capital** – a network of beneficial social connections

Questions 1–5

Do the following statements match the views of the writer? Write **YES**, **NO** or **NOT GIVEN**.

- 1 If continuing to work into later years harms people's health, the cost of public healthcare will increase.
- 2 The death rate is not a very precise way of assessing health levels.
- 3 There is a very clear relationship between retirement and health.
- 4 Retired people prefer voluntary work to paid employment.
- 5 People generally exercise more when they retire.

Questions 6–9

Match the research themes with the names of the researchers (A–D).

- 6 the correlation between age at death and continued employment
- 7 the relationship between good health and income
- 8 the effect of socializing on health
- 9 retirement and fitness

Researchers

- A Chung et al
- B Milligan and Wise
- C Grossman
- D Ronconi et al

Questions 10–14

Read the passage and complete the notes with words from the passage. Write **NO MORE THAN ONE WORD**.

Retirement**Stress:**

- reduced because of less **10** at work
- increased because process of retirement is **11**

Exercise in retirement:

- decreases when employment was based on **12** activity
- increases with more time for **13** keep-fit sessions

Effects:

- short-term: positive – more time to relax
- long-term: negative – less **14** interaction