

A SURVEY OF THE HEALTH AND SOCIAL SERVICE
NEEDS OF
PEOPLE AGED 65 AND OVER LIVING IN
BRAINTREE, ESSEX

MAIN FINDINGS

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INTRODUCTION

This study of the health and social service needs of people aged 65+ living at home in Braintree was commissioned and funded by Mid-Essex Health Authority.

The number and proportion of people aged 65 and over is increasing, and future projections indicate that this trend will continue into the 21st century. Although the proportion of the population aged between 65 and 75 is projected to decline slightly, the proportion of people aged 75 and over is expected to increase steadily by 28% up to 2001 (1).

These increases, together with changing philosophies of care and increasing financial constraints, have given prominence to the concept of 'community care' in the provision of health and social services. As the balance shifts towards a higher proportion of 'very elderly' people, there is likely to be a greater demand for resources to provide for their needs. Consequently, health authorities have begun to develop a more comprehensive range of services to enable 'priority groups', such as the frail elderly, to live in the community. Also, because of the increase in the size of the elderly population, and the predicted rise in the future, there is emphasis on the problem of the identification of, and provision for, their health and social care needs.

Two recent surveys of health and social service needs of people aged 65-84 and 85 and over living in City and Hackney found higher than expected levels of informal help and support from family and friends, and lower than expected demands for community health and social services.

The survey of people aged 65+ living at home in Braintree used comparable methods and measuring instruments.

(1989)

AIMS OF SURVEY

The aims of the survey were to measure, among people aged 65+:-

1. Need for, and use of, health and social services.
2. Functional disability
3. Emotional wellbeing
4. Level of informal support from family and friends.

METHODS

The Family Practitioner Committee's records of general practitioners' patients aged 65 and over, in early 1989, were used as the sampling frame. It was known that this would be somewhat out of date but this was the best sampling frame available.

The interview schedule was similar to that used for two recent studies of elderly people living in City and Hackney. The

interview schedule was based on tested and validated measures of life satisfaction, mental state, social networks and functional disability, as well as individual pre- and open coded questions.

Interviewers included one of the researchers, two OPCS trained interviewers and two interviewers trained for this project.

It was decided to aim for a random sample size of 300, which was of manageable proportions and of a sufficient size to permit further analyses of sub groups. It was estimated that the FPC list would have an error rate of approximately 25%. A sample of 400 was aimed for, the appropriate sampling fraction was 1 in 17. This led to the random selection of 404 people. The final response rate was 83% of the total eligible sample. The local general practitioners were sent the lists of their patients who were sampled and asked for their permission to contact them for interview.

TABLE 1

INELIGIBLE SAMPLE MEMBERS

<u>Interviewers reported ineligible for inclusion in sample</u>	No	% of 404
Died	25	6
In institution (residential home)	13	3
Moved out of area	7	2
Aged under 65	3	1
UK not main residence	1	*
GP refused permission to contact respondent	6	1
Sub total: ineligible for inclusion in sample	55	14

* Less than 1%.

TABLE 2

FINAL RESPONSE RATE OF ELIGIBLE SAMPLES MEMBERS

ELIGIBLE FOR INCLUSION 349

<u>Interviewer reported:</u>	No	% of 404+	% of 349++
In hospital throughout study period	3	1	1
Away throughout study period	4	1	1
Too ill/frail/confused to be interviewed	3	1	1
Moved - address untraced	23	6	7
Refused - (by letter/telephone)	8	2	2
Refused when visited	14	3	4
Refusal by another on behalf of respondent	4	1	1
Other reason for non-response	2	*	*
Sub total: Non-response	61	15	17
Successfully interviewed	288	71	83

+ Overall sample on sampling frame 404

++ Total eligible sample (288+61) 349

* less than 1%

Respondents received a letter about the study prior to the interview. The interviews were carried out during the spring and summer of 1989. Respondents were called on a maximum of four times before a non-response was recorded.

STATISTICAL ANALYSES

The completed questionnaires were coded and entered onto the computer at St Bartholomew's Hospital in November 1989. A disc of the data was transferred to London University Computer Centre.

Analyses were carried out using the Statistical Package for the Social Sciences (Xth version). These were completed by November 1989.

In the tables presented, the sample size will not always be the same due to non-response to, or non-applicability of, individual questions. Non-response to individual questions was, however, low.

Ninety per cent of the interviews carried out were complete and 10% were partially completed. Ninety per cent were recorded by the interviewers as achieving a very good rapport with the respondent, 7% as medium and 3% as poor, the latter usually due to respondents' problems with deafness or frailty. One per cent were rated by interviewers as severely/moderately confused and 3% as mildly confused. Interview lengths ranged from 20 minutes (incomplete questionnaires) to three hours (average: 1 hour, 8 minutes).

Fuller papers for publication, containing tables and further analyses, will be available from the Department of Public Health, City and Hackney Health Authority.

RESULTS

DEMOGRAPHIC DETAILS

Sixty eight per cent of the sample were female, and 32% were male.

Fifty seven per cent were aged between 65<75, 39% between 75<85 and 4%, were between 75<85 and less than 1% were between 90<100. About half (48%) said they felt 'young', 33% said 'middle aged' and 9% said they felt 'elderly'. Fifty five per cent of the sample were married, 3% were single, 40% were widowed and 2% were divorced or separated. Of those who were widowed, 4% had been widowed, 4% had been widowed in the past 12 months.

Most respondents, 93%, and most married female respondents' husbands. 89%, had left school with no educational qualifications. Eighty eight per cent of women and 88% of married women's husbands left school before the age of 16.

Occupational class was classified according to the Registrar General's Classification of Occupations. All men and women were classified according to their own occupational class, and in addition married women were also classified according to their husband's occupational class. The distributions are shown in Table 3. Most people fell into occupational class III manual. This was more likely when married women were classified according to their husband's occupation.

TABLE 3

	Women & Men	Husbands of Married Women
	%	%
I	1	4
II	18	17
III NM	19	8
IIIM	28	50
IV	23	11
V	10	8
Other- (never worked)	*	2
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No. of respondents	279	187

ACCOMMODATION

Sixty one per cent of respondents had been living in their present homes for 10 years or more (and most of these for over 20 years), 25% had been in their homes for 3 and 10 years, and 14% for less than this.

Forty one per cent of respondents were council tenants, 7% were private tenants, 48% owned their own homes and 4% had other arrangements (e.g. lived with relatives). Thirty seven per cent lived alone (Table 4).

Most respondents, 59% lived in a house, 10% in a ground floor flat, 5% in an upper floor flat, 2% in a bedsit and 24% in other types of housing (bungalows and maisonettes).

Eight per cent had emergency alarm systems in their accommodation, provided either in sheltered housing units or by the housing department. When asked, 27% said they would like an alarm.

Ninety one per cent said they liked living in the area, 6% disliked it and 3% were uncertain or had mixed feelings.

In contrast 67% of people aged 85+ in Hackney disliked their area of residence. However twenty two per cent wanted to move home, although half of these wanted to stay in the same area. None of those wanting to move, wanted to move to residential care or to a nursing home; 6% wanted to move home into sheltered housing

accommodation.

Few respondents (8%) were on waiting lists for hospital or residential care. Nine people were waiting for an operation, one for another type of acute hospital bed, 5 for sheltered housing, and 9 for other types of rehousing. No-one was waiting for a long stay geriatric or nursing home bed.

Twenty eight per cent said they had anxieties or fears about intruders, going out or opening the door at home, in contrast to 54% of people aged 85+ living in City and Hackney.

TABLE 4

HOUSEHOLD COMPOSITION

	%
Lives alone	37
Lives with spouse	48
Lives with other relatives	14
Lives with friends/lodger	1
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Number of respondents	228

The vast majority of those living alone, wanted to remain living alone. Of those living with others, 87% lived with their spouse. Seventy four per cent of home sharers were aged over 60 years.

Respondents were also asked whether they expected eventually to move into a residential or nursing home or hospital ward for older people, or whether they expected to remain at home, 16% said they were uncertain, and 6% expected to move onto an institution.

FAMILY AND FRIENDSHIP NETWORKS

Research has found that dense (intergrated) social networks, with strong ties, and narrow geographical spread, best meet the need of elderly people, especially when facing life events such as bereavement (Walker et al, 1977).

A good measure of network size and type is the Social Network Scale (Hirsch, 1980; Stokes, 1985). This scale was used in the present study. This yields information on the number of people respondents feel close to (confide in/could turn to for help in an emergency); the percentage of relatives in the network; the density of the network (relationships between network members).

All but three respondents listed someone in the Social Network Scale as 'significant in their lives and with whom they had at least monthly contact', and most respondents mentioned four or more people.

TABLE 5

SOCIAL NETWORK SCALE: NUMBER OF SIGNIFICANT CONTACTS

	%
One person	4
Two people	8
Three people	16
Four people	16
Five people	17
Six people	15
Seven to fourteen people	24
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Number of respondents	284
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Mean 5.0, SE:14; Median: 5. Range 1-14. S.D:2.4.

Ninety three per cent of respondents had network members who were relatives. Of these, 55 per cent said between one and three of their network members were relatives, 27% said between 4-6 were relatives and 19% between 7-11 were relatives (mean 3.7, SE.12, median 3. Range 1-11, SD 1.9).

Table 6 shows the integration (density) of their networks: all but 26 respondents (9%) said some or all of the people significant in their own lives, and with whom they were in at least monthly contact, were also significant in each others lives, and had at least monthly contact.

Of the 1,434 people mentioned in the social network grid by respondents, 17% lived in the same household or building as the respondent, 62% lived less than 5 miles away, 7% lived 5<10 miles away and 5% lived 10<20 miles away and 9% lived 20+ miles away.

Of these 1,434 people 23% saw the respondent daily, 25% less than daily but more than weekly, 26% weekly, 13% less than weekly but more than monthly and 12% monthly.

TABLE 6

INTEGRATION (DENSITY). % OF NETWORK MEMBERS SIGNIFICANT
TO EACH OTHER, AND IN AT LEAST MONTHLY CONTACT

% of members	%
10<30 (low integration)	13
30<60	30
60<90)	17
) (high integration)	
90<98)	40

Number of respondents	253
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Mean: 65.1, SE: 1.9, Median 65. Range 10-98. SD 30.52

The implication is that the vast majority of respondents had significant people in their lives, many of these were relatives and many of them were also significant to each other. Thus most respondents had the type of social network best suited to the provision of support.

A new variable, number of significant friends/neighbours was generated by the computer by subtracting number of relatives from the network size. This gave 34% who had no named friends, 27% with one friend, 28% with 2-3 friends and 11% with 4-10 friends.)66

The Social Network Scale asked respondents to indicate people who they felt they could confide in and turn to for help in an emergency (confidantes). Ninety five per cent identified someone. Of these, 9% felt they could turn to at least one person, 2% to two people, 18% to three people, 16% to four people, and 36% to five or more people. (Mean: 4.0, SE: .14, Median 4.0, Range 1-13, SD: 2-3).

The Scale also asked which person gave them most help and support; 90% identified someone. Of these; 78% mentioned a relative, 12% mentioned a friend/neighbour and relative equally. This confirmed the significant role played by relatives in their lives. Of those identifying someone, 64% mentioned one person, 20% mentioned two equally, and 16% mentioned 4-6 who helped equally (mean: 1.6, SE: 0.7, median: 1.0, Range 1-6, SD: 1.1). Forty eight per cent of their main carers were female who helped equally).

Three additional questions were asked in order to more fully assess the quality of their social networks. These, and responses to them, are shown in Table 7. They indicate the

extremely supportive, high quality, nature of social networks among these elderly people.

TABLE 7

MEASURES OF THE QUALITY OF SOCIAL SUPPORT

- A. "IF YOU NEEDED THE HELP OF A RELATIVE OR FRIEND DO YOU KNOW THERE IS ONE WHO WOULD HELP?"
98% SAID "YES"
- B. "DO YOU HAVE AT LEAST ONE FRIEND OR RELATIVE WHO UNDERSTANDS YOU?"
96% SAID "YES"
- C. "DO YOU HAVE AT LEAST ONE FRIEND OR RELATIVE WHO SHOWS THEY CARE ABOUT YOU?"
98% SAID "YES"

In a further attempt to assess respondents' level of satisfaction with their relationships, they were asked a series of in-depth probes about their level of satisfaction with the quality of their supportive relationships and the quality of their friendships. Interviewers made assessment of satisfaction on an analogue scale of 1-6 (very - not very satisfied).

Most respondents with relatives indicated to interviewers that they were very satisfied with the quality of their supportive relationships with relatives: 76% were given a top rating of '1' by interviewers in relation the degree of to satisfaction they expressed, and a further 12% were given a '2' rating; 6% were rated '3', and 6% between '4' and '6' (bottom ratings). Respondents were asked in depth about what happened last time they needed immediate help, 36% could not recall needing this, 1% referred to a burglary, 35% an illness, 8% a practical domestic problem, 7% a fall, 3% another type of accident and 4% referred to other emergencies. The main helpers called were relatives (by 46%), neighbours (by 30%), warden (9%), doctor (8%) others (e.g. social worker, police by 7%). Seventy per cent said the help was enough. When asked who they would call on for immediate help, 39% said a son/daughter, 12% said another relative, 17% a friend, 9% a professional and the remainder mentioned combination of these.

Similarly, respondents with friends were probed in depth about the quality of their relationships. Seventy per cent were rated as very satisfied with the quality: 1, 14% were rated as 2, 8% were given a 3 rating and 8% were given poor ratings of 4-6.

Eighteen per cent of respondents had no live children. Twenty eight per cent had one child, 30% had two, 13% had three and 12% had four or more.

Eighty two per cent of respondents spoke to a relative, friend or

neighbour daily, 12% spoke less than daily but more than weekly, 5% spoke at least weekly and 1% spoke to someone less often. No-one said they 'never' spoke to anyone.

Most, 91% had their own telephone. Of all respondents, 19% spoke daily to a relative, friend or neighbour on the telephone, 46% spoke more than weekly, 16% spoke at least weekly, and 19% spoke less often.

Thirty six per cent said they 'never' and 37% said they 'rarely' felt lonely, 18% said they 'sometimes' felt lonely, 5% 'often' felt lonely and 4% said they were lonely 'most of the time'. Thus it was a significant problem for 9% of the sample, in contrast to 23% of the sample of people aged 85+ in Hackney. Table 8 shows their level of activity. Few said they often did 'nothing'.

Seventy six per cent said they saw enough of their children, 23% said they saw too little and one person said he saw 'too much' of them. Seventy per cent said saw 'enough' of their relatives and 29% said they saw 'too little' of them; again one person said he saw 'too much' of them. Eighty seven per cent said they saw 'enough' of their friends; 12% said they saw 'too little' of them and two people said 'too much'.

A main carer (non-professional) who provided help with tasks of daily living at least weekly was identified by 50 respondents. A further 12 identified a carer who provided less frequent help. Three quarters of the 50 gave permission for the carers to be contacted for interview. These interviews are described in a separate report.

LEISURE

When asked how they would ideally like to spend their time now, 285 respondents listed 315 ways. Of the 315 things mentioned, 62% related to no change, e.g. "just as I am", 12% related to holidays or travelling, 11% "getting out more" or 'doing more', and the remainder related to a wide range of activities.

TABLE 8

FREQUENCY OF ACTIVITY

	Frequency of activity Never/ %	Occasionally/ sometimes %	Regularly %
Watch TV/ listen to radio	1	14	85
Reading	20	14	66
Crafts	50	11	39
Games	71	12	17
Walking	36	25	39
Shopping	12	7	81
Visiting friends/ family	12	21	67
Other (church, pub etc.)	47	13	40
Nothing - just sit	61	28	11
Nothing - just sleep	62	25	13

No. of respondents:	288
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Four per cent attended a day centre for the elderly, 3% attended a lunch club, 26% a club for older people, and 67% went to other recreational clubs.

HEALTH, FUNCTIONAL ABILITY AND CONTACT WITH SERVICES
REPORTED SYMPTOMS AND HEALTH PROBLEMS

People were asked about whether they currently suffered from a number of symptoms, and whether they had reported these to their GPs. Ninety per cent of the sample reported at least one current symptom.

HEALTH

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Just over a third of respondents, 36% had experienced a major illness, accident or fall in the previous 12 months. People were asked whether they currently suffered from any symptoms and whether they had reported these to their GPs. Ninety per cent of the sample reported at least one current symptom. Forty four per cent of all respondents reported having 1-2 symptoms, 30% had 3-4, and 16% had 5-12.

The most common problem was aches/pains/stiffness in muscles and joints, 64% reported this, followed by trouble with feet, 27% (see table 9). The table also shows that people were least likely to consult over psychosomatic and mental health problems. The majority of those with physical health problems had consulted their GPs over these.

TABLE 9

HEALTH PROBLEMS AND CONSULTING PATTERNS

<u>Health Problem</u>	% with problem % no	Of those with problem % consulting GP
Poor eyesight (even with glasses on)	16 (47)	76
Poor hearing (even with aid in)	18 (52)	69
Problems with feet	27 (77)	71
Nerves/stress/depression	21 (59)	60
Forgetfulness	30 (86)	19
Confusion	5 (15)	27
Bronchitis	15 (44)	91
High blood pressure	23 (65)	100
Stroke	6 (18)	100
Incontinence (urine)	15 (42)	86
Constipation	10 (28)	75
Alternately constipated/ loose	3 (8)	100
Blood/tar motions	1 (3)	100
Piles	4 (12)	58
Indigestion/heartburn	26 (73)	67
Abdominal pain/discomfort	8 (20)	75
Aches/pains/stiffness in muscles joints	64 (183)	74
Sleeplessness	26 (75)	70
Appetite loss	6 (16)	50
Headaches	15 (43)	73
Heart trouble/chestpains	19 (55)	91
Giddiness	23 (67)	70
Diabetes	3 (9)	100
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No. of respondents	285-288	
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Sixty nine per cent of the sample were taking prescribed medication; the average number of types taken was 1.76 (SE: 0.10). Of these respondents, 10% were taking minor tranquillisers or sedatives, 12% were taking major tranquillisers, 7% were taking anti-depressants or stimulants. Of the 53 prescriptions for tranquillisers, 22 had been prescribed for 5 years or more.

Most respondents had seen their GPs within the last 12 months. The proportion consulting within the last month approximately reflects the figure from the General Household Survey (OPCS, 1984).

Respondents were asked if they would like a doctor or nurse to give them an annual check-up. Nineteen per cent said 'yes' by a GP, 2% said 'yes' by a nurse, 21% said 'yes' by either, 38% said 'no', 7% were uncertain and 13% said they already had regular check-ups.

TABLE 10

CONTACT WITH GENERAL PRACTITIONER

LAST SAW GP	%
Within last 7 days	9
7 days < 1 month ago	21
1 month < 3 months ago	23
3 months < 12 months ago	21
Between one and two years ago	11
More than two years ago	15
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No. of respondents	287

Respondents were asked what their greatest worry or problem was; 20% said their health, 15% said money, 34% said 'nothing' and 31% gave a mixture of other reasons.

INCONTINENCE OF URINE

The 42 respondents who reported problems with urinary incontinence were asked about the restrictions this imposed on their lives. Seventeen per cent said it stopped them going out, although just 3% said it stopped them having visitors. Of the 36 who had consulted their GPs with the problem, 25% had been referred to hospital, 6% to a district nurse, 44% received a prescription only, 13% mentioned other actions taken, and 13% said their GP had taken no action.

Of the six who had not consulted, two felt their doctors could not help and one felt uncertain (the other three did not respond). None of them had spoken to anyone else about the problem.

PROBLEMS WITH EYESIGHT

The 47 people with eyesight problems (even when wearing glasses) were also asked what action they had taken. The 35 who had consulted their GPs with this were asked what their GP had done. Sixty per cent were referred to hospital and 22% to an optician, 3% were given a prescription only, 11% said no action was taken, and 3% mentioned other action. Of the 12 who had not consulted their doctors, two felt their doctors could not help, 3 felt they could and five were uncertain (two did not respond).

PROBLEMS HEARING

Of the 52 with problems hearing (even with an aid), 36 had seen their GPs about this. Of these, 39% had been referred to hospital, 15% to an audiologist, 5% were given a prescription only by their GP, 13% mentioned other actions and 28% reported no action taken. Of the 16 who had not consulted their doctors, 62% believed their doctors could not help them, 8% felt their doctors could help them, and 30% were uncertain.

PROBLEMS WITH FEET

Of the 77 with problems with their feet, 53 had seen their doctors. Of these, 26% had been referred to hospital, 25% to a chiropodist, 23% received a prescription only, 9% reported other actions and 17% reported no action taken. Of the 24 not consulting their doctors, 5% felt he/she could help them, 67% felt no help could be given, 24% were uncertain and 4% gave other replies.

FUNCTIONAL DISABILITY

A modified activities of daily living scale was used to measure functional disability (Katz et al, 1963; Townsend, 1979; Bowling and Salvage, 1984).

This scale lists 23 tasks of daily living (domestic personal care and mobility tasks) and asks respondents to rank themselves across a range of categories from "no difficulty" to "cannot do at all".

Few respondents had difficulties with personal care tasks (getting in/out of bed, using WC, washing themselves, dressing, brushing/combing their hair, managing their teeth/dentures, eating/cutting up food). The tasks respondents were most likely to have difficulty with were: going up/down stairs, getting in/out of the bath, cutting toe nails, housework, shopping, using public transport and doing odd jobs around the home: 22-38% of

respondents had various degrees of difficulty with these (see table 11).

The proportion of people with difficulties with tasks who had help varied from 2 to 96% (see table 12).

Further analyses showed that people with the severest degree of difficulty were those most likely to receive help.

Degree of difficulty with tasks was scored from 1 to 140 (the higher the score the greater the level of functional disability). Eighty two per cent of respondents scored below 41 indicating a good level of ability with most tasks, 13% scored 41-70 (middle-range) and just 6% scored above this (very disabled). People aged 75+ were more likely to have high scores:- 11% scored 71+ in comparison with 3% of those aged 65<75 ($X^2: 14.26, 2df. P<0.0008$).

Of those who had severe difficulty with, or could not do any of the tasks listed, 55% had severe difficulty with, or could not do at least one of the tasks listed. The average number of tasks people had severe difficulty with was 3.39 (Median 1.0). There was also a difference with age: 66% of these with at least one severe difficulty were aged 75+ in comparison with 48% of those aged 65<75 ($X^2: 27.19, 4df. p<0.00001$).

Forty two per cent of all respondents had help with tasks of daily living; in most cases this was with 1-6 of the 23 tasks.

Relatives were the main helpers except with washing hair and cutting toe-nails, where professionals provided most help (hairdresser, chiropodist).

HELP GIVEN AND WANTED

Just 10% of respondents who had difficulty with tasks said they had no help with the listed tasks of daily living, 58% said they had help with between 1-4 tasks, 22% with 5-8 tasks and 10% with 9+ tasks. Seventy three per cent of those with difficulties said they did not want any more help with the listed tasks of daily living, 22% said they wanted help with between 1-2 tasks, and 5% with 3 or more tasks.

The most common item which people mentioned would make it easier for them to maintain their independence at home were adaptations to their homes (23%), followed by 'someone to do odd jobs' (16%) and mobility aids (5%). Few respondents wanted (more) help with tasks. The most frequently mentioned need for (more) help was with cutting toe nails (by 31% of those with difficulty) and bathing (by 29% of those with difficulty).

Interviewers identified 15% of respondents as in need of help, mainly for social services, an emergency alarm system, home adaptations, company, a chiropodist and home nurse (e.g. for help

with bathing).

SERVICES

Respondents were asked if they received any health or social services. Seventy one per cent of the sample did not have any of the health and social services listed, 20% had one, 9% had 2-3, and three people used between 4 and 8.

Thirteen per cent of respondents received a social service: 10% received one, 2% received two, and two people received three to four. (Mean. 17; Median.09).

Twenty three per cent of respondents received a health service (excluding GP consultation): 19% received one, 3% received 3 and 1% received three. (Mean: 28; Median .00).

Apart from chiropodists, opticians, dentists and hospital doctors, home helps were the community service professionals respondents were most likely to be in contact with, but only 10% received a home help. Few other community services were received, Table 13 shows that only around 1-2% of the sample received these. Eighty five per cent said there were no problems with the services they received.

Those who said they wanted help with tasks of daily living, were asked if they would like this help from professionals; 35% said yes, 49% said 'no'. 5% said yes with some tasks, but not others, and 10% were uncertain. The reasons for not wanting professional help were that they could manage alone (40%) of that relatives helped (49%), friends helped (2%), and other reasons were given by 9%.

TABLE 11: LEVEL OF FUNCTIONAL ABILITY

	No difficulty	Has difficulty: Slight	Moderate	Severe	Unable to do alone	Unable to do even with help	Of those with difficulty, % who have help	(no)
	%	%	%	%	%	%	%	(no)
Get in/out of bed	90	6	2	*	1	1	2	(22)
Get in/out of chair	85	8	4	1	1	*	18	(34)
Go up/down stairs	69	10	8	5	2	6	21	(71)
Get on/off toilet	95	3	1	*	*	*	4	people
Wash self	93	3	1	1	1	1	33	(15)
Bath self	83	3	2	3	3	8	35	(46)
Get in/out of bed	72	9	4	3	3	9	23	(70)
Dress self	93	4	2	-	1	*	42	(19)
Brush/comb hair	96	3	*	-	*	*	5	people
Wash hair	87	2	1	1	2	7	89	(38)
Cut toe nails	66	8	5	5	5	11	74	(86)
Brush teeth	98	1	*	*	-	*	4	people
Cut up food	97	1	1	*	-	1	5	people
Cook/prepare food	90	4	1	1	*	4	67	(27)
Housework	77	6	6	2	3	6	85	(61)
Laundry	80	5	3	1	4	7	84	(57)
Shopping	71	6	3	3	6	11	96	(81)
Handle money	90	1	3	1	2	3	93	(27)
Get about indoors	90	4	4	2	*	-	24	(25)
Get about outdoors	81	4	4	3	3	5	63	(48)
Use public transport	78	2	1	1	4	14	31	(52)
Do odd jobs around home	62	8	5	3	6	16	94	(103)
Fill in forms	85	4	2	1	3	5	93	(40)

No. of respondents 287-288

* Less than 1%

TABLE 12 HELP RECEIVED AND WANTED WITH TASKS OF DAILY LIVING

Tasks helped with:	Of those who have help:-			Frequency of help:-				Less Often	Of those with diff- culty (more) help wanted				
	Relative	Friend	Professional	Relative/ Prof.	Relative & Friends	Daily	$\frac{1}{2}$ Daily $\frac{3}{4}$ Weekly			Weekly	$\frac{1}{2}$ Weekly $\frac{3}{4}$ fort- nightly	no.	%
Get in/out of bed	6	1	-	-	-	4	-	-	-	1	-	-	-
Get in/out chair	6	-	-	-	-	4	-	-	-	1	-	-	-
Go up/down stairs	12	1	-	-	1	3	-	-	1	8	8	(5)	(1)
Get on/off toilet	4	-	-	-	-	3	1	-	-	-	-	13	(1)
Wash Self	4	1	-	-	-	2	1	-	-	1	-	-	-
Bath self	11	-	4	-	-	3	6	-	-	2	29	(12)	(13)
Get in/out bath	13	-	3	-	-	2	5	3	-	2	20	(13)	(13)
Dress self	7	1	-	-	-	7	1	-	-	-	-	-	-
Brush/comb hair	3	1	1	-	-	3	1	-	-	1	-	-	-
Wash hair	14	-	18	-	-	1	-	6	3	17	-	-	-
Cut toe nails	21	1	41	1	-	1	-	-	2	53	31	(25)	(25)
Brushing teeth	2	1	1	-	-	3	-	-	-	1	-	-	-
Cut up food	4	1	-	-	-	3	1	-	-	-	-	-	-
Cook/prepare food	13	1	3	2	-	13	3	-	-	-	4	(1)	(1)
Housework	31	-	18	2	-	12	17	9	1	2	14	(1)	(1)
Laundry	38	3	6	-	-	3	11	19	1	5	4	(2)	(2)
Shopping	50	8	12	4	4	3	29	28	1	2	3	(2)	(2)
Handle money	16	4	5	-	-	1	3	14	1	2	-	-	-
Get about indoors	5	1	-	-	-	2	1	-	-	2	-	-	-
Get about outdoors	25	2	-	-	3	1	9	6	4	5	5	(2)	(2)
Use public transport	10	3	2	-	1	2	-	2	-	11	4	(2)	(2)
Do odd job around home	50	7	9	21	6	1	3	5	2	69	7	(7)	(7)
Fill in forms	28	5	3	2	-	1	1	-	-	32	-	-	-

No. of respondents: 4-93

TABLE 13. FREQUENCY OF RECEIPT OF PROFESSIONAL SERVICES

	Daily	Less than daily but more than weekly	Weekly	Less than weekly but more than monthly	Monthly	Less often	Not at all	Like this service (more)
	%	%	%	%	%	%	%	%
Health visitor		1			*	1	98	1
District nurse	*	-	*	1	*	1	97	1
Caver relief scheme	-	*	-	-	-	1	98	-
Social worker	-	1	-	-	-	2	97	2
Occupational therapist	-	*	*	-	-	1	99	-
Physiotherapist	-	1	*	-	-	*	98	-
Optician	-	*	-	-	-	63	37	-
Dentist	-	*	-	-	-	30	70	-
Meals on wheels	-	3	-	-	-	-	97	-
Home help	1	7	2	-	-	-	90	-
Chiropodist	-	*	-	*	1	19	79	3
Incontinence laundry	-	*	-	-	-	*	99	8
Hospital doctor	-	*	-	-	1	16	82	-
Other (e.g. voluntary visitor)	-	1	1	-	1	1	96	1

No. of respondents: 288

When asked if anything made it difficult to ask for help, 3% said they were afraid of losing their independence, 4% said services were too short staffed, 13% gave other replies and 80% said they did not want help with anything. When asked an open ended question about what improvements they would like to see to services, 23% said more funding, better staffing and more frequency of services; 24% said they did not know, 44% said they were quite satisfied or could think of no improvements, and the remaining 9% gave a variety of other replies.

LIFE SATISFACTION

Life satisfaction and well-being are useful concepts in the assessment of mental health (Gurin et al, 1960; Bradburn, 1969).

There are four major scales or global items measuring these concepts, which are suitable for use with elderly people (Neugarten et al, 1961; Lawton, 1975; Bradburn and Caplovitz, 1965; Bradburn, 1969; Campbell et al, 1976). The Neugarten Life satisfaction Scale A was used to assess life satisfaction and morale in current study. This is a well tested scale, suitable for use with the elderly (Neugarten et al, 1961; Wood et al, 1969; Wylie, 1970; Lohmann, 1977; Larson, 1978; Stull 1985; George and Bearon, 1980).

The Scale consists of 20 items containing positive and negative statements about past and present life circumstances. The items are written on cards which the respondents had to sort into 'agree' and 'disagree' piles. Each positive view of life is scored 1, so each respondent can score between 0 and 20. The average score for a general sample of the population is 14, but some studies have reported an average of 17 (George and Bearon, 1980). The implication of the scoring method is that the higher the score, the higher the degree of life satisfaction and morale.

The average score among respondents in the current study was 13.43 (Median: 14). Table 14 shows the responses to individual items.

TABLE 14

NEUGARTEN LIFE SATISFACTION SCALE

	<u>% With reply indicating satisfaction</u>
1. As I grow older things seem better than I thought they would be.	63 (agree)
2. I have had more luck in my life than most people.	63 (agree)
3. This is the dreariest time of my life.	81 (disagree)
4. I am just as happy as when I was younger.	69 (agree)
5. My life could be happier than it is now.	63 (disagree)
6. These are the best years of my life.	33 (agree)
7. Most of the things I do are boring and monotonous.	87 (disagree)
8. I expect some interesting things to happen to me in the future.	59 (agree)
9. The things I do today are as interesting to me as they ever were.	81 (agree)
10. I feel old and somewhat tired.	71 (disagree)
11. I feel my age but it does not bother me.	57 (agree)
12. As I look back on my life, I am fairly well satisfied.	91 (agree)
13. I would not change my past life even if I could.	75 (agree)
14. Compared to other people my age, I've made a lot of foolish decisions in my life.	73 (agree)

15. Compared to other people my age,
I look smart when I am dressed
up to go out. 82 (agree)
16. I have made plans for things I'll
being doing a month or a year from
now. 66 (agree)
17. When I think back over my life,
I didn't get most of the things I
wanted. 57 (disagree)
18. Compared to other people I get down
in the dumps too often. 85 (disagree)
19. I've just had about what I expected
out of my life. 71 (agree)
20. In spite of what people say the life
of the average person is getting
worse not better. 52 (disagree)

Thirty five per cent of respondents in the present study scored under 13, 20% scored between 13<14, and 45% scored above this (high satisfaction).

The delighted-terrible faces scale was used as a more precise measure of life satisfaction with specific aspects of daily life. This has been shown to have good reliability and validity (Andrews and Withey, 1977).

Respondents were shown seven faces, depicting a range of happy neutral and unhappy faces. They were asked to pick a face to represent how they felt about their: life as a whole; accommodation; activities; independence; and loneliness.

As Table 15 shows, few respondents selected 'terrible' faces to represent their feelings about the listed areas of their lives. However, over a fifth in each case selected neutral (D) to terrible faces to represent their feelings about their level of activities and loneliness.

The seven faces life satisfaction items were from 5 to 35 (the higher the score the greater the dissatisfaction). The mean score was 12.46 (SE.31) and the median was 12, with a range of 5 to 33. Twenty two per cent of respondents scored 5<9 (high satisfaction), 28% scored 9<13, 15% scored 13<15, 28% scored 15<20 and 7% scored 20+ (low satisfaction).

TABLE 15

DELIGHTED-TERRIBLE FACES LIFE SATISFACTION SCALE

	A (DELIGHTED)	B	C	D	E	F (TERRIBLE)	G
Percentage of respondents selecting a face to represent feelings:-							
	%	%	%	%	%	%	%
Life as a whole	21	33	33	8	4	*	1
Accommodation	35	29	25	5	4	1	1
Activities	20	21	35	11	9	2	2
Independence	30	26	23	10	6	3	2
Loneliness	36	22	20	10	7	3	2

No. of respondents 256-264

* Less than 1%

GENERAL HEALTH QUESTIONNAIRE

The short 28-item version of the General Health Questionnaire (GHQ) was assessed to measure mental disturbance. This was designed and tested by Goldberg (1967; 1972; 1978) to detect psychiatric disorders among people in the community settings (excluding dementia, subnormality and mania). It concentrates on the detection of depression and anxiety. The probability of an individual being a case occurs when the individual's score is over the threshold of 4-5 (the range of scores is 0 to 28). While not perfect, it correlates well with psychiatric diagnoses of depression. It is relatively short and easy to administer in comparison with other measures. The latter is inevitably a major consideration in a survey of a population of frail elderly people.

TABLE 16

GENERAL HEALTH QUESTIONNAIRE SCORE

SCORE:	%
0	49
1-3	31
4-5 Threshold	8
6+ (case)	12

Number of respondents 274

Mean: 2.1, SE: .21, median 1.0. Range 0-21, SD: 3.5

The proportion identified as cases is low, usually around a third of this age group would score 6 or more (Cox et al, 1987).

'RISK' GROUPS;

Attention has been focused in much of the primary care literature on the elderly 'at risk' of neglected needs for care (Taylor ands Ford, 1983; Taylor, 1986). Table 17 shows the proportion of respondents in the present sample falling into previously identified 'risk' groups.

TABLE 17

SUMMARY TABLE OF RISK GROUPS

	% in 'risk' groups
In past 12 months experienced:	
Major illness/accident/fall/operation	23
Death of someone close	23
Widowed	2
Moved home	4
Not seen GP	26
Difficulty seeing	16
Difficulty hearing	18
Childless	18
Lonely often/most/all the time	9
Difficulty getting about outdoors	19
Self reported nerves/stress/depression	21
GHQ score over the threshold	12
Below average life satisfaction score	35
Lives alone	37
Aged 75+	5
Wants to move home	22
Has no friend/relative/neighbour to rely on for help	2

Proportion of respondents varied 280-288

Associations with Age

Although just under 5% of respondents were aged 75+, people aged between 65 < 74 and 75+ were analysed separately in relation to their health and social circumstances and characteristics (too few were aged 85+ for separate analysis). However these analyses should be viewed with caution in view of the small numbers.

Network type

People aged under 75 were no more likely than older respondents to have a network size of three or less people, but they were more likely to have much larger networks:- 47% of people aged under 75 had a network size of 6+ members, in comparison with 32% of people aged 75+; the latter were more likely to have 4-5 network members:- 55:38% respectively. Possible more of their peer group had died.

There were no other differences with age and network type.

Emotional wellbeing

There were no associations between aged and GHQ score, loneliness or current or overall life satisfaction score.

FUNCTIONAL ABILITY

Twelve per cent of people aged under 75 achieved a higher disability score in comparison with 29% of those aged 75+ (χ^2 : 22.81; 2df; $P < 0.002$). People in older age groups who had difficulty with tasks of daily living were more likely to have help with them: 21% of people aged under 75 had help with 5+ tasks in comparison with 43% of people aged 75+ (χ^2 : 34.49, 9df, $P < 0.0001$).

There was no significant relationship between age and whether more help with tasks of daily living was wanted.

Use of services increased with age: 22% of people aged 75+ used at least one social service in comparison with 6% of people aged 65<75 (χ^2 : 18.85, 4 df, $P < 0.0008$); 33% of people aged 75+ used at least one health service (excluding GP consultative), in comparison with 16% of people aged 65<75 (χ^2 : 13.77, 3 df, $P < 0.003$).

Overall, 43% of people aged 75+ used at least one health or social service in comparison with 19% of people aged 65<75 (χ^2 : 22.14, 3 df, $P < 0.0001$).

SUMMARY OF MAIN FINDINGS

The main findings of this survey were:

FUNCTIONAL ABILITY

1. The task of daily living respondents were most likely to be unable to do were: odd jobs, around the home (38%), use of public transport (22%), going up/down stairs (31%), cut toe nails (34%), shopping (29%), get in/out of the bath (28%), housework (23%). Few respondents had difficulty with personal care tasks

Few respondents with difficulties with tasks wanted (more) help with these. The most frequently mentioned need for help was with cutting toe nails (31%) and bathing (29%).

2. Most (91%) of respondents expressed satisfaction with their past lives as a whole (this partly reflects the low expectations of the elderly), although 19% felt the present was 'dreary' and 37% felt they could be happier'. Just over a third 35%, had a below average life satisfaction score.
3. Fewer than expected (12%) had a high GHQ score, indicating psychiatric disturbance (anxiety/depression).

DEMANDS FOR SERVICE

4. Respondents had a high level of informal help (from relatives) and social support.
5. The demands for community services likely to be made by people aged 65+ in Braintree in the immediate future appeared to be small and of manageable proportions.

High rates of informal care probably forestall the use of more costly service provision and institutional care. Thus response to the needs for relief among carers is likely to be a cost-effective use of resources. A separate report on carers is available.

HOUSING

6. Although 22% of respondents wanted to move home, none wanted to move into residential or hospital care. Six per cent of those wanting to move wanted to live in sheltered housing and the remainder wanted different types of accommodation or to move nearer relatives.

NOTE

- i) Papers for publication are in preparation providing more detailed analyses of people with psychiatric problems, low and high life satisfaction, service use with varying levels of social support, health and use of services. These will be sent to the health authority when finalised.
- ii) The Joseph Rowntree Memorial Trust has provided funding to follow up sample members and re-interview them in two years time. This will provide information on mortality, morbidity, institutionalisation rates, service use and successful survival in the community.

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