

Report of the re-interviews with elderly people:
sample aged 65+ living at home in Braintree, Essex.

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June 1992

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BACKGROUND

During the next twenty years the size of the population aged 65 and over is projected to increase at a much slower rate than in the recent past. However, the elderly population itself is rapidly ageing; analyses of recent statistics from the majority of the industrialised nations indicate that people aged 75 and over constitute the most rapidly growing proportion of the population (Grundy, 1983; Rosenwaike, 1985). In particular, the number of very old people aged 85 and over is projected to increase by a third during the decade 1991-2001 (OPCS, 1991).

Morbidity and disability rise rapidly with age; the OPCS disability surveys of 1984/5 found the prevalence of the most severe levels of disability to be 133 per 1,000 for those in their eighties compared with 16 per 1,000 for those in their sixties, and 3 per 1,000 for adults under 50 (Martin et al, 1988). Ageing is also associated with changes in domestic and social circumstances which may exacerbate the effect of changes in health status or functional ability, and influence patterns of service use. The proportion of elderly people living alone, for example, is age related; in 1985, 37% of men and 61% of women aged 85 or over in private households lived alone, compared with 13% of men and 33% of women aged 65-69 (OPCS, 1988).

The growth of the elderly population is therefore an important policy issue and, as old age is often a time of rapid change, longitudinal data on functional ability, psychological wellbeing, morbidity, social networks and support, and the relationships between these characteristics and service use (including reliance on informal carers) and mortality, is urgently needed in order to identify the most and least vulnerable.

In 1987 a survey of the health and social service needs of people aged 85+ in City and Hackney, was commissioned and funded by City and Hackney Health Authority and Hackney Social Services Department. It involved a census of traceable people aged 85 and over living at home in the borough, and the results were to be used for service planning.

The Family Practitioner Committee's records of general practitioners' patients in City and Hackney were used to identify those eligible for the study. It was realised that this would be some what out of date, but no other age specific records of the local population were available. Names and addresses were checked against the electoral roll as it is known that most elderly people are registered to vote (Cartwright and Smith, 1987; Todd and Butcher, 1982). Further details of these procedures have been reported elsewhere (Bowling et al, 1988a).

Six hundred and sixty two people were interviewed by a team of trained interviewers using an interview schedule designed by one of the authors (AB). The schedule measured use of, and need for, health and social services; physical and mental health; functional ability; life satisfaction; mental state; and informal support.

Measures were taken from previous surveys of the elderly and included validated rating scales: Neugarten's Life Satisfaction Scale (1961), Goldberg's General Health Questionnaire (1978), Stokes' Social Network Scale (1983), Andrews and Withey's Delighted-Terrible Faces Scale (1977), and an adapted version of Townsend's (1979) Activities of Daily Living Scale (see Bowling and Salvage 1984). The full and summarised results were reported by Bowling, Hoeckel and Leaver (1988a and 1988b).

In 1989, City and Hackney Health Authority funded a second, identical survey of a sample of people aged 65<85 living at home in City and Hackney: 465 people were successfully interviewed (Farquhar and Bowling, 1989). In addition, Mid Essex Health Authority funded an identical survey of a sample of people aged 65+ living at home in Braintree and its surrounding villages, in Essex: 288 people were successfully interviewed (Bowling and Burkey, 1989).

The Joseph Rowntree Foundation funded a longitudinal study which began in 1990, and was designed to follow up each of these three samples of elderly people. This follow up has three main components:

- a) re-interviews of surviving sample members two years after their initial interviews;
- b) the collection of information on service use from health and social service records for both respondents and non-respondents to the baseline surveys; and,
- c) the "flagging" of deaths of all members of the samples (responders and non responders) in the National Health Service Central Register.

The aims of this longitudinal study are to identify the social, psychological and physical characteristics associated with "successful" survival in the community, and the converse (i.e, factors associated with heavy service use, institutionalisation, mortality and poor quality of life) and to examine relationships between changes in health and social circumstances over a two year period.

In 1990 the initial results of the follow up interviews with 256 people aged 85+ (in 1987) were reported (Farquhar, Bowling and Grundy, 1991), and in 1991 the initial results of the follow up interviews with 365 people aged 65<85 (in 1989) were reported (Farquhar, Bowling and Grundy, 1991).

This report presents the cross-sectional results of the follow-up interviews with sample members from the third of these three surveys: people aged 65 and over (in 1989) living at home in Braintree in Essex, who were reinterviewed in 1991. Where relevant, comparisons are made with their responses in 1989 (in this report these 1989 comparisons always refer back only to those re-interviewed in 1991, not the whole sample of respondents from 1989).

THE FOLLOW UP

Between April and August 1991 both the respondents and non-respondents to the baseline survey of people aged 65 and over, living at home in Braintree, were re-contacted by letter. The letter reminded them about the baseline survey and invited them to participate in the follow-up study. Those agreeing were then interviewed.

Coding and data entry was carried out between January and April 1992; there was some delay to this process due to the cessation of the Amdahl service at the University of London Computer Centre, and the analysis of the Hackney follow up data. Calculation of response rates, design of SPSSx programme, and extraction of initial frequency distributions took place during May 1992.

RESPONSE RATES

Table 1 gives details of the response rates in 1991. Of the 288 people who were interviewed in 1989, 254 were eligible for re-interview and of these 199 (78%) were successfully re-interviewed. The true final response rate will probably be higher than this, as it is likely that some of those who could not be traced or contacted had died, moved out of the district or into institutions.

Table 1: Response rates of follow up of 1989 65+ year old sample, Braintree.

<u>Status in 1991</u>	<u>%</u>	<u>(n)</u>	<u>Response rate</u> <u>(% of eligibles)</u>
Eligible for re-interview:			
Re-interviewed (1)	69.1	(199)	78.3
Not contactable (2)	4.8	(14)	5.5
Refused	10.8	(31)	12.2
Not traced	2.8	(8)	3.2
Unable to respond (3)	0.7	(2)	0.8
Total	88.2	(254)	100.0
Ineligible for re-interview:			
Deceased	8.7	(25)	
Moved out of district	1.0	(3)	
Moved into institution	2.1	(6)	
Total	11.8	(34)	
<u>Grand total (1989 respondents) 100.0 (288)</u>			

Notes: (1) in the 1991 follow up community survey in Braintree
(2) never in at 4 visits (on different days of the week, at different times); in hospital or away from home throughout the fieldwork period.
(3) no proxy could be identified.

Efforts were made to contact the nine people ineligible as a result of moving away or into an institution. For the three people who were found to have moved out of the district, a full postal address was not obtainable so they could not be followed up. Of the six people who had entered long stay institutional care (both within and out of the district).

THE INTERVIEWS

The well tested measurement scales employed in the baseline studies were repeated in the follow up interviews. These were supplemented with some additional individual items (both structured and open ended) to assess any changes in circumstances.

The measures used related to functional ability and reported physical health problems, health and social service use, life satisfaction and morale, psychiatric disturbance. Many individual items relating to subjective feelings of loneliness and social support were also included.

The majority of the interviewing was conducted by three interviewers, whom were also involved in the baseline study (these three included MF).

The interviewers rated the extent of rapport achieved during each interview on a scale from one to six, one representing an interview that went "very well" and six representing an interview that went "not very well": three quarters of the interviews (75%, 146) were rated at one, 12% (24) at two, 7% (13) at three, 3% (5) at four, 2% (4) at five and 1% (2) at six.

The length of the interviews ranged from 30 minutes to 3 hours and 30 minutes (some of the interviews being conducted in two parts), and the average length was 1 hour and 40 minutes.

Three of the interviews were proxy interviews: that is, they were conducted with someone other than respondent on the respondent's behalf because they were too ill, frail or confused. A further three were part-proxy: that is, answers to some of the questions were given by a person other than the respondent or another person helped the respondent to answer some of the questions or clarified answers (eg. where a language barrier existed). The responses to these interviews are included in the results presented in this report; proxy interviewees were only asked the objective questions in the interview schedule and were not asked to complete the scales contained in the schedule on the respondent's behalf. Proxies/part-proxies were usually the spouses of respondents, but also included a daughter and other relatives of respondents.

Non responders to the baseline interviews in 1989 (those who refused, were never in, were confused/ill/frail, or who were temporarily away) were also re-contacted by letter at the follow up stage. A brief postal questionnaire was enclosed with the letter, which also invited them to take part in the follow up study. Seven completed postal questionnaires were returned, and interviews were conducted with the two people who agreed to take part in the study at the follow up stage. The results of these interviews are not included in this report.

RESULTS

The results presented here relate to the responders to the follow-up study conducted during 1991. Where relevant, comparisons are made with the baseline data for the same respondents from 1989 ie. baseline data for the survivors only.

The 1989 report of the baseline interviews did not include the responses of people aged 85 and over, due to their small number. For comparative purposes, this report will not include follow up interviews obtained for respondents who were aged 85 and over in 1989 (five people); the number of respondents in this follow up report is therefore 194 people.

1: SOCIO-DEMOGRAPHIC CHARACTERISTICS AND ATTITUDES TO THE AREA

1.1 Demographic details:

Thirty per cent (59) of the responders were male, and 70% (135) were female. Fifteen per cent (30) of responders were aged between 67<70, 35% (67) were aged 70<75, 26% (50) were aged 75<80, 20% (39) were aged 80<85, and 4% (8) were aged 85 or over. Table 1 shows the distribution of age groups by sex.

Table 1: Age group and sex of respondents

<u>Age group</u> (years)	<u>Male</u>		<u>Female</u>		<u>Total</u>	
	%	(n)	%	(n)	%	(n)
67 < 75	16	(31)	34	(66)	50	(97)
75 < 85	14	(27)	32	(62)	46	(89)
85 and over	*	(1)	4	(7)	4	(8)
<u>No. of respondents</u>		<u>(59)</u>		<u>(135)</u>		<u>(194)</u>

(* = less than 1%)

Fifty three per cent (102) of the sample were married, 42% (80) were widowed, 3% (4) were single, 2% (4) were divorced and one person was separated. Of the 44% who were widowed, divorced or separated, 56% (48) had been so for 10 years or more and 20% (17) for between 5 < 10 years, while eleven people had become widowed/divorced/separated since their last interview. Of those who were married, 5% (5) had been married for between eleven and twenty years, 6% (6) for between twenty and forty years, 44% (45) for between forty and fifty years, 44% (44) for between fifty and sixty years, and 1% (1) for sixty years or more. None had remarried since the baseline interview.

1.2 Surviving children:

Table 2 shows the number of surviving children that respondents had in 1989 and 1991. Fifteen per cent (28) of respondents had no living children in 1989, compared with the 12% (24) of respondents who had no surviving children in 1991; four respondents had therefore become childless between the two interviews.

Table 2: Number of living children

<u>Number of living children</u>	<u>1989</u>		<u>1991</u>	
	<u>%</u>	<u>(n)</u>	<u>%</u>	<u>(n)</u>
None	15	(28)	12	(24)
One	26	(50)	26	(51)
Two	32	(61)	33	(64)
Three	14	(26)	14	(26)
Four	5	(9)	8	(15)
Five or more	1	(3)	7	(14)
<u>No. of respondents</u>		<u>(190)</u>		<u>(194)</u>

Eight respondents had step children (the definition of step child was left to respondents); five had one step child, two had two step children, and one had three step children.

Of the children born to the respondents as a group, the youngest living child was 25 years old and the eldest was 61 years old; three respondents had children who were 61 years old.

1.3 Housing and housing tenure:

Fifty five per cent (107) of respondents were owner-occupiers, 37% (71) were council tenants, and 7% were private tenants (14); six of the owner-occupiers were living in mortgaged properties. Two people were living under other arrangements.

Seventy one per cent (138) of respondents had been living in their present homes for 10 years or more; and over half the respondents (52%, 100) for 20 years or more.

Over half of the respondents (55%, 107) lived in houses, 27% (52) lived in bungalows, 16% (31) lived in flats or maisonettes, and three people were living in other types of accommodation. Of the 16% living in flats, 58% (18) were on ground floors and 42% (13) were on upper floors (the highest being on the third floor).

Four per cent (8) were living in warden assisted sheltered accommodation, and one further respondent lived in sheltered accommodation without a warden.

Thirteen per cent (26) of respondents had emergency alarm systems: nine of these were connected to a warden scheme, five were provided by the housing department, and twelve were other types of alarm system; a further 11% (22) mentioned that they had a smoke alarm. Of those who did not have an emergency alarm system, 10% (17) said they would like one (9% of all respondents); a further three people said they would like a smoke alarm.

The fourteen respondents who were private tenants were asked how much longer their contract or tenure had to run, eleven said their contract was indefinite, one respondent said they had no contract, and the other two were unsure. Few had problems with their landlords, and most said that they never or rarely saw them.

Ninety per cent (174) were living in their own home, 6% (11) lived in homes which they were joint owners/tenants of, 2% (4) in their son's home, 1% (2) in their daughter's home, 1% (2) in other relative's home, and one person was living in a friend's home.

Table 3 shows that forty one per cent of respondents were living alone, and that the majority of those who were not, were living with just one other person.

Table 3: Number of people living with respondents

<u>No. of people</u>	<u>%</u>	<u>(n)</u>
None (living alone)	41	(80)
With one person	48	(93)
With two people	8	(15)
With three people	3	(5)
With four people	*	(1)
<u>No. of respondents</u>		<u>(194)</u>

(* = less than 1%)

Of those not living alone, 89% (101) were living with spouses, 22% (25) were living with daughters/sons (over three quarters of these children had never been married), 12% (14) with other relatives, 2% (2) with friends, and one person was living with a lodger. The percentages here equal more than 100% as respondents could be living with a combination of these people; future analyses will give more information on household composition.

Fifty eight per cent of the people sharing homes with respondents were male, and forty two per cent were female. Fifty seven per cent of the home sharers were aged 70 years or over, 18% were aged 60 < 70 years, 6% were aged 45 < 60 years, 16% (33) were aged 16 < 45 years, and 3% were under 16 years old.

Fourteen of the home sharers had been living with the respondents for less than ten years, and seven of these had been living with respondents for less than one year.

1.4 Education:

At their baseline interviews, respondents were asked at what age they had left full time education, the 1991 survivors' responses from 1989 are shown in Table 4.

Table 4: Age on leaving full time education

<u>Age</u>	<u>%</u>	<u>(n)</u>
< 14 years	12	(24)
14 < 16 years	74	(143)
16 < 18 years	12	(23)
18 < 21 years	1	(2)
Over 21 years	1	(2)
<u>No. of respondents</u>		<u>(194)</u>

One person had a degree, 5% (9) had school leaving matriculation, 3% (5) had other qualifications, but by far the majority (92%, 179) had left full time education with no qualifications.

1.5 Social class:

Social class was classified according to the Registrar General's Classification of Occupations, using the type of job respondents' had done for most of their working lives; this data was gathered at the baseline interviews in 1989. The survivors in 1991 were mainly from social class III: 3% (5) were from social class I, 21% (41) from social class II, 12% (24) from social class IIIm, 45% (87) from social class IIIm, 14% (27) from social class IV, and 5% (9) from social class V.

1.6 Income:

Respondents who lived alone, or lived as a couple, were asked to indicate which category (of a list of categories of incomes shown to them) their weekly income ("as an individual" if living alone, or "as a couple" if living as a couple) fell. Of those individuals who responded, 2% (2) said less than £50 per week, 51% (39) said £50 < £60, 13% (10) said £60 < £70, 22% (17) said £70 < £100, and 12% (9) said £100 or more per week; of those couples who responded, 7% (6) said less than £80 per week, 39% (34) said £80 < £100, 47% (41) said £100 < £200, and 7% (6) said £200 or more per week.

In order to estimate the income of all those who responded to the question, the income of those living as couples was divided by two and the frequency distribution for all responders' incomes as individuals was as follows: 26% (42) less than £50 per week, 65% (107) £50 < £100, and 9% (15) £100 or more per week.

1.7 Transport:

Sixty eight per cent (132) had access to, and regularly travelled in, a car or van: for over half of these (55%, 72) the car or van was owned by a member of their household. Forty four per cent (86) used public transport, but 23% of these (21) experienced problems when travelling this way, and for nine of these people the problems limited their activities. Problems included high cost, infrequent services, distance between bus stops, and changed routes.

1.8 Attitudes to the area:

As Table 5 shows, 93% (178) of respondents liked living in the area, while 3% (5) did not. In the table, the distribution of attitudes to the area among the respondents in 1991 is compared with their responses in 1989: it can be seen that there was no difference.

Table 5: Comparison of respondents' feelings about the area in 1989 and 1991

<u>Feelings about the area</u>	<u>1989</u>	<u>1991</u>
Like living in the area	92%	93%
Do not like living in the area	4%	3%
Uncertain	4%	4%
<u>No. of respondents</u>	<u>(193)</u>	<u>(194)</u>

Respondents were asked what they liked and disliked about the area. Forty five per cent (87) said it was near to family, friends and good neighbours, 32% (63) mentioned their gardens or the countryside, 31% (60) said it was "nice", quiet or safe, 24% (47) liked the convenience of shops, markets or pubs, 21% (40) said they liked everything about the area or that they had always lived there, 5% (10) mentioned transport services, and 5% (10) gave other reasons.

Negative attitudes centred around the "modernisation and developers" in the area (12%, 23); 9% (18) complained about the roads and the traffic, 7% (14) said they were isolated, and described a lack of "neighbourhood" or problems with neighbours, 6% (12) complained about poor services or a lack of local facilities, and 19% (36) mentioned a variety of other things. However, half the respondents (50%, 97) said they disliked nothing about the area.

Two respondents said they had been burgled in the last twelve months, and two had experienced theft or assault in the street. Twenty three per cent (45) had fears about intruders, going out or opening the door at home, and 19% (37) said there were other things in their lives that they felt were risky. The most frequently mentioned risk was that of falling, followed by the dangers of working (odd jobs) and gardening.

Thirty per cent of respondents (60) said they had some sort of problem with their home: 23% (45) had one problem, 5% (10) had two problems, 2% (4) had three problems, and one person had five problems. Nine per cent (18) of respondents had problems with household expenses, 8% (16) said their homes were not near enough to shops, 7% (14) had problems with their stairs, 6% (11) were too far from their relatives and friends, 4% (7) had problems with their heating, 1% (2) had problems with their hot water and 7% (13) identified various other problems with their homes.

1.9 Moving home:

Eighteen per cent (35) said they wanted to move home, and ten respondents were on the council transfer list. The proportion of the 1991 respondents who said this in 1989 was (22%, 42); nine people had moved (within the Braintree area) between the baseline and follow up interviews.

Although the majority had considered just one possible move, two people were considering two different options. Detailed questions on plans for moving were asked, these showed that most respondents thinking of moving hoped to move fairly locally (Table 6).

Table 6: Approximate distance of possible moves from current accommodation

<u>Distance (miles)</u>	<u>%</u>	<u>(n)</u>
< 5 (local)	27	(10)
5 < 20	38	(14)
20 < 40	8	(3)
40 < 60	11	(4)
60+	8	(3)
Unspecified	8	(3)
<u>No. of possible moves</u>		<u>(37)</u>

Fifty four per cent (20) of the possible moves would not involve living with anyone else, and the remainder would not involve respondents living with anyone different than in their current arrangements.

Thirty five per cent (13) of the possible moves would not involve living near to any relatives or established friends, but 27% (10) would involve living near to a son, 14% (5) near to other relatives, 8% (3) near to a daughter, 5% (2) would involve living near to most of their family. Of the remaining four possible moves, three would not involve any changes in the locality of friends and neighbours from respondents' current situations, and the other was uncertain.

Table 7 shows the different types of accommodation respondents were considering a move to.

Table 7: Types of accommodation indicated in possible moves

<u>Type of accommodation</u>	<u>%</u>	<u>(n)</u>
Bungalow	32	(12)
Rented accommodation	30	(11)
Purchased accommodation	19	(7)
Sheltered accommodation	13	(5)
Old person's home	3	(1)
Uncertain	3	(1)
<u>No. of possible moves</u>		<u>(37)</u>

Of the 30% (11) considering a move into rented accommodation, all but one (10) had applied to the council for a transfer.

Those wanting to move were asked what the advantages and disadvantages of a move would be. Of those describing advantages, 35% (13) said that it would be all on one level, 32% (12) said it would be nearer to or easier for their family, 11% (4) said there would be help at hand, 11% (4) said the garden would be more manageable, and others gave a variety of other advantages such as a more appropriate size of accommodation, or to get away from problem neighbours.

Of those describing disadvantages of moving, 19% (7) mentioned the affect on relationships, 19% (7) did not want to move at all and were being persuaded, and others gave other disadvantages such as the process of moving (upheaval), the physical design of the property, the loss of their garden, or the inconvenience of the new property. Forty one per cent (15) said there were no disadvantages in moving.

Seven of those thinking about moving said their son (n=4) or daughter (n=3) was trying to persuade them to move.

Four respondents had considered, or it had been suggested to them, that a relative, friend or lodger should come and live with them: three felt positively about this, while the other felt negatively about the idea.

The majority of respondents (86%, 164) expected that as they got older they would remain in their own homes, 4% (7) expected to move into institutions, 3% (6) expected other accommodation changes (eg. a move into sheltered accommodation), and 7% (14) were uncertain.

There had been few changes in respondents' household arrangements in the last three years: 11 (6%) had experienced the death of a member of their household, 9 (5%) had moved home (within the Braintree area), 5 (3%) had had people move in with them (relatives or established friends as opposed to lodgers), and 4 (2%) had had people moving out of their household. Of the thirty respondents that had experienced a change, two had experienced more than one change.

Of the nine that had moved, most (8) had moved within five miles of their previous home. Three had moved because their previous home was too large, and others had moved for a variety of other reasons, including their previous home being too small, the loss of a helper, problems with neighbours, problems with stairs, and the large size of their previous garden. Most of the moves (n=4) were initiated by the respondents themselves, two were suggested by their families, two were suggested by their sons specifically, and one was suggested by a professional.

The majority said the advantage of the move had been that the new accommodation was smaller, or that it was all on one level; others cited the benefit of a warden, that the accommodation was warmer, or that it was safer.

The most frequently mentioned disadvantage of the moves had been the inconvenience of the new accommodation's location (for the town centre or for relatives and friends); other things mentioned included the stairs being difficult, the accommodation being too small, or that it had lead to a loss of independence.

Seven of the respondent were happy about their moves; the other two said that they missed their families and friends.

2: FRIENDSHIP AND FAMILY NETWORKS:

Stoke's Social Network Scale was used to measure the size and type of respondents' social networks. Respondents were asked to list up to twenty people who were significant in their lives and with whom they have at least monthly (face-to-face) contact, and their initials are entered onto the axes of a grid.

They were then asked to indicate people listed who are significant in each other's lives and who have at least monthly (face-to-face) contact; these are marked on the grid by putting an X in the boxes that connect these people. Respondents were also asked to indicate which persons in their lists were relatives, and whom they felt close to and could confide in or turn to for help in an emergency.

This scale then yields the number of people in the respondent's social network; the number of people respondents feel close to (confide in/turn to for help in an emergency); the number of relatives in the network; and the density of the network (relationships between network members).

2.1 Network size:

Every respondent (100%, 194) was able to list at least one person on the Social Network Scale as "significant in their lives with whom they had at least monthly, face to face, contact", and 78% (153) of respondents were able to mention four or more people.

Table 8 shows the size of the respondents social networks, and table 9 compares the sizes the respondents networks in 1991 with the size of their networks at their interviews in 1989.

Table 8: Number of significant contacts

<u>No. of people</u>	<u>%</u>	<u>(n)</u>
One	4	(8)
Two	7	(13)
Three	10	(20)
Four	12	(23)
Five	14	(27)
Six	11	(22)
Seven	10	(20)
Eight	9	(17)
Nine	8	(15)
Ten	5	(10)
Eleven	3	(5)
Twelve	3	(6)
Thirteen to twenty	4	(8)
<u>No. of respondents</u>		<u>(194)</u>

Mean network size: 6.273 network members

Table 9: Comparison of respondents' network sizes in 1989 (survivors) and 1991

<u>No. of people</u>	<u>1989 (survivors)</u>	<u>1991</u>
None	-	-
One to three	30%	21%
Four to six	43%	37%
Seven to nine	20%	27%
Ten to twenty	7%	15%
<u>No. of respondents</u>	<u>(194)</u>	<u>(194)</u>

There had been some changes in the size of respondents networks during the two years between the interview periods; respondents social networks appear to have expanded.

2.2 Density of network:

Of those with more than one network member (96%, 186), 57% (106) had completely integrated social networks (55% of all respondents); that is, all of the people who were significant in the respondents' own lives, and with whom they were in at least monthly contact (face to face), were also significant in each others' lives, and had at least monthly contact (face to face).

Twenty seven per cent (50) had networks which were 50-99% integrated (26% of all respondents), 10% (19) had networks which were 30-49% integrated (10% of all respondents), and 4% (8) had networks which were 10-29% integrated (4% of all respondents). The average network was 76% integrated.

Four of those respondents who had a network containing more than one person had unintegrated networks; that is, of the people who were significant in the respondents' own lives, and with whom they were in at least monthly contact (face to face), none were significant in each others' lives, and had at least monthly contact.

2.3 Network composition:

Ninety five per cent (185) of respondents had network members who were relatives: 51% (99) had network members who were daughters, and 54% (105) had network members who were sons, and 89% (172) had network members who were other relatives.

Ninety eight per cent (187) identified network members who they felt they could confide in and turn to for help in an emergency (confidantes): most of these respondents (59%, 111) indicated one or two people in their network who were in this role; these people were usually relatives (82% of the individuals who were identified as confidantes of the respondents, were also relatives of the respondents).

Ninety five per cent (185) identified network members who gave them most help and support: most of these respondents (66%, 122) indicated one person in their network who was in this role; these people were usually relatives (87% of the individuals who were identified as main helpers/supporters of the respondents, were also relatives of the respondents).

2.4 Type of network:

The scale was supplemented with some individual items to collect more detailed information on the quality of respondents' social networks.

Respondents had face to face contact with just under three quarters of their network members (73%) at least once a week, and just under two thirds (71%) of their network members lived less than 5 miles away. Eleven per cent of the face to face contacts with network members were monthly only, and 11% of network members lived twenty or more miles away.

About a quarter of responders (24%, 47) identified people who were significant in their lives with whom they had least monthly contact by telephone only ie. the face to face contact in these relationships occurred less frequently than monthly, but they were still considered (by the respondents) to be significant people in their lives. These respondents usually mentioned one or two telephone contacts: 45% (21) mentioned one and 34% (16) mentioned two (one person mentioned six significant telephone contacts).

2.5 Changes in network over two years:

Respondents were asked if there had been any changes in their relationships with their friends, family or neighbours since the baseline interview: 39% (76) of respondents said "yes". Eighty five per cent (65) of these respondents described one relationship change, 8% (6) described two relationship changes, and 7% (5) described three or more relationship changes since the baseline interview. When all respondents were asked whether anyone close to them had died in the last year, 26% (50) had said "yes".

The changes experienced most commonly were those involving relationships with friends or neighbours (37%, 34), followed by sons/daughters (17%, 16), siblings (17%, 16), other relatives (17%, 15), spouses (11%, 10), and then others (1%, 1).

Respondents identified the cause of these changes to include death (61%, 56), illness or accidents (13%, 12), people moving out of a shared home or moving away (11%, 10), people moving into the respondents home (5%, 5), and other reasons (10%, 9).

The affects of the changes included loss of friendship and company (45%, 41), loss of practical help (8%, 7), feelings of worry, anxiety or upset (including bereavement) (7%, 6), problems or difficulties (7%, 6), and a variety of other reasons (3%, 3). Twenty three per cent (21) said the relationship change had not affected them in anyway, and a further 9% (8) said the relationship change had been for the better.

2.6 Other identified support:

Ninety six per cent (187) of respondents named a relative or a friend who would help them if they needed it; 94% (182) named a friend or a relative who understood them; 98% (190) named a friend or relative who showed they cared about them; 93% (181) named someone they could really count on to listen when they needed to talk; 81% (158) felt they were an important part of someone's life; and 88% (171) named someone who would comfort them when they needed it.

In response to these questions, 35% (68) of respondents named relatives, friends or neighbours that were not included in their social network grids: most named one or two additional people; one person named seven additional people.

2.7 Frequency of face to face social contacts:

Eighty eight per cent (170) said they spoke (face to face) to a relative, friend or neighbour (not necessarily from their social network) daily, 11% (21) spoke less than daily but more often than weekly, and 1% (3) spoke at least weekly. No one said they "never" spoke to anyone.

2.8 Telephone contacts:

Ninety three per cent (108) of respondents had their own telephone; one respondent had access to a payphone in their home, and one other had made arrangements with neighbours to use their telephones when required. Just 6% (12) had no access to a private telephone or payphone in their own home or access to a phone in the home of their neighbour; six people used public payphones (outside of their homes).

Table 10 shows that 81% (156) of respondents spoke at least weekly to a relative, friend or neighbour on the telephone.

Table 10: Frequency of telephone contacts

<u>Frequency</u>	<u>%</u>	<u>(n)</u>
Daily	23	(44)
More than weekly (but less than daily)	38	(74)
Weekly	20	(38)
Less often	11	(22)
Never	8	(15)
<u>No. of respondents</u>		<u>(193)</u>

2.9 Satisfaction with social contacts:

Twenty nine per cent (56) said they would like to see more of their relatives, 17% (32) said they would like to see more of their children, and 11% (21) of respondents said they would like to see more of their friends. One respondent said they saw too much of their relatives, and one respondent said they saw too much of their friends.

Table 11 shows the how often respondents said they felt lonely in 1989 and 1991; for 9% (18) of respondents, loneliness was a significant problem in 1991 (ie. those reporting feeling lonely often, all/most of the time), compared with a similar percentage in 1989.

Table 11: Feelings of loneliness

<u>Frequency of loneliness</u>	<u>1989 (survivors)</u>		<u>1991</u>	
	<u>%</u>	<u>(n)</u>	<u>%</u>	<u>(n)</u>
Never/rarely	75	(147)	69	(134)
Sometimes	17	(33)	21	(41)
Often	5	(9)	8	(16)
All/most of the time	3	(5)	2	(3)
<u>No. of respondents</u>		<u>(194)</u>		<u>(194)</u>

Eleven per cent (22) of respondents said they felt they were a burden to someone: 55% (12) of these referred specifically to their spouse, 14% (3) to their sons, 9% (2) to their daughters, 9% (2) to their siblings, 9% (2) to their "families", and 4% (1) to a friend.

2.10 Activities:

Respondents were asked about regular attendance at clubs and groups: 20% (39) regularly went to church, 15% (29) to meeting places for elderly people other than lunch clubs, 2% (4) to lunch clubs, 2% (3) to tenants' or residents' associations, and 31% (60) regularly went to "other clubs" (ie. clubs not specifically for older people). Eight per cent (15) went to more than one "other club".

Table 12: Number of clubs/associations attended

<u>Number of clubs/associations</u>	<u>%</u>	<u>(n)</u>
None	59	(115)
One	26	(51)
Two	9	(17)
Three	3	(6)
Four or more	3	(5)
<u>No. of respondents</u>		<u>(194)</u>

Table 12 shows that 41% of responders attended at least one club or association (including church) regularly; one respondent attended eight different clubs/associations.

Respondents were asked what other things they usually did during the day or evening. Table 13 illustrates their reported regular activities.

Table 13: Regular activities

<u>Activity</u>	<u>1989 (survivors)</u>		<u>1991</u>	
	<u>%</u>	<u>(n)</u>	<u>%</u>	<u>(n)</u>
TV/radio	87	(167)	85	(165)
Shopping	84	(162)	78	(151)
Reading	63	(122)	69	(134)
Visiting people	70	(135)	59	(115)
Clubs or other activities	*	*	51	(98)
Walking	38	(72)	40	(77)
Crafts	43	(82)	40	(77)
Games	17	(32)	21	(41)
Church/pub	42	(82)	25	(48)
Trips out	*	*	11	(21)
Voluntary or paid work	*	*	9	(18)
<u>No. of respondents</u>	<u>(188-194)</u>		<u>(192-194)</u>	

(* = not specifically asked about in 1989)

The percentages reporting carrying out these regular activities were similar to their baseline interviews in 1989. However, in 1991 17% (32) of respondents regularly reported doing "nothing-just sitting" and 19% (36) referred to doing "nothing-just sleeping", while in 1989 these were mentioned far less frequently. Ten per cent (20) reported doing "nothing-just sitting" in 1989, and none of the surviving respondents had reported doing "nothing-just sleeping" in 1989.

Ninety seven per cent (189) of respondents said they received visitors. The types of visitors were fairly evenly distributed between children, other relatives, and friends (33% (157), 34% (160), and 33% (157) respectively), however it appears that they were most frequently visited by their friends and children, followed by their other relatives: 75% (117) of visits from friends, 75% (117) of visits from children, and 51% (81) of visits from other relatives occurred on at least a weekly basis.

When asked how they would ideally like to spend their time now, 66% (121) of respondents said "just as I am". However, 8% (15) said they would like to be able to go on holiday or travel, 5% (10) said they would like to go out more (locally - to the shops or the pub), and others mentioned a variety of other things such as gardening, moving home, having more money, and to go to the seaside or into the countryside.

3: HEALTH, LIFE SATISFACTION & FUNCTIONAL ABILITY

3.1 Reported symptoms and health problems:

Respondents were asked whether they would say their health was "excellent, good, fair or poor" for their age: 19% (36) said excellent, 56% (101) said fair, 20% (38) said fair, and 6% (11) said poor.

Respondents were asked the General Household Survey (GHS) question about long-standing illnesses, using the same wording as the GHS in 1985:-

"Do you have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled you over a period of time, or that is likely to trouble you over a period of time."

Thirty per cent (59) of respondents said they had a long-standing illness, disability or infirmity, and 21% (41) of all respondents (70% of those with a long-standing illness) said this limited their activities.

The GHS national figures for 1987 for people aged 65<75 and 75 and over were 61% and 72% respectively for the first question, and 44% and 58% respectively for the second. These percentages are far higher than the Braintree figures. This suggests a methodological difference rather than a difference in reporting by area, as the figures obtained for Hackney residents in the same age group also relatively low.

The proportion of respondents in Braintree reporting a long-standing illness were similar to the proportion of respondents that described their health as "fair" or "poor". However, cross tabulations show that these are not all the same respondents: 56% (33) of those who said "yes" to the long-standing illness question rated their health as "excellent" or "good", and 17% (23) of those who said "no" to the long-standing illness question rated their health as "fair" or "poor".

Those that said "yes" to the long-standing illness question were asked what was the matter with them: twelve people mentioned more than one long-standing illness (6% of all responders; 20% of those with at least one long-standing illness). Forty nine per cent (29) referred to their joints or mobility (some specified arthritis), 17% (10) to cardiac or circulatory problems, 14% (8) to respiratory problems, 10% (6) to problems with vision or hearing, and the remainder referred to a variety of other health problems.

Thirty eight per cent (73) of respondents said they had suffered physical pain in the last week. Using a visual analogue scale to rate the severity of that pain, with a rating of one representing "very mild pain" and eight representing "very severe pain": 14% (10) ranked their pain at two, 14% (10) at three, 23% (17) at four, 14% (10) at five, 18% (13) at six, 14% (10) at seven, and 4% (3) at eight.

Twenty one per cent (41) of respondents had experienced a major illness, 15% (29) a major fall, 8% (15) an operation and 3% (5) an accident (other than a fall) in the twelve months prior to their 1991 interview.

Respondents were asked whether they currently suffered from a number of symptoms, how long they had had these problems, and whether they had reported these to their GP.

Table 14 shows the most common problems reported by respondents, these included aches/pains/stiffness in muscles and joints (74%), forgetfulness (43%), difficulty breathing (33%), and trouble with feet (30%).

Table 14: Reported health problems

<u>Problems with:</u>	<u>%</u>	<u>(n)</u>
Aches/pains/stiffness in muscles/joints	74	(144)
Forgetfulness	43	(82)
Breathing	33	(63)
Feet	30	(57)
Hearing	28	(53)
Eyesight	27	(52)
Sleeping	27	(52)
Nerves/stress/depression	25	(49)
Indigestion	25	(49)
Giddiness	24	(47)
Chest pains	21	(41)
Skin	20	(39)
Headaches	17	(33)
Urinary incontinence	16	(31)
Confusion	11	(22)
Constipation	10	(19)
Abdominal pain/discomfort	7	(14)
Appetite	7	(14)
Piles	5	(10)
Leg ulcers	3	(6)
Pass blood/tar motions	2	(3)
Alternately constipated/loose	2	(3)
Vomit blood	1	(2)
<u>No. of respondents</u>		<u>(192-194)</u>

Table 15 shows the number of different health problems reported by respondents. About two thirds of respondents reported five or more health problems: one respondent reported twenty. The mean number of reported health problems was 5.5 problems.

Table 15: Number of different health problems

<u>Number of health problems</u>	<u>%</u>	<u>(n)</u>
None	*	(1)
One	8	(15)
Two	8	(15)
Three	14	(26)
Four	7	(14)
Five	21	(40)
Six	13	(24)
Seven	9	(17)
Eight	5	(9)
Nine	6	(12)
Ten or more	9	(18)
<u>No. of respondents</u>		<u>(191)</u>

(* = less than 1%)

Table 16 compares the surviving respondents reported symptoms in 1989 with 1991: the main difference appears to be the greater number of self-reported respiratory conditions and forgetfulness, however the difference between the two years in both cases is less than 20%.

Table 17 shows the length of time respondents reported they had had their health problems. Most respondents had had their health problems for two years or more (indeed, most had had them for five years or more): 100% of those passing blood/tar, 80% of those with piles, and about three quarters of those with indigestion, problems with their feet, difficulty hearing, and difficulty sleeping had suffered with them for two years or more.

Table 16: Reported health problems in 1989 and 1991

<u>Problems with:</u>	<u>1989</u>		<u>1991</u>	
	<u>%</u>	<u>(n)</u>	<u>%</u>	<u>(n)</u>
Aches/pains/stiffness in muscles/joints	66	(127)	74	(144)
Forgetfulness	29	(56)	43	(82)
Breathing	16	(31)	33	(63)
Feet	29	(56)	30	(57)
Hearing	19	(36)	28	(53)
Eyesight	16	(31)	27	(52)
Sleeping	26	(50)	27	(52)
Nerves/stress/depression	21	(41)	25	(49)
Indigestion	23	(44)	25	(49)
Giddiness	26	(51)	24	(47)
Chest pains	20	(38)	21	(41)
Skin	*	*	20	(39)
Headaches	16	(30)	17	(33)
Urinary incontinence	13	(26)	16	(31)
Confusion	4	(8)	11	(22)
Constipation	8	(16)	10	(19)
Abdominal pain/discomfort	7	(13)	7	(14)
Appetite	5	(10)	7	(14)
Piles	4	(7)	5	(10)
Leg ulcers	*	*	3	(6)
Pass blood/tar motions	1	(2)	2	(3)
Alternately constipated/loose	3	(5)	2	(3)
Vomit blood	-	-	1	(2)
<u>No. of respondents</u>	<u>(180-194)</u>		<u>(192-194)</u>	
(* = not specifically asked about in 1989)				

Table 17: Length of time respondents reported that they had had specified health problems.

<u>Problems with:-</u>	Less than 6 months		6 months < 2 years		2 years+	
	%	(n)	%	(n)	%	(n)
Aches/pains/stiff	7	(17)	7	(17)	86	(102)
Forgetfulness	11	(8)	25	(19)	64	(48)
Breathing	6	(4)	10	(6)	84	(51)
Feet	7	(4)	18	(10)	75	(41)
Hearing	6	(3)	27	(13)	67	(32)
Eyesight	13	(6)	27	(12)	60	(27)
Sleeping	10	(5)	18	(9)	72	(36)
Nerves/stress/deprssn	11	(5)	21	(10)	68	(32)
Indigestion	9	(4)	11	(5)	80	(37)
Giddiness	21	(9)	24	(10)	55	(23)
Chest pains	5	(2)	15	(6)	80	(31)
Skin	17	(6)	17	(6)	66	(24)
Headaches	24	(7)	24	(7)	52	(15)
Urinary incontinence	17	(5)	30	(9)	53	(16)
Confusion	18	(4)	32	(7)	50	(11)
Constipation	12	(2)	12	(2)	76	(13)
Abdominal pain	21	(3)	21	(3)	58	(8)
Appetite	22	(3)	39	(5)	39	(5)
Piles	-	-	10	(1)	90	(9)
Leg ulcers	-	-	33	(2)	67	(4)
Pass blood/tar	33	(1)	-	-	67	(2)
Alt. constiptd/loose	-	-	33	(1)	67	(2)
Vomit blood	-	-	-	-	100	(2)
<u>No. of respondents</u>						<u>(2-136)</u>

Seven respondents (4%) reported having been diagnosed as diabetic, four (2%) reported respiratory problems other than difficulty breathing, and 20% (39) said they had hypertension, although several respondents commented that they did not know whether or not they had a problem with their blood pressure.

Eleven per cent (21) reported having had a heart attack: three of these occurred between one and six months prior to the interview; four were between six months and one year prior to the interview; six were between two and five years prior to the interview; and, the remaining eight occurred more than five years ago. Therefore seven respondents had reported having had a heart attack since their baseline interview.

Ten per cent (19) of respondents reported having had a stroke: three of these occurred between one month and six months prior to the interview; two were between six months and one year prior to the interview; three were between one and two years prior to the interview; five were between two and five years prior to the interview; and the remainder occurred more than five years ago. Therefore eight respondents had reported having had a stroke since their baseline interview.

Respondents were asked whether they had any other problems with their health. Fourteen per cent (27) said "yes", and three of these reported having more than one other health problem. These other problems were coded using the International Classification of Diseases (9th version): four reported over/under active thyroids, four reported varicose veins, two reported hernias, two reported phobias, and the remainder reported a variety of other conditions.

3.2 Prescribed medications:

Respondents were asked whether they were taking any medicines, pills, injections or ointments prescribed by their doctors. If they said "yes", interviewers recorded the name of the medication (as printed on the packet or bottle), the dosage and frequency with which the medication was taken, and the length of time that the respondent had been taking the medication. Medications were coded using the British National Formulary.

Seventy four per cent (142) of respondents were taking medication prescribed by their doctors: table 18 shows the number of different prescribed medications that respondents were taking in 1989 and 1991.

Table 18: Number of different prescribed medications taken in 1989 and 1991

<u>Number taken</u>	<u>1989 (survivors)</u>		<u>1991</u>	
	<u>%</u>	<u>(n)</u>	<u>%</u>	<u>(n)</u>
None	33	(64)	26	(51)
One	26	(51)	26	(50)
Two	17	(32)	19	(36)
Three	9	(18)	10	(19)
Four	6	(11)	8	(15)
Five	4	(7)	2	(4)
Six	3	(5)	4	(8)
Seven	2	(4)	4	(7)
Eight or more	1	(2)	1	(3)
<u>Number of respondents</u>		<u>(194)</u>		<u>(193)</u>

The average number of prescribed medications for each respondent was 1.98 different medications in 1991, and 1.63 medications in 1989.

The most frequently prescribed medication type was cardiovascular and diuretic drugs (30% of all prescribed drugs, n=122), followed by analgesics (13%, 53), psychotropics (10%, 40), respiratory or anti-allergics (10%, 39), anti-rheumatoid drugs (9%, 35), gastrointestinal drugs (8%, 31), drugs affecting nutritional state or the blood (7%, 28), endocrinological drugs (5%, 18), drugs affecting the skin, eyes or mucous membranes (4%, 9), anti-microbials (1%, 10), and other drugs (4%, 15).

Psychotropics were classified according to type. Of the 40 prescribed, 5 were minor tranquillisers, 2 were major tranquillisers, 11 were antidepressants, and 22 were other psychotropic drugs.

Thirty per cent of the prescribed medications had been taken by respondents for less than two years (n=53), 23% (33) for two years ago or more but less than five years, 20% (69) for five years ago or more less than ten years, 12% (38) for ten years ago or more but less than fifteen years, and 15% (52) for fifteen years or more.

3.3 Mental health and emotional wellbeing:

As for the baseline interviews, mental health and emotional wellbeing were measured using the General Health Questionnaire (Goldberg), the Life Satisfaction Index A (Neugarten) and the Delighted-Terrible Faces Scale (Andrews and Withey).

i) General health questionnaire:-

The short version of the General Health Questionnaire (GHQ) was used. It was designed to detect psychiatric disorders among people in community settings (excluding dementia, subnormality, and mania). It concentrates on the detection of anxiety and depression.

The probability of an individual being a case occurs when the individual's score is over the threshold of 4-5. It correlates well with independent psychiatric diagnoses of disturbance, and the depression items correlate well with independent psychiatric diagnoses of depression.

Table 19: General Health Questionnaire score

<u>SCORE</u>	<u>1989 (survivors)</u>		<u>1991</u>	
	<u>%</u>	<u>(n)</u>	<u>%</u>	<u>(n)</u>
0-3	81	(152)	77	(136)
4-5 THRESHOLD	5	(10)	8	(14)
6-9	9 }	(16)	7 }	(13)
10-16	4 }	14% (8)	6 }	15% (11)
17-28	1 }	(2)	2 }	(3)
<u>Number of respondents</u>		<u>(188)</u>	<u>(177)</u>	

Table 19 shows that the proportion of respondents scoring over the threshold was 15% (27) in 1991 indicating that they are probably psychiatrically disturbed (14% (26) of the surviving respondents scored over the threshold in 1989). At the symptom checklist a higher proportion than this reported suffering from nerves/stress/depression (25%, 49), however a cross tabulation showed that a smaller proportion of these respondents (11%, 20) also scored over the threshold on the General Health Questionnaire; this may reflect the fact that the symptom question asked specifically about nerves, stress and depression and not other types of psychiatric disorder which the GHQ detects, or that their degree of disturbance was insufficient for them to be regarded as psychiatric cases.

ii) Life satisfaction:-

Neugarten's Life Satisfaction Index A was used to assess life satisfaction and morale as it a well tested scale, suitable for use with the elderly. The scale consists of 20 items containing positive and negative statements about past and present life circumstances; each positive view of life is scored 1, so each respondent can score between 0 and 20.

The average score for the general population of all ages 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.

Table 20 shows the total positive life satisfaction scores of the respondents in 1991. Fifty four per cent of respondents (97) scored at or above the average, 46% therefore scored below the general population average of 14. The average score for respondents was 13.282 which is close to the average for the general population.

Table 20: Total positive life satisfaction scores in 1991

<u>SCORES</u>	<u>1991</u>	
	%	(n)
0	-	-
1-6 low satisfaction	4	(7)
7-9 low satisfaction	14	(25)
10-13 low satisfaction	28	(52)
14-17 average to high satisfaction	45	(81)
18-20 high satisfaction	9	(16)
<u>No. of respondents</u>		<u>(181)</u>
Mean score: 13.282		

Table 21 shows the responses agreeing with the individual positive items of the Neugarten life satisfaction scale in 1991, indicating satisfaction with those items.

Table 21: Respondents agreeing with the individual positive life satisfaction items in 1991

<u>Positive items</u>	<u>% who agreed with statement</u>	
As I grow older, things seem better than I thought they would be	64	(n=116)
I have had more luck in life than most of the people I know	64	(n=116)
I am just as happy as when I was younger	60	(n=109)
These are the best years of my life	30	(n=47)
I expect some interesting and pleasant things to happen to me in the future	56	(n=101)
The things that I do today are as interesting to me as they ever were	81	(n=146)
I feel my age but it does not bother me	68	(n=123)
As I look back on my life, I am fairly well satisfied	91	(n=164)
I would not change my past life even if I could	69	(n=124)
Compared to other people my age I look smart when I am dressed	90	(n=162)
I have made plans for things I'll be doing a month or a year from now	36	(n=65)
I've had just about what I expected out of life	76	(n=137)
<u>No. of respondents</u>	<u>(181)</u>	

Table 22 shows the responses disagreeing with the individual negative items of the Neugarten life satisfaction scale in 1991, indicating satisfaction with those items.

Table 22: Respondents disagreeing with the individual negative life satisfaction items in 1991

<u>Negative items</u>	<u>% who disagreed with statement</u>	
This is the dreariest time of my life	77	(n=139)
My life could be happier than it is now	56	(n=101)
Most of the things I do are boring and monotonous	87	(n=157)
I feel old and somewhat tired	70	(n=126)
Compared to other people my age I've made a lot of foolish decisions in my life	71	(n=128)
When I look back on my life, I didn't get most of the important things I wanted	56	(n=102)
Compared to other people I get down in the dumps too often	88	(n=159)
In spite of what people say the life of the average person is getting worse not better	46	(n=83)
<u>No. of respondents</u>	<u>(181)</u>	

iii) Delighted-Terrible Faces:-

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

Respondents were shown seven faces depicting a range of expressions from very happy, through neutral, to very unhappy. They were asked to pick a face to represent how they felt about their: life as a whole; accommodation; activities; independence; control over their lives; social contacts; health; and, quality of life.

Table 23: Delighted Terrible Faces scale

Items:	% selecting faces:						
	A	B	C	D	E	F	G
	Delighted %	Delighted %	Delighted %	Neutral %	Terrible %	Terrible %	Terrible %
Life as a whole	22	37	29	8	2	1	1
Accommodation	34	34	20	8	3	-	1
Activities	20	27	31	9	8	2	2
Independence	26	32	23	7	7	3	2
Autonomy/control	22	32	27	9	7	3	-
Social contacts	27	36	25	6	4	1	1
Health	17	30	30	8	10	2	3
Quality of life	20	34	29	10	4	2	1
<u>No. of respondents</u>	<u>(180-182)</u>						

The greater percentage of "terrible" responses to the question about health (see table 23) is reflected in the proportions of respondents reporting various health problems.

Respondents were asked what their greatest worry or problem was at the present time: 26% (51) said "nothing", 22% (43) referred to their health, disability or immobility, 16% (30) spoke of financial worries, 14% (27) were concerned about their family's or another family member's health, 9% (12) spoke of becoming a burden or losing their independence, 5% (10) spoke of problems within the family, and the remainder spoke of a variety of other worries or problems (including being alone, being housebound, managing their garden, getting household repairs done, fear of falling, ageing and death).

iv) Attitudes to their age:-

Respondents were asked whether they felt young, middle aged or elderly: 47% (89) said they felt young, 37% (69) felt middle aged, 14% (26) felt elderly, and 3% (5) said the way they felt varied day-by-day.

When asked what the best things about being their age were, 34% (55) said they were enjoying their independence, 28% (54) were enjoying their retirement and increased leisure time, 17% (32) described their good health, 8% (16) mentioned relationships with family and friends, 5% (9) talked of how people made allowances for them and how they could "get away" with things, and the remainder gave other more general factors such as experience of life, or looking back on their memories (percents do not total 100 as respondents could give more than one answer). Twenty six per cent (50) said there were no best things about being their age.

When asked what the worst things about being their age were, 26% (50) described the decline in their ability to carry out tasks of daily living, 21% (40) described their poor health (in particular, the pain they were suffering), 16% (31) spoke of problems with mobility, 8% (16) mentioned loneliness, and the remainder mentioned a variety of other things such as loss of respect, problems with their hearing and/or sight, and the loss of their memories. Thirteen per cent (25) said that there were no worst things about being their age.

3.4 Functional ability:

A modified activities of daily living scale was used to measure functional ability (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 six categories from no difficulty to cannot do at all.

Table 24 shows the proportions of respondents having some degree of difficulty with tasks. The table shows that the tasks with which respondents were most likely to have some degree of difficulty with included odd jobs (42%, 82), cutting toe nails (36%, 69), climbing stairs and steps (36%, 69) however, these figures reflect a wide range of difficulty from "slight difficulty" to "unable to do at all".

Table 24: Proportions of respondents experiencing any degree of difficulty with tasks.

<u>Tasks</u>	<u>1989 (survivors)</u>		<u>1991</u>	
	<u>%</u>	<u>(n)</u>	<u>%</u>	<u>(n)</u>
Odd jobs	33	(63)	42	(82)
Cutting toe nails	32	(62)	36	(69)
Climbing stairs/steps	28	(54)	36	(69)
Shopping	27	(52)	31	(61)
Using public transport	19	(34)	31	(61)
Getting in/out of the bath	25	(49)	30	(58)
Getting in/out of a chair	14	(27)	28	(54)
Housework	20	(38)	25	(49)
Getting around outdoors	17	(32)	23	(45)
Laundry	17	(33)	23	(44)
Washing hair	12	(22)	21	(40)
Bathing self	16	(31)	20	(39)
Getting in/out of bed	9	(18)	20	(38)
Filling in forms and writing	13	(24)	19	(37)
Handling pension/money	6	(12)	13	(26)
Getting around indoors	8	(15)	12	(24)
Prepare/cook a meal	8	(15)	12	(23)
Dressing self	6	(11)	12	(23)
Use toilet/commode	5	(9)	7	(14)
Washing self	5	(10)	6	(12)
Brushing/combing hair	4	(7)	5	(10)
Managing teeth/dentures	2	(4)	4	(7)
Eating/cutting up food	3	(6)	4	(7)
Other tasks	1	(1)	1	(1)
<u>Number of respondents</u>	<u>(182-194)</u>		<u>(192-194)</u>	

Table 24 also compares the percentage of respondents in 1991 who had some degree of difficulty with tasks, and the percentage of respondents (survivors) in 1989 who had some degree of difficulty with tasks. Respondents were more likely to have difficulty with these tasks in 1991 than in 1989, although the differences were small.

Table 25 shows the number of tasks respondents had any degree of difficulty with. Over a third had no difficulty with any of the listed tasks of daily living, but almost two thirds had difficulty with at least one task.

Table 25: Number of tasks respondents had any degree of difficulty with.

<u>Number of tasks</u>	<u>%</u>	<u>(n)</u>
None	38	(74)
One	28	(54)
Two	15	(29)
Three	10	(20)
Four	9	(17)
<u>No. of respondents</u>		<u>(194)</u>

Table 26 shows the proportions of respondents having "severe difficulty" to "unable to do at all" the tasks asked about. Odd jobs (30%, 59), cutting toe nails (24%, 47), and shopping (23%, 44) were the tasks most likely to cause serious problems.

Table 26: Proportions of respondents experiencing "severe difficulty" or "unable to do at all" the tasks of daily living.

<u>Tasks</u>	<u>Respondents experiencing "severe difficulty" to "unable to do at all"</u>	
	<u>%</u>	<u>(n)</u>
Odd jobs	30	(59)
Cutting toe nails	24	(47)
Shopping	23	(44)
Using public transport	18	(35)
Laundry	16	(31)
Getting in/out of the bath	14	(27)
Bathing self	13	(24)
Housework	12	(25)
Filling in forms and writing	12	(24)
Washing hair	11	(22)
Getting around outdoors	10	(20)
Handling pension/money	10	(19)
Climbing stairs/steps	9	(17)
Prepare/cook a meal	6	(11)
Getting in/out of bed	3	(5)
Dressing self	3	(5)
Washing self	2	(4)
Getting in/out of a chair	2	(3)
Use toilet/commode	2	(3)
Brushing/combing hair	2	(3)
Getting around indoors	1	(2)
Eating/cutting up food	1	(2)
Managing teeth/dentures	1	(1)
<u>Number of respondents</u>		<u>(192-194)</u>

3.5 Help with tasks:

Of the tasks that respondents had difficulty with, the one they were most likely to receive help with was handling money/collecting pension: 100% (26) of those with this difficulty received help. Similarly, help was received by 93% (57) of those with a difficulty with shopping; 92% (34) with filling in forms and writing; 90% (74) with odd jobs; 88% (43) with housework; 84% (37) with laundry; 83% (33) with washing their hair; 74% (17) with preparing/cooking a meal; and 68% (47) with cutting their toe nails.

Help was also received by 49% (22) of those with a difficulty with getting around outdoors; 43% (3) with eating/cutting up food; 42% (5) with washing self; 30% (3) with brushing/combing hair; 29% (4) with using a toilet/commode; 29% (2) with managing teeth/dentures; 26% (6) with dressing self; 24% (14) with getting in/out of the bath; 21% (8) with bathing self; 16% (6) with getting in/out of bed; 14% (10) with climbing stairs/steps; 8% (2) with getting around indoors; 7% (4) with getting in/out of a chair; and 5% (3) with using public transport.

These percentages were similar to these respondents' 1989 figures, except for: managing teeth/dentures (the 1989 percentage was 100%, compared to the 1991 percentage of 29%); getting in/out of bed (42%:16%); getting around outdoors (75%:49%); eating/cutting up food (60%:43%); using public transport (27%:7%); and, brushing and combing hair (50%:30%). These changes in these percentages were in the same direction, they had all decreased. However, for preparing and cooking meals, the percentage of respondents receiving help had increased from 53% in 1989 to 74% in 1991.

Table 27 shows the number of tasks respondents had help with. Seven respondents had help with fifteen or more tasks.

Table 27: Number of tasks which respondents had help with

<u>Number of tasks</u>	<u>%</u>	<u>(n)</u>
None	49	(94)
One	13	(26)
Two	8	(16)
Three	5	(9)
Four	5	(10)
Five	2	(3)
Six	7	(13)
Seven	2	(4)
Eight	4	(8)
Ten or more	6	(11)
<u>No. of respondents</u>		<u>(194)</u>

Help was given by a variety of people. Professionals were the main helpers with cutting toe nails, housework, washing hair, and bathing.

Relatives other than children (usually spouses) who shared the respondents home with them were the main helpers with odd jobs, cooking/preparing a meal, eating/cutting up food, dressing, using a toilet, washing self, getting about indoors, getting about outdoors, shopping, getting in/out of bed, getting in/out of the bath, rising from a chair, handling money/collecting pension, brushing hair, and climbing stairs and steps. Help with teeth/dentures was given equally by other relatives than children (usually spouses) who shared the respondents' homes and professionals.

Respondents who's children did not share their homes with them were the main helpers with filling in forms and writing. Help with laundry was given equally by children who did not share the respondents' homes and other relatives (usually spouses) who did. Help with using public transport was provided mainly by friends or neighbours who did not share the respondents' homes with them.

Respondents were also asked how often they received help. Mainly daily help was given with getting in/out of bed, rising from a chair, using the toilet, washing self, dressing self, brushing/combing hair, managing teeth/dentures, eating/cutting up food, preparing/cooking meals, and getting about indoors.

Mainly weekly help was given with shopping, bathing (including getting in/out of the bath), housework, laundry, and handling money/collecting pensions; and, mainly fortnightly help was given with washing hair. Help was mainly given less often with climbing stairs and steps, cutting toenails, getting about outdoors, using public transport, odd jobs, and filling in forms and writing.

The percentage of respondents who experienced any degree of difficulty with a task and who wanted help, or more help with that task ranged from 0 to 15% (in 1989 the range was 0-35%). Most common requests were for help/more help with cutting toe nails (15%, 10) and housework (10%, 5); the figures for 1989 were 35% (17) and 15% (5) respectively.

Fourteen per cent (16) of respondents wanted help/more help with one task (which they had any degree of difficulty with), 2% (2) wanted help/more help with two tasks, one person wanted help/more help with four tasks, and one person wanted help/more help with six tasks. Eighty three per cent (93) of respondents experiencing any degree of difficulty with tasks did not want any help/more help with carrying out those tasks.

The majority of respondents wanting help/more help with tasks with which they had difficulty would have liked that help to be provided by health and social services (45%, 9), rather than from private services (15%, 3), or relatives and friends (15%, 3); none of these respondents wanted help from voluntary workers. Fifteen per cent (3) said they would prefer to manage without help/more help, and the remaining respondents (10%, 2) did not mind where the help/more help came from, as long as it was free.

Respondents were asked whether there was anything else that could be provided for them that would make it easier for them to maintain their independence at home: 73% (140) said "no". Of the 52 respondents who said "yes", 23% (12) wanted financial help, 19% (10) mentioned home adaptations and occupational therapy aids such as grab rails or trolleys or special chairs, 15% (8) mentioned home improvements, 8% (4) wanted a gardener, 6% (3) wanted help with transport, 6% (3) wanted a wheelchair (in some cases electric), and the remainder mentioned a variety of other things.

3.6 Support provided by respondents:

Respondents were asked whether they themselves looked after or helped anyone who was sick, handicapped or elderly; 14% (28) said "yes", two of these reported that they were helping two people, and one person reported that they were helping six people (the data reported here includes only the two main people this respondent helped).

The majority of these supporters were helping their spouses (43%, 12), 39% (11) were helping neighbours, 14% (4) were helping friends, 11% (3) were helping other relatives, and 4% (1) were helping others. The ages of those being helped ranged from 30 to 91 years, although most were 70 years or over (90%, 28).

Fifty four per cent (15) of these caring respondents were living with the person they were helping, and 68% (19) provided help on a daily basis. Two respondents were not "regular" helpers, but were providing help "when it was required".

The main task that respondents gave help with was shopping (36%, 10), followed by gardening (25%, 7), collecting pensions/handling money (14%, 4) and odd jobs (14%, 4). Help was also given with treatments (one respondent was assisting her husband with the dialysis treatment which he required several times a day), laundry, personal care tasks, visual tasks such as filling in forms and writing, mobility, going to the library, providing company, and babysitting. A quarter of "carers" (25%, 7) said they helped with "everything".

4: USE OF STATUTORY AND VOLUNTARY SERVICES

4.1 Contact with GP:

Table 28 shows that the vast majority of those who reported physical health problems had consulted their GPs over these. Fewer of those with problems with their mental health had consulted their GPs over these: 59% (57) had consulted over nerves/stress/depression; 42% (15) over confusion; and 19% (81) over forgetfulness in 1991.

It appears that reporting of symptoms has generally increased since 1989, in particular for: giddiness (by 14%), abdominal pain/discomfort (by 16%), problems with feet (by 19%), piles (by 33%), and confusion (by 59%). Reporting of confusion in 1991 was the most striking increase: none of the eight respondents who reported problems with confusion in 1989, but in 1991 59% (13) had seen their GP about the problem. However, for some symptoms, reporting decreased: most notably for urinary incontinence (by 17%)

Table 28: Percentages of those with reported health problems who had seen their GP about these ***

<u>Problems with:</u>	<u>Seen GP:</u>	<u>1989 (survivors)</u>		<u>1991</u>	
		<u>%</u>	<u>(n)</u>	<u>%</u>	<u>(n)</u>
Chest pains		95	(35)	98	(40)
Abdominal pain/discomfort		77	(10)	93	(13)
Feet		69	(38)	88	(50)
Skin		*	*	87	(34)
Breathing		87	(27)	83	(52)
Giddiness		69	(35)	83	(39)
Aches/pains/stiffness		70	(87)	80	(114)
Eyesight		71	(22)	80	(41)
Hearing		72	(26)	76	(40)
Indigestion		68	(30)	76	(37)
Constipation		81	(13)	74	(14)
Headaches		79	(23)	73	(24)
Urinary incontinence		85	(22)	68	(21)
Sleeping		64	(30)	67	(35)
Confusion		**	**	59	(13)
Nerves/stress/depression		61	(25)	57	(28)
Forgetfulness		19	(10)	46	(38)
<u>No. of respondents</u>		<u>(13-125)</u>		<u>(14-143)</u>	

(* = not asked about in 1989)

(** = None of the eight people reporting confusion in 1989 had seen their GPs about this)

(*** = Less common problems were also reported to GPs: leg ulcers (not asked in 1989; 6/6 in 1991); alternatively constipated/loose (5/5 in 1989; 3/3 in 1991); blood/tar motions (2/2 in 1989; 3/3 in 1991); appetite (6/10 in 1989; 7/14 in 1991); piles (4/7 in 1989; 9/10 in 1991); vomiting blood (no cases in 1989; 1/2 in 1991))

Table 29 compares when respondents last saw their GP at their 1989 interview and their 1991 interview (same respondents). There was no difference in the percentages attending in the three months prior to each interviewing period, however the percentage of respondents who had not seen their GP for five or more years had decreased since 1989.

Table 29: When respondents last saw their GP

<u>Last saw GP</u>	<u>1989 (survivors)</u>		<u>1991</u>	
	<u>%</u>	<u>(n)</u>	<u>%</u>	<u>(n)</u>
Within the last 7 days	9	(17)	10	(19)
More than 7 days ago, but within the last month	18	(35)	17	(33)
More than a month ago, but within the last 3 months	24	(47)	23	(43)
More than 3 months ago, but within the last year	20	(38)	33	(63)
More than a year ago, but within the last five years	11	(22)	13	(25)
More than five years ago	18	(35)	4	(8)
<u>No. of respondents</u>		<u>(194)</u>		<u>(191)</u>

At their 1991 interview, most respondents reported having seen their GPs within the last twelve months (83%; 158), and 27% (52) had consulted within the last month. Of those that had seen their GP in the last year, 27% (43) reported having seen their GP once, 50% (78) two to four times, 15% (24) five to nine times and 8% (12) ten times or more. Table 30 shows the number of GP contacts over the last year for respondents in 1991.

Table 30: Contact with GP in last year

<u>Number of contacts</u>	<u>%</u>	<u>(n)</u>
None	17	(31)
One	23	(43)
Two to four	41	(78)
Five to nine	13	(24)
Ten or more	6	(12)
<u>No. of respondents</u>		<u>(190)</u>

4.2 Hospital Services - inpatients:

About a tenth of respondents (11%, 21) had been admitted to hospital as inpatients in the last twelve months; three people had been in more than once; admissions were for a variety of reasons, the most common reasons for admission given being heart attacks, cataracts, gall bladder problems, and fractures.

Length of stay varied considerably. Of those reporting admission to hospital, 43% (9) said their stay was for a week or less, 48% (10) for between one and two weeks, and 24% (5) for more than two weeks. Length of stay ranged from two days to seven weeks, and the average length of stay was 17 days.

4.3 Hospital Services - outpatients:

Thirty five per cent (67) had seen a doctor in an outpatients department in the last twelve months; the figure for 1989 was 18% (34) of respondents. Table 31 shows the number of times respondents had attended in 1991; one person had attended the out patients department 16 times in the last twelve months.

Table 31: Number of out patients' appointments in last twelve months

<u>No. of appointments</u>	<u>%</u>	<u>(n)</u>
None	65	(124)
One	12	(23)
Two	9	(17)
Three	5	(10)
Four	3	(6)
Five to six	3	(5)
Seven or more	3	(6)
<u>No. of respondents</u>		<u>(191)</u>

Table 32 shows the main reasons respondents gave for attending the out patients department. Of those attending, about a fifth saw a doctor regarding eye conditions such as cataracts.

Table 32: Main reasons for attending out patients

<u>Reasons for attending</u>	<u>%</u>	<u>(n)</u>
Eye conditions	18	(12)
Diagnostic test/x-ray	18	(12)
Post operative check up	10	(7)
Heart condition	9	(6)
Rheumatism	9	(6)
Respiratory problem	9	(6)
Ear conditions	6	(4)
Skin condition	6	(4)
Back problem	6	(4)
<u>No. of attending respondents</u>		<u>(67)</u>

4.4 Other Health and Social Services:

Table 33 shows the percentage of respondents reporting receiving various health and social services; chiropody services were used by over a fifth of the respondents, and home help services were used by a tenth. No one reported receiving visits from health visitors or voluntary visitors.

Table 33: Percentage of respondents receiving services

<u>Services</u>	<u>%</u>	<u>(n)</u>
Chiropody	22	(43)
Home help	11	(21)
District nurse/ other home nurse	2	(4)
Physiotherapy	2	(4)
Meals on wheels	2	(3)
Bathing service	2	(3)
Social worker	1	(2)
Carer relief	1	(1)
Occupational therapy	1	(1)
Incontinence laundry	1	(1)
Other services	4	(8)
<u>No. of respondents</u>		<u>(193)</u>

Sixty seven per cent of respondents (130) were receiving no health and social services (excluding GP, optician and dental services). A quarter (25%, 48) were receiving one service, 5% (9) were receiving two services, 3% (5) were receiving three services, and one person was receiving four services.

About three quarters of the respondents (74%, 142) were seeing an optician and about a third (31%, 60) were seeing a dentist in 1991 compared with 66% (127) and 31% (59) respectively in 1989. Sixteen per cent of respondents (31) were receiving no health and social services and were not seeing a dentist or an optician in 1991.

The most frequently used services in 1991 were home helps, district nurses and meals on wheels. The majority of home help visits occurred at least weekly, as did carer relief/attendance schemes. As would be expected, chiropody services, optician services and dental services were the least frequently used services.

Table 34 compares self reported use of services in 1989 with 1991, and shows that respondents' reported use was very similar at both interviews.

Table 34: Percentage of respondents receiving services in 1989 and 1991

<u>Services</u>	<u>1989</u>		<u>1991</u>	
	<u>%</u>	<u>(n)</u>	<u>%</u>	<u>(n)</u>
Chiropody	19	(36)	22	(43)
Home help	6	(12)	11	(21)
District nurse/ other home nurse	1	(1)	2	(4)
Physiotherapy	1	(1)	2	(4)
Meals on wheels	1	(2)	2	(3)
Bathing service	*	*	2	(3)
Social worker	1	(1)	1	(2)
Carer relief	1	(2)	1	(1)
Occupational therapy	1	(1)	1	(1)
Incontinence laundry	1	(1)	1	(1)
Health visitor	1	(2)	-	-
Other services	4	(1)	4	(8)
<u>No. of respondents</u>	<u>(193-194)</u>		<u>(193)</u>	

(* = not specifically asked about in 1989)

Table 35 shows the number of respondents would like/like more services; no one said they would like to see/see more of the district nursing, meals on wheels, incontinence laundry, carer relief, or occupational therapy services.

Table 35: Services respondents said they would like/like more of

<u>Service</u>	<u>%</u>	<u>(n)</u>
Chiropody	8	(15)
Home help	3	(6)
Social worker	2	(3)
Voluntary visitor	2	(3)
Physiotherapist	1	(2)
Health visitor	1	(2)
Bathing service	1	(2)
<u>No. of respondents</u>		<u>(193)</u>

Three per cent (5) of respondents wanted to see/see more of an optician, and 1% (2) wanted to see/see more of a dentist. None of the 1991 survivors reported wanting to see/see more of an optician or dentist in 1989.

Eighty four per cent of respondents (162) did not want to see/see more of any health and social services (including opticians and dentists). Twelve per cent (23) wanted to received one (more) service, 3% (5) wanted two (more) services, and 2% (3) wanted three (more) services.

Table 36 compares respondents' perceived need for services/more services in 1989 and 1991; the table shows very similar figures from both interview periods.

Table 36: Services respondents said they would like/like more of in 1989 and 1991

<u>Service</u>	<u>1989</u>		<u>1991</u>	
	<u>%</u>	<u>(n)</u>	<u>%</u>	<u>(n)</u>
Chiropody	7	(14)	8	(15)
Home help	3	(6)	3	(6)
Social worker	2	(3)	2	(3)
Voluntary visitor	1	(2)	2	(3)
Physiotherapist	-	-	1	(2)
Health visitor	1	(2)	1	(2)
Bathing service	*	*	1	(2)
District nurse	1	(1)	-	-
<u>No. of respondents</u>	<u>(194)</u>		<u>(193)</u>	
(* = not specifically asked about in 1989)				

No respondents reported wanting to see/see more of carer relief, occupational therapy, meals on wheels, or incontinence laundry services in 1989 nor 1991.

Three per cent (6) of respondents attended a day centre; three of these were run by the local authority, two by the district health authority, and one by a church group. Responders attended their day centres once or twice a week, and the lengths of time they had been attending for ranged from less than a month to 15 years.

SUMMARY & CONCLUSIONS

Demographic details: Thirty per cent of respondents were male and 70% were female. Forty two per cent were widowed, and 56% of these had been widowed for ten years or more.

Surviving children: Eighty eight per cent of respondents had living children in 1991; the eldest living child to the group was 61 years old.

Education: Eighty six per cent had left full time education before they were sixteen years old, and the majority had left with no educational qualifications.

Social class & income: Fifty seven per cent of respondents were from social class III. Most individuals had an income of £50 < £70 per week; most couples had an income of £80 < £200 per week.

Housing: The majority of respondents in 1991 were owner occupiers and were living in houses. Forty one per cent were living alone, and 89% of those who did not live alone were living with their spouses.

Transport: Sixty eight per cent of the respondents had access to a private car or van, and 44% used public transport.

The area: Comparisons with respondents' baseline responses show that their thoughts about the area had changed little. Over a fifth said that they had anxieties or fears about intruders, going out or opening the door at home.

Moving home: Five per cent said they had moved home in the last three years, although 22% of all 1991 respondents had wanted to move in 1989; in 1991 18% wanted to move. The majority of respondents expected that as they got older, they would remain in their own homes.

Network size: Every respondent listed at least one significant other in at least monthly contact, and 79% of the respondents mentioned four or more people.

Density of network: More than half of all respondents had completely integrated social networks (all network members significant to each other and in at least monthly contact), and the average network was 76% integrated.

Network composition: Ninety five per cent of respondents identified network members who were relatives, 98% identified members who they could confide in or turn to for help in an emergency, and 95% identified members who gave them the most help and support.

Type of network: Respondents had face to face contact with just under three quarters of their network members at least once a week, and just under two thirds lived less than five miles away.

Changes in network over two years: Thirty nine per cent of respondents identified changes in their relationships with their friends, family or neighbours over the last two years. The majority of these changes involved a death, and resulted in the loss of a relationship with a friend or neighbour.

Other identified support: The majority of respondents identified a relative or a friend who would help them if they needed it, who understood them, who showed that they cared about them, who they could count on to listen, felt they were an important part of someone's life, and named someone who would comfort them when they needed it.

Frequency of face to face social contacts: Ninety nine per cent of respondents said they spoke to someone face to face more often than weekly.

Telephone contacts: Ninety three per cent had their own telephone. Eighty one per cent spoke to a relative or friend on the telephone at least weekly.

Satisfaction with social contacts: Between 11% and 29% of respondents said they would like to see more of their relatives, friends or neighbours. Nine per cent said they felt lonely "often, most or all of the time", and eleven per cent said they felt they were a burden to someone.

Activities: The most commonly reported regular activity was watching television or listening to the radio, followed by shopping; this was a similar finding to 1989. However, the percentages reporting doing "nothing-just sitting" or "nothing-just sleeping" were greater in 1991 than in 1989. Ninety seven per cent of respondents said they received visitors. Forty one per cent were attending at least one club.

Reported symptoms and health problems: The percentages of respondents reporting problems with breathing and forgetfulness, had increased since 1989 although the differences between the two years was less than 20%. For most other symptoms there was little change. About three quarters of respondents reported aches/pains/stiffness in muscles and joints.

Prescribed medications: Seventy four per cent of respondents were taking medication prescribed by their doctors; the most frequently prescribed medication type was cardiovascular and diuretic drugs.

Mental health and emotional wellbeing: Fifteen per cent of respondents scored over the threshold on the general health questionnaire indicating that they were probably psychiatrically disturbed; a higher percentage, 25%, reported suffering from nerves/stress/depression. Fifty four per cent of respondents scored average to high life satisfaction.

Functional ability: The percentage of respondents reporting some degree of difficulty was slightly higher in 1991 than in 1989. The most common difficulty was with odd jobs.

Help with tasks: Over half of the respondents had help with at least one task of daily living, and just under a third had help with three or more tasks. Help was most likely to be given with handling money/collecting pension, shopping, filling in forms and writing, and odd jobs.

Support provided by respondents: Fourteen per cent of respondents said they themselves looked after or helped others who were sick, handicapped or elderly; 43% of these were helping their spouses.

Contact with GP: The vast majority of those who reported physical health problems had consulted their GPs over these, but fewer of those with confusion, nerves/stress/depression, or forgetfulness had consulted their GPs over these. Eighty three per cent had seen their GPs in the last twelve months, and 27% within the last month.

Hospital services-inpatients: About a tenth had been admitted to hospital in the last twelve months, but most had been admitted just once.

Hospital services-outpatients: Over a third had seen a doctor in an outpatients department in the last twelve months; the most common reason for attending was for eye conditions or diagnostic tests.

Other health and social services: Chiropody services were received by 22% of respondents, and 11% received the home help service. As in 1989, the service that respondents most frequently perceived themselves as needing was the chiropody service (8%). About three quarters were seeing an optician and about a third were seeing a dentist; the percentage seeing an optician had increased since 1989. Three per cent of respondents attended a day centre.

METHODOLOGICAL DEVELOPMENTS

There are a number of well tested measurement scales, mostly developed in the USA, which attempt to measure aspects of quality of life, including physical and mental health status, functional ability, social network structures, life satisfaction, morale, psychological wellbeing and disturbance. In many instances these scales have been applied to community populations of elderly people in isolation from supplementary items or in-depth interview techniques. This has resulted in a dearth of information about the social circumstances, and physical and psychological resources of individuals who achieve differential ratings on these scales.

Therefore, additional scales commonly used to measure quality of life were tested on subsamples of respondents in the present study, with the aim of combining these well validated scales of measurement and individual item questions with in-depth interview techniques. These scales include:-

- Nottingham Health Profile
- Affect Balance Scale
- General Wellbeing Schedule
- McMaster's Health Index Questionnaire
- Self Evaluation of Life Function Scale
- Dartmouth Co-op Chart: "Quality of Life"
- Philadelphia Geriatric Morale Scale
- Hospital Anxiety and Depression Scale

These results will be presented in a separate report in the future.

ONGOING DATA COLLECTION

1. Flagging of deaths (OPCS).
2. Use of hospital and community services.

FUTURE ANALYSES

Future analyses will compare the survivors in 1991 with the non-survivors: for example, further comparisons of the responses given in 1989 by those who were alive and responded in 1991, with their responses at the follow up. Life table techniques will be used to examine differentials in length of survival.

In addition, analyses will include:

1. Physical, psychological and social characteristics and circumstances of people who continue to live successfully in the community.
2. Physical, psychological and social characteristics (including social networks) and circumstances of people who:
 - i) make differing degrees of use of community services;
 - ii) move into long stay institutional care;
 - iii) have died in comparison with those who have survived;
 - iv) have a poor quality of life in comparison with those who have a good quality of life; and,
 - v) have moved home.
3. Assessment of changes in physical, social and psychological wellbeing between the two interviewing periods (improvement and deterioration).
4. Analysis of various measures of quality of life that were administered to sub-samples of respondents to 1991 follow up study.
5. Comparison with national and international data sets.
6. Policy implications of findings, with the aim of providing relevant information on targeting services for groups at particular risk and identifying the most beneficial types of social networks.

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ACKNOWLEDGEMENTS

We would like to thank Debby Stanley and Jenny Stanley for typing the interview schedules, and Peter Browne for the time spent merging data files.

We are very grateful to our team of interviewers (including Helen McGuigan, Valerie North, Jill Eresen, and Jenny Green), and to Lisa Burnett who assisted in the administrative aspects of the follow up study.

Special thanks are also needed to the 199 elderly people who agreed to be re-interviewed and gave up so much of their time, and to the Joseph Rowntree Foundation for funding the follow up study.

APPENDIX I: Help given by professionals, relatives and friends, with tasks which respondents experienced difficulty with.

			Non home sharers			Home sharers			
Tasks	No help % (No.)	Professional % (No.)	Friend/ neighbour % (No.)	Son/ daughter % (No.)	Other relative % (No.)	Friend/ neighbour % (No.)	Son/ daughter % (No.)	Other relative % (No.)	No. of respon- dents (No.)
Getting in/out of bed	84(31)	3(1)	-	-	-	-	3(1)	11(4)	(37)
Rising from a chair	93(49)	-	-	-	-	-	2(1)	6(3)	(53)
Climbing stairs & steps	85(58)	-	-	2(1)	-	2(1)	4(3)	7(5)	(68)
Using a toilet	71(10)	-	-	-	-	-	7(1)	21(3)	(14)
Washing self	58(7)	8(1)	-	-	8(1)	-	8(1)	17(2)	(12)
Bathing self	77(30)	10(4)	-	-	5(2)	-	3(1)	5(2)	(39)
Getting in/out of bath	74(43)	7(4)	2(1)	2(1)	3(2)	2(1)	2(1)	9(5)	(58)
Dressing self	74(17)	4(1)	-	4(1)	-	-	-	17(4)	(23)
Brushing/combining hair	70(7)	10(1)	-	-	-	-	-	20(2)	(10)
Washing hair	15(6)	54(21)	3(1)	10(4)	3(1)	3(1)	3(1)	10(4)	(39)
Cutting toe nails	29(20)	45(31)	3(2)	3(2)	4(3)	-	3(2)	13(9)	(69)
Managing teeth/dentures	71(5)	14(1)	-	-	-	-	-	14(1)	(7)
Eating/cutting up food	57(4)	-	-	-	-	-	-	43(3)	(7)
Cooking/preparing a meal	26(6)	17(4)	4(1)	4(1)	-	-	4(1)	44(10)	(23)
Housework	10(5)	39(19)	4(2)	8(4)	-	-	6(3)	33(16)	(49)
Laundry	14(6)	19(8)	2(1)	28(12)	2(1)	-	7(3)	28(12)	(43)
Shopping	7(4)	18(11)	7(4)	21(13)	3(2)	2(1)	8(5)	34(21)	(61)
Handling money/pension	-	8(2)	16(4)	24(6)	8(2)	-	8(2)	8(2)	(25)
Getting about indoors	91(20)	-	-	-	-	-	-	9(2)	(22)
Getting about outdoors	50(22)	-	7(3)	11(5)	2(1)	2(1)	5(2)	33(10)	(44)
Using public transport	92(55)	-	5(3)	2(1)	2(1)	-	-	-	(60)
Odd jobs	7(6)	7(6)	12(10)	28(23)	7(6)	4(3)	4(3)	30(24)	(81)
Filling in forms and writing	3(1)	3(1)	6(2)	38(13)	9(3)	-	6(2)	35(12)	(34)

APPENDIX 2: Frequency with which help was given with tasks for those with difficulty

Task	Daily % (No.)	<Weekly % (No.)	Weekly % (No.)	<2 Weekly % (No.)	Less often % (No.)	No. of respondents to each item
Getting in/out of bed	100(6)	-	-	-	-	(6)
Rising from a chair	100(4)	-	-	-	-	(4)
Climbing stairs/steps	30(3)	10(1)	-	10(1)	50(5)	(10)
Using a toilet	100(4)	-	-	-	-	(4)
Washing self	100(5)	-	-	-	-	(5)
Bathing self	33(3)	11(1)	33(3)	22(2)	-	(9)
Getting in/out of bath	14(2)	29(4)	36(5)	14(2)	7(1)	(14)
Dressing self	100(6)	-	-	-	-	(6)
Brushing/combing hair	100(3)	-	-	-	-	(3)
Washing hair	3(1)	6(2)	36(12)	55(18)	-	(33)
Cutting toe nails	-	-	4(2)	-	96(46)	(48)
Managing teeth/dentures	100(2)	-	-	-	-	(2)
Eating/cutting up food	100(3)	-	-	-	-	(3)
Preparing/cooking a meal	81(13)	19(3)	-	-	-	(16)
Housework	22(9)	34(14)	39(16)	2(1)	2(1)	(41)
Laundry	20(7)	18(6)	50(18)	8(3)	6(2)	(36)
Shopping	7(4)	22(12)	66(36)	2(1)	4(2)	(55)
Handling money/pension	-	4(1)	92(23)	-	4(1)	(25)
Getting about indoors	100(2)	-	-	-	-	(2)
Getting about outdoors	9(2)	5(1)	27(6)	5(1)	55(12)	(22)
Using public transport	-	-	-	25(1)	75(3)	(4)
Odd jobs	4(3)	8(6)	3(2)	11(8)	74(55)	(74)
Filling in forms and writing	-	3(1)	3(1)	-	94(31)	(33)

APPENDIX 3: Frequency of service use

Professional	Daily % (No.)	<daily >weekly % (No.)	Weekly % (No.)	<Weekly >monthly % (No.)	Monthly % (No.)	<Monthly > 3 monthly % (No.)	> 3 monthly % (No.)	No. of respondents
Home help	9(2)	6(13)	24(5)	-	-	5(1)	-	(21)
Chiropody	-	-	-	-	2(1)	79(34)	19(8)	(43)
District/other home nurse	40(21)	20(1)	-	-	-	20(1)	20(1)	(5)
Meals on wheels	33(1)	67(2)	-	-	-	-	-	(3)
Social worker	-	-	-	-	83(5)	-	17(1)	(6)
Incontinence Laundry service	-	-	-	100(1)	-	-	-	(1)
Occupational therapy	-	-	100(1)	-	-	-	-	(1)
Physiotherapy	-	25(1)	-	-	-	-	75(3)	(4)
Carer relief/ attendance	-	-	100(1)	-	-	-	-	(1)
Optician	-	-	-	-	-	-	100(142)	(142)
Dentist	-	-	-	-	-	-	100(60)	(60)
Bathing service	-	-	33(1)	67(2)	-	-	-	(3)

