

## Unit 5:

# THE OLD AND DISABLED DESERVE BETTER LIVES

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### WARM-UP ACTIVITY

1. What is life like for the old and disabled in this country?
2. How well are the old looked after?
3. Is it better to live one's old days at home with the younger members of the family or in residential homes and specialized hospitals?
4. Are the elderly a burden for the family?
5. How do you see your own old age and what would you like your life to be like then?

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Changes in the way elderly, sick and dependent people are looked after in Britain have led to more care in the community. Consequently, the doors of institutions slowly shut. Yet, doctors and social workers are among the critics of the way the new community-care system functions. It will take some time before they start the ball rolling, though.

On the whole, many people who are frail and elderly, disabled or in some way vulnerable or even mentally ill, have been looked after in institutions such as residential homes or specialized hospitals. Increasingly in better-off societies, the emphasis has moved to caring for those in need of support outside of those institutions. This includes people who are over the hill and those going downhill, commonly called «elderly citizens». They can no longer get along without other people's help.

Known as «caring in the community» this usually involves people depending more on friends and family, backed up by specialized agencies. They may live in their own homes or in non-permanent accommodation to encourage their independent and «normal» existence so that they get about as much as they can.

In the 19<sup>th</sup> century, asylums were built for those considered to be mentally ill in order to remove them from society. Often was this thought to be for their own good: it kept them away from squalid workhouses for the poor and madhouses.

On the other hand, the quality of care in asylums soon worsened, the number of mentally ill people increased, the institutions grew massively,

keeping too many patients in at a time. Many people who were not mentally ill but had some learning disabilities, were chronic alcoholics or the senile found themselves locked away in asylums too.

Criticism of the old asylum system since the 1960s has helped bring about the modern concept of community care. A number of factors contributed to this change in direction. New treatments were developed for mental illness after the Second World War. These encouraged the belief that such conditions could be cured, and therefore did not require people to live in long-term institutions.

By the 1980s, the policy of discharging more and more mentally ill patients back into the community – known as «de-institutionalizing» them – was well under way. This created new sets of problems. Social workers and other specialists had not been adequately trained to meet the new demands upon them. And cutbacks in local government spending made it hard for welfare agencies to provide community-based services for patients.

Growing worries about what was happening to people who had been released from institutions – coupled with general concern about the soaring public cost of caring for a rapidly ageing population – prompted a series of government inquiries in the late 1980s.

The situation may be different elsewhere, though not much. Dependent on mentality of the nation, views on how one is to spend one's old age may differ from country to country. Broadly speaking, the new legislation and developments in Britain aim to create a new type of care for the old and disabled.

The emphasis in the future is meant to be on gearing services to the needs of users and carers. Agencies, such as the health, education and social-services departments, will be encouraged to work with each other to make sure that this happens.

Individual «care plans» are expected to be drawn up for people discharged from institutions. Generally speaking, these plans would specify their needs. A variety of professionals from different agencies are expected to join forces with voluntary bodies and informal carers (relatives and friends) to make sure that these needs are met.

Most members of the caring professionals welcome the changes. They support a more humane way of organizing services that respects people's rights as individuals and encourages them to lead as normal lives as possible in their own communities. However, there has been much criticism of the delays in implementing the new system and of the lack of resources to back up its good intentions. Yet, despite the good side of the scheme the same questions remain. Firstly, when will the authorities get it into their heads, that additional money is required? Secondly, how will the new scheme affect

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the working population's day-to-day commitments? Thirdly, will the carers manage to keep up with their everyday obligations? And finally, will those who are going downhill live the lives they deserve?

### VOCABULARY

*Asylum* – притулок, захисток  
*Cutback in government spending* – зменшення державних коштів  
*De-institutionalizing* – відпустити, не тримати у закладі  
*Day-to-day commitment* – повсякденна робота  
*Discharge* – відпускати  
*Disabled* – непрацездатний  
*Encourage* – надихати  
*Get smth. into one's head* – тримати в голові  
*Gearing services* – скеровувати обслуговування  
*Hill* – пагорб; *be over the hill* – у похилому віці; *go downhill* – старіти  
*Mental* – розумовий, психічний;  
*Mental deficiency* – розумова відсталість  
*Mental health* – розумово здорова людина  
*Mental patient* – душевнохворий  
*Mental hospital* – психіатрична лікарня  
*Meet the demands* – задовольняти потреби  
*Raise salary* – підняти зарплатню  
*Reserve money* – накопичити гроші  
*Residential home* – притулок для людей похилого віку  
*Release* – звільнити  
*Retain* – утримувати, зберігати  
*Start the ball rolling* – дати поштовх, почати  
*Soaring public cost* – високі державні розцінки  
*Squalid workhouse* – брудний дім для бідних  
*Welfare* – добробут  
*Well under way* – втілювати в життя

### PHRASES TO REMEMBER

residential homes	
to get it into one's head	
To gear services to the needs of users	
Day-to-day commitments	
To meet the demand/need	
Cutback in government spending	
The modern concept of community care	
To be well under way	

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De-institutionalizing	
To start the ball rolling	
Soaring public cost	
Welfare agencies	
To be over the hill	
The lack of resources	
To join forces	
To go downhill	

Can you think of the similar phrases in your language?

### GRAMMAR NOTES

#### MORE DISCOURSE MARKERS

Among the most often used discourse markers are those that show the structure of the text, its division or gradation, a contrast with what was said earlier, logical consequences or generalizing.

#### Division / Gradation:

*Firstly*, when will the authorities get it into their heads that additional money is required?

*Secondly*, how will the new scheme affect the working population's day-to-day commitments?

*Thirdly*, will the carers manage to keep up with their everyday obligations?

And *finally*, will those who are going downhill live the lives they deserve?

#### Contrast:

*However*, there has been much criticism of the delays in implementing the new system and of the lack of resources to back up its good intentions.

*Yet*, despite the good side of the scheme, the same questions remain.

*On the other hand*, the quality of care in asylums soon worsened, the number of mentally ill people increased, the institutions grew massively, keeping too many patients in at a time.

#### Generalizing:

*On the whole*, many people who are frail and elderly, disabled or in some way vulnerable or even mentally ill, have been looked after in institutions such as residential homes or specialized hospitals.

*Broadly speaking*, the new legislation and developments in Britain aim to create a new type of care for the old and disabled.

*Generally speaking*, these plans would specify their needs.

#### Logical consequence:

*Therefore*, they did not require people to live in long-term institutions.

*Consequently*, doors of institutions slowly shut.

## English in Dialogues and Exercises

### PHRASAL VERBS

**Study the various meanings of these phrasal/prepositional verbs:**

KEEP	after	at	away	back	down	in	in with	on	to	up	up with
Continue to pursue	*										
Work persistently		*									
Not go near, prevent somebody from going near			*								
Withhold; hold back; reserve; retain				*							
Not raise; control					*						
Stay or make somebody stay indoors						*					
Remain friendly or on good terms							*				
Carry on, go on, continue								*			
Stick to									*		
Prevent from falling; maintain; continue to study; manage to deal with smth										*	
Maintain the same social & material standards											*

**Decide if the bold phrases are phrasal verbs or not (if not, say what they are):**

1. I am sorry to disturb you, just **keep on** reading!
2. This is none of your business, so keep your **nose out of it!**
3. Did you go to Rome to do some shopping or to **keep up** your Italian?
4. I don't like John and if I were you I'd **keep away from** him.
5. My little car is good enough for me as I'm not one of those who will **keep up with the Joneses** at any cost!
6. You must use the computer and **keep up with the time.**
7. If she wants to pass her exam in history, she must **keep at it.**
8. Your son must stay at home until the weather gets warmer. Make sure that you **keep him in.**
9. The management is **keeping after** the employee who has caused all the fuss with the computer system, but they haven't found out yet who it is.
10. He wants to finish writing the novel by the end of year and he'll manage because he **keeps at it.**
11. You'd better **keep away!** This is something that you shouldn't have anything to do with.
12. You must tell me everything you know without **keeping back** anything you heard them say!
13. How can we **keep down** our prices when the staff insist on higher salaries?
14. She's got a cold and we must **keep her in** till the end of the week. So she won't be able to come to your party, I'm afraid.

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15. My butcher is an odd person, but I **keep in with** him and always get better service than other people.
16. I'm following you, just **keep on!** I can't wait to hear the end of the story!
17. It was silly of us to take the other route! We should've **kept to** the route Mandy recommended!
18. Shall we enroll for the next English course? I think we must **keep up** our English.
19. After the headmaster retired, he tried to **keep up with** the younger teachers, because he wanted to **keep up with** things that were going on in the school.

### EXERCISES

#### I. Ask and answer

1. Ask what type of institutions there were in Britain in 19th century.
2. Ask how asylums differed from madhouses in 19th century Britain.
3. Ask if it was better for mentally ill people to be put into asylums or madhouses.
4. Ask what the changes in the way elderly, sick and dependent people are looked after in Britain have led to.
5. Ask what the new community-care system in Britain means.
6. Ask how the old and disabled are looked after in Britain nowadays.
7. Ask what the good sides of the new scheme are.
8. Ask if it is easy for working people to be carers of the old and disabled.

#### II. Decide if the statements are true or false and correct the false ones

1. In 19th century Britain it was for the good of the mentally ill to be put in asylums ..... T/F
2. The workhouses of 19th century were very unpleasant dirty places for the-poor ..... T/F
3. Traditionally many people who are elderly or disabled or in some other way vulnerable haven't been looked after in institutions ..... T/F
4. People are pleased with the way the vulnerable have been looked after in professional institution ..... T/F
5. After the Second World War the number of mentally ill people increased ..... T/F
6. The mentally disordered are never supposed to leave institutions for the care they get there ..... T/F
7. De-institutionalizing the old and disabled is for their own benefit ..... T/F
8. The new system of informal carers is not implemented in Britain for financial reasons ..... T/F

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### III. Match the left-hand parts of sentences with their right hand endings

1. There are many old and disabled people	a. where mentally disordered people were put
2. In 19 <sup>th</sup> century Britain there were special places	b. which is due to insufficient financial resources
3. The new system of carers is good for those	c. who need somebody to look after them day-in-day-out
4. People criticize the delay in implementing the new system of informal carers,	d. who cannot stay in institutions and must rely on their help
5. The question remains as to how the employed will manage to be carers for their relatives	e. who cannot live on their own

### IV. Join the two given sentences into one complex sentence and write them down:

Model 1: Many people complain about the way the old are looked after today. They are dissatisfied about that.

Many people are dissatisfied about the way the old are looked after today.

1. There are many things governments should do to improve health services. That requires much money, though.  
.....
2. It is better for the old and disabled to lead normal lives in their homes for as long a time as possible. They have some relatives and carers to help them.  
.....
3. Many members of the caring professionals welcome the changes. They support a more humane way of organizing services.  
.....
4. We respect people's rights as individuals and encourage them to lead normal lives in their own homes. That is better for their health than putting them in institutions.  
.....

### V. There are some collocations containing the adjective mental in this text. Find among the explanations given below those that convey their meaning:

Peter Tramp was often unlucky in his exams as he would every now and then have a **mental block** (1). At first he and other members of his family thought that he was suffering from a **mental deficiency** (2), but it soon became clear to them all that everything was in perfect order with his intellectual abilities. Luckily, he was far from being a **mental patient** (3). But before his **mental health** (4) had been tested, he could've **gone mental** (5). It took him a long time and much effort to overcome this problem.

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1. a. a state when one cannot reason clearly.  
b. a mental disorder.
2. a. lack of mental ability to understand people.  
b. lack of abilities of the mind.
3. a. the person suffering from a disease of the mind.  
b. the person who deals with the mental disorders of other people.
4. a. psychiatric well-being.  
b. intellectual ability.
5. a. gone to an institution for the disordered.  
b. become mentally ill.

### VI. Translate from English into Ukrainian

The youngest person to be made president of a national charity in the United Kingdom is Lady Jasmine Cavendish, aged 26. And the charity concerned is one that aims to help people right at the other end of the age scale. Contact The Elderly works to alleviate the loneliness and isolation that is sometimes experienced by old people living alone and who find it difficult to get out and about. The organization was started 35 years ago and today there are about 200 branches around the United Kingdom. Lady Jasmine says she is keen to encourage younger people to get involved in the worldwide charity.

### VII. Translate from Ukrainian into English:

Інвалідний візок Power Pacer, винайдений Едвардом Рідом, допомагає немічним людям знову стати на ноги та рухатися звичайним кроком. Цей візок винайдено в Англії, і його передні колеса керуються зарядженою батареєю: той, хто користується візком, може обходити перешкоди і навіть долати невеликі вибоїни. Візок має кілька перемінних швидкостей, механізм гальмування, що спрацьовує, коли втрачається контроль, і запобігає довільному рухові без керування хазяїном.