

# Teaching resource: The Last Refuge

Thinking critically about the project's methodology



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## Introduction

The Last Refuge teaching resource incorporates a selection of the qualitative material collected during the course of the Peter Townsend's 1950s Last Refuge study, which was a major investigation of long-stay institutional care for old people in Britain.

This resource consists of a series of activities which can be used in the classroom or in self-paced learning. Sections have examples of the original data, activities based on Townsend's original methodology, and hints for tutors which give suggestions for further discussion.

The aims of this resource are to think critically about the original project's methodology and think through what kinds of opportunities and challenges these methods might present for reuse of that data.

## About The Last Refuge collection

'The Last Refuge' data collection consists of interview transcripts, photographs and field notes generated by a 1958/1959 national study, undertaken by Peter Townsend, which investigated the provision of long-stay institutional care for old people.

The study sought to ask "Are long stay institutions for old people necessary in our society, and, if so, what form should they take?"

In-depth interviews were conducted with local authority chief welfare officers, with serving staff and with residents in almost 200 institutions. Photographs and field notes about the condition of the buildings and the facilities were created. Diaries were also kept by a number of residents and staff.

This research was used by Townsend for his analysis, subsequently published in his book 'The Last Refuge' (1962). Data collection: [SN 4750 Last Refuge, 1958-1959](#)

Townsend, P., *Last Refuge*, 1958-1959 [computer file]. 2nd Edition. Colchester, Essex: UK Data Archive [distributor], August 2011. SN: 4750, [DOI: 10.5255/UKDA-SN-4750-1](#)

## Peter Townsend

### **About Peter Townsend (1928-2009)**

After working for the independent research organisation - Political and Economic Planning (PEP) - and then conducting research at the Institute of Community Studies (1954-57), Peter Townsend became Research Fellow and Lecturer at the London School of Economics (1957-63). He was then appointed Professor of Sociology at the University of Essex in 1963.

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Subsequently, he held posts in social policy and development at the University of Bristol and the London School of Economics and Political Science (LSE).

Peter Townsend was regarded as one of the pioneers of research on poverty in the United Kingdom. He was co-founder and chairman of the Child Poverty Action Group for twenty years from 1969 and similarly of the Disability Alliance for twenty-five years from 1974. Prior to his death in June 2009 he was Emeritus Professor and Senior Research Fellow of Social Policy at the Centre for the Study of Poverty and Social Justice, University of Bristol, and Centennial Professor of International Social Policy, LSE.

Townsend's work questions many of the philosophical and theoretical models of poverty whilst also playing a key role in developing new measurements, models and definitions of poverty and inequality including his concept of 'relative poverty'. His publications include *The Family Life of Old People* (1957), *The Last Refuge* (1962), *Poverty in the United Kingdom* (1979) and *World Poverty: New Policies to Defeat an Old Enemy* (2002).

## Peter Townsend collections

Many of Peter Townsend's projects are archived either in digital form at the UK Data Archive or are held in the original hard copy at the University of Essex's Albert Sloman Library in the National Social Policy Archive.

Collections found in the catalogue of the UK Data Service include the following Townsend classic research studies:

### [The Last Refuge, 1958-1959](#)

This is a data collection from a national study investigating the provision of long-stay institutional care for old people. Interviews were conducted with local authority chief welfare officers and other related parties. A range of institutions were visited and observed by the research team, notes from these visits are included in the collection.

### [Family Life of Old People, 1865-1955](#)

This is a landmark study from 1954 that examined the view that a breakdown in extended family networks was leaving old people isolated, and increasing demand for residential care. This collection includes interviews with over 200 people of pensionable age that lived in Bethnal Green, East London.

### [Old People in Long-Stay Institutions, 1965-1970](#)

This is a study of the provision and quality of care for elderly people in long-stay institutions. A draft report based on the research was prepared but neither finalised nor published.

### [Katharine Buildings, 1885-1962](#)

This is an unpublished study of social change focused on the inhabitants of Katharine Buildings in Stepney, London. The Buildings were established in 1885 as an experiment in improving working-class housing conditions. The project includes analysis of the original ledgers and notes as well as interviews with residents, some of whom were descendants of the original inhabitants.

### [Poverty in the United Kingdom: a Survey of Household Resources and Standards of Living, 1967-1969](#)

This famous study aimed to collect comprehensive information on all forms of resources (including income and assets) and indicative information on deprivation and style of living in order to define and measure poverty among a representative sample of the population of the United Kingdom.

### [Subemployment Study, 1972-1973; Main Household Survey.](#)

### [Subemployment Study, 1972-1973; Follow-Up Survey.](#)

### [Studies of Poverty among the Subemployed in Three Special Areas, 1968-1969.](#)

### [Papers of the Child Poverty Action Group, 1965-1998.](#)

## Advantages and limitations of reuse

The UK Data Service supports quality research and teaching through the provision of support, advice and exemplars on reusing data.

We try to ensure that access to high quality data is as free, open, and easy as possible, while conforming to ethical and legal standards.

Data can be reused in a number of different ways, they can:

Be employed in comparative research, so for instance a study might be used as a comparison over time or location or between social groups.

Be applied in a re-analysis, which takes into consideration the different questions which were raised but not fully examined in the initial study.

Raise new questions about the data, or they could be utilised to explore the original questions from new perspectives.

Be applied in research design and methodological advancement or as historical resources to study comparatively how things were in the past.

Be employed in the development of a new study or methodology, so a researcher might want to study the same topic but apply a different method, or use the same method but on a different topic.

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Be reused for learning and teaching purposes as data collections provide rich case study material for learning and teaching across the disciplines.

## Example

### The 'Last Refuge' revisited

Peter Townsend's collections continue to attract a great deal of interest and are regularly consulted by researchers from a variety of disciplines.

Julia Johnson and Sheena Rolph (Faculty of Health and Social Care at the Open University) and Randall Smith (School for Policy Studies, University of Bristol) conducted a reuse of the 'Last Refuge' study entitled 'The Last Refuge' Revisited'.

This was an ESRC-funded project that examined continuity and change in residential care for older people over a period of nearly fifty years.

It provides evidence of continuities and discontinuities in the way old age and later life have been thought about during this period. This longitudinal aspect was only possible because the research data from the original study had been archived.

The new research team began with a re-examination of Townsend's original research and the subsequent findings and published recommendations.

First they completed a tracing study to find out and document what happened to the care homes visited in the Townsend study. Building on the archived descriptions of these homes it was found around 150 no longer existed. Their subsequent history was then traced by volunteer investigators recruited through the University of the Third Age, Local History Associations and the National Pensioner's Convention.

Then a second stage of the study examined the 20-25 homes that are currently registered as care homes with the Commissions for Social Care Inspection in England or Wales. This follow-up study broadly replicated Townsend's method. The detailed information on the individual homes from 1958/1959 contained in the archive allowed for direct comparison of the situation in 2005.

### Publications from the project include:

Johnson, J., Rolph, S., and Smith, R., (2010) *Residential Care Transformed: Revisiting 'The Last Refuge'*, Hampshire: Palgrave.

Johnson, J., Rolph, S., and Smith, R., (2007) 'Revisiting "The Last Refuge": Present day methodological challenges' in Bernard, M. and Scharf, T. (eds) *Critical Perspectives on Ageing Societies*, Bristol: Policy Press, pp. 89-104

## Tasks

### Task 1

What are some of the advantages and limitations of reusing an existing data collection such as **The Last Refuge** as opposed to simply starting afresh with a primary data collection?

## Hints

### Advantages

- The background work has already been done.
- Good quality data.
- It can be a supplement to one's own primary data.
- It can inform research design.
- Gain further insight on hard-to-reach populations or sensitive topics without further intrusion into vulnerable populations (e.g. Fielding and Fielding 2000, Gladstone et al 2007, Irwin and Winterton 2011).
- Gives new methodological insights.
- Basis for comparison (historically, temporally, thematically).
- Relatively inexpensive.
- Data are easily accessible and readily available.

### Limitations

- The original context of the primary research is not always available.
- Lacks the inter-subjective data i.e. we cannot fully know the emotional relationship between the interviewer and interviewee.
- Relevance - even if on the same topic the primary data may not exactly fit the requirements of the secondary research question.
- The secondary data may be incompatible with the new research question.

## Survey

Tables from The Last Refuge

TABLE 1  
NUMBERS OF INSTITUTIONS AND HOMES IN ENGLAND AND WALES, 1958, AND NUMBERS VISITED, BY TYPE

Type of institution or Home	Number of institutions with the following no. of residents of pensionable age				Number in sample	Number visited
	250 and over	100-249	Under 100	Total		
Former public assistance	19	84	224	327	40	39
Other local authority	0	3	986	989	53	53
Voluntary	1	22	718	741	40	39
Private	0	0	936	936	47	42
Total	20	109	2,864	2,993	180	173

TABLE 2  
NUMBERS OF ELDERLY RESIDENTS INTERVIEWED IN DIFFERENT TYPES OF INSTITUTIONS AND HOMES

Type of institutions or Homes visited	Numbers of old people entering within previous 4 months					Total
	No longer resident*	Not interviewed			Inter-viewed	
		Out at time of visit or too ill	Matron refused	Old person refused		
Former public assistance	89	4	0	2	219	314
Other local authority	24	5	0	2	157	188
Voluntary	6	1	7	1	56	71
Private	17	5	9	5	57	93
All Types	136	15	16	10†	489	666

\* Dead, transferred to hospital or other institutions, or returned home.

† Six of these 10 were refusals only in part.

<sup>1</sup> Of the 136, 43 had died, 29 had been transferred to hospital and 19 to other institutions, and 45 had gone home or to lodgings.

Table 1 on page 10 and Table 2 on page 12 of Townsend, P (1962) *The Last Refuge*, London: Routledge and Kegan Paul.



## Tasks

In The Last Refuge, Townsend used a variety of methods including interviews, participant observation, diaries on residents' daily life in the home and a survey to understand the experiences of residents who had recently entered homes.

### Task 1

Look at the example tables from The Last Refuge illustrated above. What might have been some of the difficulties that Townsend and his fellow researchers encountered when trying to access and collect data from residents in these residential homes?

### Task 2

What problems do you think Townsend and his team might have encountered in terms of access and creating an accurate and valid picture of the residential homes they visited?

## Hints

### Task 1 hints

Difficulties might include:

- physical and/or mental disabilities
- dementia
- illiteracy
- privacy
- confidentiality
- access restraint to residents because of matron's control
- illnesses
- death
- resident has moved homes.

### Task 2 hints

- How matrons represent their homes. They might not give a full, detailed, clear picture of what really goes on there.
- Lack of access to residents opinions because:
  - they are incapable of answering
  - they have had their access restricted by the staff
  - they are too afraid to speak to a researcher in fear of jeopardizing the relationship they have with the matron, staff and other residents
  - of lack of privacy to discuss issues openly.

# Using visual sources from secondary data

## The Last Refuge photographs



## Tasks

### Task 1

Peter Townsend took photographs as part of his visits to the residential homes in 1958/1959 in order to make comparisons between the homes that he visited. Mind-map how visual data, such as photos or films, could be a useful methodological tool in research projects such as The Last Refuge.

### Task 2

Look at the example photographs above taken from the original Last Refuge collection. What are some of the social issues that can be identified in the selected images? Can you think of any potential research questions that could arise from looking at the images?

### Task 3

Write down some of the ethical issues relating to the use of visual methods/photography in social research?

## Hints

### Task 1 hints

- Researchers can generate their own visual data through the creation of films or photographs to represent and document social and cultural phenomena.
- Visual data can act as a memory aid of the original research encounter, reminding the researcher of micro-interactions in the original context (subtleties in language, body language, setting, interactions between people or objects, etc.).
- Visual data can also be used as a secondary source in which the researcher would try to look beyond the surface appearances of an image to uncover the image's multiple layers of culturally and psychologically informed meanings.
- Visual data can be used as a tool or prompt with other forms of data collection. Known as photo elicitation, this technique suggests using pictures or film-clips in an interview or focus group setting and asking respondents for their reactions to particular images.
- Participants in a research project can also take an active role in the research and create their own visual images. Auto-photography, which involves giving informants disposable cameras to take pictures of their daily lives or particular situations, is an interesting technique which has the advantage of giving the informants an active role in the research and enables them to convey information in their own preferred way.

### Task 2 hints

- How have experiences of residents changed over time?
- The use of space in residential homes, i.e. sleeping arrangements and privacy. The way space is personalised within the institution.
- Impressions about the clothing of residents or uniforms of the staff?
- What are the apparent personal relationships between the people (staff and residents, or residents with other residents) in the photographs? Power relationships of those in the photos.
- The gender balance and roles of residents and/or staff in the residential homes.

### Task 3 hints

- Think about the researcher's position when taking the photograph and how this could have an effect on the research process.
- Might the image be used to construct stereotypes of institutional life?
- How can the researcher deal with issues of anonymity and confidentiality when using visual images?

## Using visual images in reuse studies

### Task

In 2005 Julia Johnson, Sheena Rolph and Randall Smith (School for Policy Studies, University of Bristol) conducted a reuse of the 'Last Refuge' study entitled "'The Last Refuge' Revisited".

They took photos of residential homes in 2005 and then compared them with the black and white photographs below on the same themes as the original photographs taken by Townsend in 1959.

**Look at the two pictures below, then compare and contrast them.**



8. Matron and staff of a former workhouse in the Midlands.

Townsend's original photograph (1959)



Photo taken by Julia Johnson (2005)

## Hints

### Task 1 hint

You could discuss the:

- clothing/uniforms
- difference colour makes to the photograph
- relationships between staff
- setting for the photographs.

## Observation

### Example

**Interview with matron at a small private home in Greater London**

(All personal names have been changed)

Reached the home at 11.00 in the morning – small, semi-detached villa, garden front and back overlooking main railway line. I was taken into a small sitting room where one old lady was dozing in an easy chair, with a rug over her lap. It was clean, bright and unimaginative and there was too much furniture for the size of room - a TV set stood in the corner and potted plants enlivened the windowsill. "We don't have them in here to watch the TV, well I mean we wouldn't have a room to call our own would we? Of course I let them in here if there is something special like the Queen." Mrs. B, (the matron) was a woman of enormous proportions bursting out of a white coated overall. She had a florid complexion, bright insensitive eyes and steel grey hair cropped and drawn off the face. She was loud mouthed and had the trace of a cockney accent. She liked to talk, and having explained the purpose of the inquiry to her she decided that I was 'on her side' and that the Home was at my disposal (with her at my elbow). Her husband, a civil servant, was a small, wizened man, tight lipped, bespectacled and apparently some years older than his wife, and although not present at the interview undoubtedly listened to all that passed between us.

Mrs. B was a British Red Cross nurse, "I've been in nursing all my life", and had been involved with old people for fifteen years. She had held posts in small private nursing homes in the locality and finally, out of disgust for the way in which they were run, decided to convert her own home and take in as many ambulant old people as the authority would approve. The number was five, although at the time of my visit there were six old ladies in the house, I was assured that one was only visiting for two weeks and was not a resident - "just the mother of a friend we wanted to help out while they had a holiday." The interview took place in the lounge which was not used by the residents except for the hour in the morning when their room was being turned out - the old lady remained throughout - feigning sleep but raising her eyebrows at many of the matron's revelations regarding the care of old people.

### **Building**

The house was very small. On the ground floor there was a modern kitchen and scullery, one double room and the lounge (Mr. and Mrs. B's sitting room). On the first floor there was one double room, Mr. and Mrs. B's bedroom, a small single room, lavatory and bathroom.

The house, freshly decorated, was very clean and highly polished, the furniture was of poor quality in the resident's rooms and there was lino on the floor with small cheap bedside mats. Iron bedsteads had inter-spring mattresses. Few personal belongings were to be seen about the rooms. "We don't want their personal possessions - just a change of clothes - the more they have the more they clutter and lumber up - old people are like that."

A long, narrow garden at the back of the house provided some fruit and vegetables. I had the feeling (this could not be substantiated) that the quality of food served up was poor. While I was at the home lunch was taken to each resident in their room. It consisted of two thin slices of luncheon meat, a small quantity of fresh salad, and boiled potatoes, followed by small

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portions of lemon jelly and banana. Although a cold, wet day, I don't believe that this meal was followed by a warm drink.

### **Staffing**

Mrs. B, (herself a British Red Cross nurse) had one full time assistant with no qualification, a woman of 60 who worked from 8.00 until 8.00 with time to herself during the day, circumstances permitting. Another woman of 40 came in from Mondays to Fridays between 9.00 - 12.00. When the matron had her annual two weeks holiday this domestic became resident.

Only Mrs. B wore a white nurse's coated overall. Mr. B did the book-keeping and attended to the boiler, he also did odd carpentry jobs around the house, which was well fitted with laundry and airing cupboards, but no handrail had been fixed on the staircase.

### **Regulations**

I formed the opinion that the five residents in this home had virtually no personal liberty at all. Only one left the building. All had to be in bed by 8.00 - "Well we wouldn't have any life of our own would we Mrs. T, if I didn't reckon to sit down by 8.00?" Mrs. B dominated the household and it was plain to me that she had not entered the work with any interest or understanding of old people, but purely for financial gain and local prestige.

Asked whether the residents were allowed to stay in bed if they wished Mrs. B said "I am the deciding factor - they would stay in bed all the time if I gave them the chance...." "If you let them get their own way you're lost they soon get to that stage when they can control nothing and then where are you - you virtually have a nursing home case on your hands."

On the subject of bathing and changing Mrs. B was equally adamant, "They get bathed when I think they need it...." "And they change their clothes when I say they need to." "I make my own personal inspection - if I come into a room and I think there's a smell of something musty in here I turn out the drawers - oh yes I keep an eye on everything - spray the rooms, put Dettol in commodes, watch everything to do with personal hygiene." "What's it to do with her" they say, well, I say you've got to watch them, old people do such odd things - I don't let them put me off."

### **New Residents**

"I make it clear right from the start, you can't live on 'when I had my own home etc....'. Residents must be ambulant and have no surgical trouble."

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There has been no need to advertise as Mrs. B is constantly being requested by L.A.W.O. for vacancies.

A doctor's letter is the only requirement the matron makes to relatives who nearly always call before bringing the old person in. No personal possessions are encouraged beyond a change of clothes.

The home was inspected by the L.A. at six monthly intervals - sometimes more frequently. The Ministry had not been since the registration in 1950. Mrs. B obviously had fairly regular contact with other private home matrons in the district and was often in touch with W.O.

### **Weekly round of duties**

Residents were all bathed by Mrs. B who both supervised and assisted all five. Three of the residents had to be dressed, one was seriously crippled with arthritis and had to be lifted from bed to chair, another was a severe Parkinson case and a third was both mentally and physically frail and doubly incontinent. Only one went out daily and it is doubtful whether the other four had ever left the home since they came in.

The day started at 6.30 with breakfast at 9.00. Lunch was served at one and tea at 4.00. At 7.00 a milky drink and a piece of cake was given to each old lady and she was usually in bed by 8.00. So she was without anything more than one slice of cake from 4.00 p.m. until 9.00 a.m. (17 hours). Her day was spent in the small double bedroom, except for an hour and a half in the lounge before lunch, where she was sent while her room was cleaned and tidied, and her bed made. Her meals were brought on trays to the room.

Mrs. B, who did the cooking, catering, supervised all work and attended to the old people herself, found time for gardening, jam making and baking. She reckoned on sitting down at 8.00 in the evening and apparently managed to lead a fairly social life. She took two weeks holiday a year when her domestic lived in. If someone fell ill she would nurse them, and if they died she performed the last offices.

### **Occupations and recreations**

No-one was allowed to help in the home in any way, "The house isn't large enough to have four or five people running around. We do everything, and take full responsibility. It's like this, they say 'can I make my own bed' then they fall and you're responsible."

Two of the old ladies spent most of their day knitting and embroidering. One did quite remarkable embroidery, despite the fact that her hands were appallingly deformed with arthritis. "I'm the monkey at the Zoo" she remarked with, I thought some bitterness, as Mrs. B displayed her work, drawing attention to the pathetically crippled hands. "The Parkinson case

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used to knit" said Mrs B bluntly, indicating a frail, pale faced little woman who sat in an upright chair at a table, facing the wall with her whole being in perpetual motion and obviously deeply embarrassed at being identified in this way, "but she dropped stitches all the time and we haven't the time to help them." I asked Mrs. Doggett if she read at all but she said her eyes watered too much, "but I do listen to the radio sometimes" - how long the day must seem.

In another room a little lady sat on the edge of her bed looking out of the window. "Where's your knitting Mrs. H? I want that rug ready for the sale of work next month", Mrs. Hollington fished for a large cardboard box under the bed, packed full of brightly knitted squares - "I need some more wool matron, I've finished what you gave me last week." The room was very small and there was no fire.

There were no communal activities for communal life was not encouraged - in fact not permitted. "They won't mix" said Mrs. B - "they are a quarrelsome lot, really nasty to each other."

Asked if any had a holiday in the past year Mrs. B said, "None ever, they make themselves so objectionable their relatives won't have them, and I don't blame them."

Mrs. B showed no interest in her residents. Despite the fact that they all lived in very close quarters and the old ladies were almost entirely dependent on Mrs. B for personal attention she knew little or nothing about their lives before they came to her home, - their work, family, age, or even Christian name. This was born out when I was filling in the census forms, in four out of the five she had to consult her book or the attendant. She found them all "disagreeable" and "nasty minded".

Rooms were entered without knocking (in a rather menacing manner - the door virtually flung open). In one room where three old ladies were seated she pointed straight at one sunk deep in a low semi upholstered chair. "This one's doubly incontinent - she's probably soiled now" (lifting up her gown) you have to change her gown three or four times a day." Noticing my embarrassment she assured me that Mrs. Falk could not understand a word we said "I'll have to have her taken away soon, she's quite ga ga, you won't get any sense out of her", and then as if to illustrate her point she addressed the old lady who had been watching us with a patient, resigned gaze. "Hello Mrs. Falk," "Hello my dear" came the quiet reply. "You don't know who I am do you Mrs. Falk?". The old lady turned her head and looked straight at her, "Yes dear of course I do, you're the kind lady who looks after us, but I don't know this young lady do I?" She peered at me out of tired, sad eyes. Without offering any introduction Mrs. B moved peevishly away while I mumbled with some confusion about writing a book about elderly people. "I was a headmistress my dear, but I became too old". At this point Mrs. Falk broke off as if reminded of something distasteful, and one could almost feel her pushing us

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away out of her consciousness, slipping into a deliberate escapism. By the time we left the room she was not with us at all.

### **Other contacts**

The doctor made a regular visit once in two weeks. A chiropodist called monthly and was paid by the residents, likewise a hairdresser, "I make them all have their hair done, it does them good."

Asked whether a therapist was called in, Mrs. B dismissed it as totally unnecessary, "they're all more or less incurable."

A vicar came in once a month for communion but nothing further was organised for their entertainment, either the Home was 'too small' or the residents 'too tired to be bothered'.

### **Cost of residence**

Each resident paid 6 pounds.6s.0d. This included full board, laundry, central heating. Four of the residents paid the matron direct from private accounts and the fifth was paid for by her son.

Mrs. B said she had received nothing in addition to this from old people or their relatives.

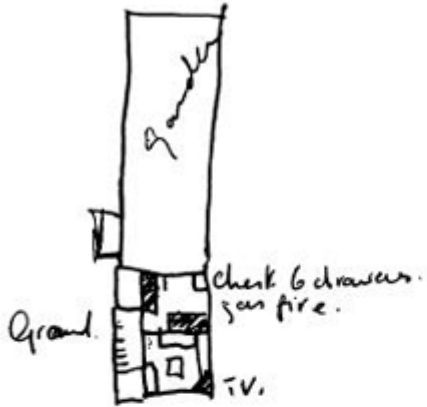
General

Mrs. B considered the initial adjustment of the old lady to be her greatest problem. "... trying to assess what they've been used to and adjusting them to their new surroundings. ..They are usually very unhappy in the first two weeks and you have a lot of tears, but they get used to it eventually."

This was quite the worst home I had visited largely because it lacked any vestige of human kindness and respect. It was, to my mind, overcrowded - none of the rooms should have had more than one person and the single room was in fact too small for one. There should, of course, have been a day room under the circumstances, and some further attempt made to relieve the monotony of the residents. The T.V. should have been at their disposal and an attempt made to get four of the old ladies out in the open.

Building

Small semi-detached house



No gas fire.  
 central heating.  
 3 commodes.  
 iron beds. int. sprung.  
 lino. mat  
 chest of drawers. (home made.)  
 no wardrobes.  
 newly decorated  
 scrupulously clean.  
 clock 2 photos.  
 few personal belongings.

Sitting room

2 couches.

T.V.

heather + upholstered chairs

plants bookies - photos on wall

{Handwritten notes}

**Building**

Small semi detached house  
No gas fire  
Central heating  
3 commodes  
iron beds. int spring  
lino. mat  
chest of drawers (home made)  
no wardrobe  
newly decorated  
scrupulously clean  
clock 2 photos  
few personal belongings

**Sitting room**

2 couches  
T.V.  
leather and upholstered chairs  
plants, budgies – photos on wall

## Task

**Task 1**

Townsend and his researchers conducted detailed observations of the residential homes that they visited and whilst there informally interviewed the matrons of the homes.

The example tab shows the notes from one such an encounter with a matron at a small private home in Greater London.

Take a look at the example and think about the following questions:

- What are the key themes which arise from the data?
- Do you think using a different methodological approach, such as a formal interview with the matron, or a survey, would have generated a different picture of the home?
- What might be some of the ethical implications of including such vivid personal descriptions of respondents? How useful are such descriptions? Should they be included?

## Diaries

Residents' original instructions for keeping a diary

### INSTRUCTIONS FOR KEEPING DIARY

In the enclosed letter we have asked you to keep a diary of your life in the home for one week, beginning with Monday. An example of one resident's notes for one day is enclosed, and we set out below some points about the type of information we would like.

1. Please put on the left hand side of each page the rough time (e.g. 10 o'clock, 3.15 etc.) when the event happened.
2. What time you got up and went to bed.
3. What you had for breakfast, dinner and tea.
4. What time you went out and how many times you went out. Where you went and how (walk, bus, train, etc.).
5. If you go out and visit friends or relatives say whom you saw and how long you spent with them. (For example: 3 p.m. Went to see my daughter at her flat in ..... . Talked to her for half an hour and had tea. She said that she and her husband were coming to see me at the home on Saturday. I left about 6 p.m. and got back to the home at 6.15 p.m.)
6. Also say if friends or relatives come to see you. Say who they are and how long they stopped. (For example: 5.30 p.m. My son George dropped in on his way home from work. Talked about a neighbour of his who had just come out of hospital. He asked me how I was settling in and I said it still felt a bit strange.)
7. Please say as much as you can about what you do in the home, in which room you sit and for how long. Also, write down any opinions you have which would help us to recommend improvements in homes to be opened in the future, and any events that strike you as especially interesting. Say whether you do any washing up, knitting or gardening, and what you do in your spare time.

## Example of resident's notes for one day

EXAMPLE OF RESIDENT'S NOTES FOR ONE DAY

Thursday

7.30 Attendants came round and called us. Got up and took my turn at the washbasin at the end of the passage, then I dressed and went downstairs. [REDACTED] (sleeps in the next bed) wasn't feeling too good and the Sister said she could stay in bed.

8.15 Had breakfast (Tea, porridge, bacon, bread and marmalade). Went to kitchen and helped with washing up for half an hour. I got five shillings a week for helping. Cook hurried us out because she wanted to get on with her work.

9.30 Went to No. 4 day room and had a look at the "Mirror". Talked to my friend [REDACTED] about her daughter. Did a bit of knitting. Mrs. [REDACTED] had a row with Mrs. [REDACTED]. Mrs. [REDACTED] wanted the window open. (She's a bit of a trouble maker.) In the end the attendant came in and they quietened down.

11.00 Went out for a little walk on my own and had a look round Woolworth's. Bought some hairpins.

12.30 Went back for dinner (Roast lamb, cabbage and potatoes, stewed apple, cup of tea).

1.30 Went to No. 4 day room. Read a book for an hour but my eyes got sore. Mrs. [REDACTED] told me her rheumatism is playing up again and said she would tell Matron when she came round.

3.00 Bath day. Waited 15 minutes in changing room and then the attendant bathed me. I used to bath myself at home but we are all helped here. I suppose some of them need it. Some old people might hurt themselves on their own.

5.00 Tea (Herring, bread and butter, jam, tea).

6.00 My [REDACTED] (youngest daughter) dropped in and we talked for half an hour. She told me about the new self service shop down in the High Street. She brought me 10 cigarettes and told me that her boy (he's 12) has got a bad cold.

7.00 Watched T.V. for an hour. Didn't want any supper (Milk and biscuits). Had a smoke. I'm beginning to get used to living here now. I was lonely at first and everything was strange. People come here from miles around and there's only one from my home district. They're a funny lot but I keep my sense of humour.

9.00 Went to bed. I was very tired and had a bit of a headache. [REDACTED] was feeling better and will be getting up tomorrow. She was a bit fed up because some of us came in just as she was nodding off.

## Tasks

### Task 1

Townsend and his researchers asked some of the residents from the homes they visited to keep a daily diary which recorded details about their daily encounters and activities. They also asked residents to record their feelings and opinions on the home in which they lived.

Read through the example of the instructions given to residents and of the resident's diary.

Think about some of the advantages and limitations of using a diary method to collect data from residents in residential homes.

## Hints

### Task 1 hints

#### Advantages

- It gives a personal account of daily life.
- Gives access to subjective thoughts and feelings of the respondent.
- Gives an insight into the interpretations people make about their lives, their everyday activities and behaviour.
- Provides rich qualitative data.
- It is unobtrusive- the researcher need not be present.

#### Limitations

- Can only collect data from those physically capable of keeping a diary, so will only be able to sample those in the best mental and physical health.
- Literacy skills.
- Privacy from other residents and from the matron.
- Maintaining confidentiality (of the diary keeper and those who are mentioned) during the process of writing the diary and afterwards when reporting from it.
- Under-recording of data.
- Inadequate recall.
- The act of diary keeping may influence and alter the way in which respondents report their data, choosing to include more favourable data or data which more closely fits the project's remit.

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[help@ukdataservice.ac.uk](mailto:help@ukdataservice.ac.uk)

+44 (0) 1206 872143

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