

Report of the re-interviews with elderly people:  
sample aged 65+ living at home in City and Hackney.

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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 strongly 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 It was realised that this would be somewhat out of date, but no other age specific records of the local population were available.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, 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.
- 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).



This report presents the cross-sectional results of the follow-up interviews with sample members from the second of these three surveys: people aged 65-84 (in 1989) living at home in City and Hackney 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 February and July 1991 both the respondents and non-respondents to the baseline survey of people aged 65<85, living at home in City and Hackney, 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 during late July and August, and initial data cleaning was carried out in September. Calculation of response rates, design of SPSSx programme, transfer of files initially to ULCC mainframe computer, and extraction of initial frequency distributions took place during September.

Due to the closure of the Amdhal service at ULCC, data is now being transferred to Manchester computer centre which has delayed further analyses for the time being.

### RESPONSE RATES

Table 1 gives details of the response rates in 1991. Of the 465 people who were interviewed in 1989, 410 were eligible for re-interview and of these 332 (81%) were successfully re-interviewed. The true final response rate will probably be found to be higher than this, as it is likely that some of those who could not be traced or contacted were dead or had moved out of the district.

Table 1: Response rates of follow up of 1989 65-84 year old sample, City and Hackney

<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)	71.4	(332)	81.0
Not contactable (2)	7.5	(35)	8.5
Refused	5.2	(24)	5.9
Not traced	3.9	(18)	4.4
Unable to respond (3)	0.2	(1)	0.2
Total	88.2	(410)	100.0
Ineligible for re-interview:			
Deceased	10.5	(49)	
Moved out of district	0.9	(4)	
Moved into institution	0.4	(2)	
Total	11.8	(55)	
<u>Grand total (1989 respondents)</u>	<u>100.0</u>	<u>(465)</u>	

- Notes: (1) in the 1991 follow up community survey in City and Hackney.  
 (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 six people ineligible as a result of moving away or into an institution. For the four 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 two people who had entered long stay institutional care (both within the district), one refused to be re-interviewed and the other could not be traced.

### THE INTERVIEWS

The well tested measurement scales employed in the first three 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, all of whom were the main interviewers involved in the baseline study (these three included MF: project officer for the baseline project with people aged 65<85 living at home in Hackney).

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": over half the interviews (60%, 198) were rated at one, 19% (63) at two, 12% (39) at three, 4% (13) at four, 3% (10) at five and 2% (6) at six.

The length of the interviews ranged from 30 minutes to 4 hours (some of the interviews being conducted in two parts), and the average length was 1 hour and 23 minutes.

Two 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. One was a 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 a daughter of a respondent, another relative, and a neighbour.

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. Interviews were then conducted with the 38 people who agreed to take part in the study at the follow up stage. The results of these 38 interviews will be presented in a separate 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.

### **1: SOCIO-DEMOGRAPHIC CHARACTERISTICS AND ATTITUDES TO THE AREA**

#### **1.1 Demographic details:**

Forty one per cent (135) of the responders were male, and 59% (196) were female. Fifteen per cent (49) of responders were aged between 67<70, 23% (75) were aged 70<75, 31% (101) were aged 75<80, 25% (81) were aged 80<85, and 6% (19) were aged 85 or over.

Forty four per cent (145) of the sample were widowed, 37% (124) were married, 12% (41) were single, 4% (14) were divorced and 2% (6) were separated. Of the 44% who were widowed, 69% (116) had been widowed for 10 years or more while twelve people had become widowed since their last interview. Of those who were married, 3% (4) had been married for less than ten years, 6% (8) for between ten and twenty years, 10% (11) for between twenty and forty years, 33% (41) for between forty and fifty years, 42% (52) for between fifty and sixty years, and 6% (7) for sixty years or more. Two respondents had remarried since the baseline interview.

#### **1.2 Surviving children:**

Table 1 shows the number of surviving children that respondents had in 1991 compared with their interviews in 1989. Twenty three per cent (76) of respondents had no living children in 1989, compared with 28% (92) of respondents had no surviving children in 1991; the children of sixteen respondents had therefore died between interviews.



Table 1: Number of living children

<u>Number of living children</u>	<u>1989 (survivors)</u>		<u>1991</u>	
	<u>%</u>	<u>(n)</u>	<u>%</u>	<u>(n)</u>
None	23	(76)	28	(92)
One	29	(96)	29	(95)
Two	25	(81)	21	(71)
Three	11	(37)	10	(33)
Four	6	(21)	7	(23)
Five or more	6	(17)	5	(17)
<u>No. of respondents</u>		<u>(328)</u>		<u>(331)</u>

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

Of the children born to the respondents as a group, the eldest living child was 65 years old.

### 1.3 Housing and housing tenure:

Two thirds of respondents were council tenants (66%, 218), 19% were private tenants (63), and 14% (48) were owner-occupiers; thirteen of these properties were mortgaged, two under the council's "right-to-buy" scheme. Three people were living under other arrangements.

Eighty one per cent (264) had been living in their present homes for 10 years or more (and over half the respondents (55%, 181) for over 20 years).

By far the majority of the respondents (84%, 278) lived in flats or maisonettes (71%, 235 flats; 13%, 43 maisonettes) and more than two thirds of these were on upper floors (seven people were living on or above the tenth floor of a block of flats, the highest being on the sixteenth floor): 26% (73) lived in flats on ground floors or in basements. Fourteen percent (47) lived in houses, 1% (4) lived in bedsits, and three people were living in other types of accommodation (eg. bungalow). Ten per cent (34) were living in warden assisted sheltered accommodation; a further six respondents (2%) lived in sheltered accommodation without a warden.

Seventeen per cent (57) of respondents had emergency alarm systems: 61% (35) of these were connected to a warden scheme, 4% (2) were provided by the housing department, 35% (20) were other types of alarm system. Of those who did not have an emergency alarm system, 46% (125) said they would like one (38% of all respondents).

The 63 respondents who were private tenants were asked how much longer their contract or tenure had to run, 66% (42) said their contract was indefinite, 16% (10) said they did not have a contract, one person's contract had two years to run, another's had three years to run, and the remainder were unsure. Few respondents had problems with their landlords, and most said that they never or rarely saw them.

Eighty six per cent (283) were living in their own home, 8% (26) lived in homes which they were jointly owners/tenants of, 4% (12) in other relative's home, 2% (5) in their daughter's home, 1% (3) in their son's home, and the remainder lived in other types of households.

Table 2 shows that half the respondents were living alone, and that the majority of those who were not, were living with just one other person.

Table 2: Number of people living with respondents

<u>No. of people</u>	<u>%</u>	<u>(n)</u>
None (living alone)	51	(170)
With one person	40	(132)
With two people	7	(22)
With three people	2	(5)
With four or more people	*	(3)
<u>No. of respondents</u>		<u>(332)</u>

(\* = less than 1%)

Of those not living alone, 75% (122) with spouses, 25% (41) were living with daughters/sons (over two thirds of these children had never been married), 20% (33) with other relatives, 4% (6) with friends, and 2% (3) with lodgers. 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 four per cent of the people sharing homes with respondents were female, and forty six per cent were male. Forty five per cent of the home sharers were aged 70 years or over (90), 23% (46) were aged 60 < 70 years, 12% (24) were aged 45 < 60 years, 17% (33) were aged 16 < 45 years, and seven were under 16 years old.

#### 1.4 Education:

At their baseline interviews, respondents were asked at what age they had left full time education, there responses from 1989 are shown in Table 3.

Table 3: Age on leaving full time education

<u>Age</u>	<u>%</u>	<u>(n)</u>
< 14 years	7	(24)
14 < 16 years	83	(269)
16 < 18 years	6	(20)
18 < 21 years	2	(5)
Over 21 years	2	(6)
<u>No. of respondents</u>		<u>(324)</u>

Two per cent (7) had a degree, 4% (12) had school leaving matriculation, 4% (12) had other qualifications, but the majority (90%, 299) had left full time education with no qualifications.

#### 1.5 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, 16% (27) said less than £50 a week, 66% (110) said £50 < £70 a week, 10% (16) said £70 < £100 a week, and 8% (14) said £100 or more a week; of those couples who responded, 19% (17) said less than £80 a week, 36% (32) said £80 < £100 a week, 43% (39) said £100 < £200 a week, and 2% (2) said £200 or more a week.

## 1.6 Transport:

Sixty per cent (200) had access to, and regularly travelled in, a car or van: for a third of these (33%, 66) the car or van was owned by a member of their household. Over three quarters (76%, 253) used public transport, but 21% of these (53) experienced problems when travelling this way, and for half of these people (26) the problems limited their activities. Problems included infrequent services, changed routes, distance between bus stops, access to buses, and difficulty obtaining a seat.

## 1.7 Attitudes to the area:

As Table 4 shows, 62% (203) of respondents liked living in the area, while 25% (82) 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 4: 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	67%	62%
Do not like living in the area	22%	25%
Uncertain	11%	13%
<u>No. of respondents</u>	<u>(331)</u>	<u>(326)</u>

Respondents were asked what they liked and disliked about the area. Just over a third (34%, 110) said they liked "everything" or mentioned that they had always lived there; 28% (89) said it was near to family, friends and good neighbours; 23% (74) mentioned the convenience of shops, markets or pubs; 15% (48) mentioned transport and local services; 14% (45) liked the parks, gardens and views; 12% (39) said it was quiet; and, 9% (3) gave other reasons including cleanliness or said it was "nice". Negative attitudes centred around the "deterioration" in the area, dirt and rubbish (32%, 103); 29% (94) spoke of poor local services (including local shops, the inconvenience of the area, and the poll tax); 21% (67) mentioned fear and danger; 9% (29) made reference to ethnic minorities; 8% (27) said they were isolated, and described a lack of "neighbourhood" or problems with neighbours; and, 4% (12) complained about the traffic or the condition of the pavements. Altogether, 15% (48) said they liked nothing about the area.

Five per cent (18) of respondents said they had been burgled in the last twelve months, and 2% (8) had experienced theft or assault in the street.

Forty eight per cent (160) had fears about intruders, going out or opening the door at home, and 32% (106) 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 going outside, crossing the road, and carrying things.

Twenty per cent (67) of respondents said their homes were too far from relatives and friends, 18% (61) had problems with their stairs, 18% (60) had problems with household expenses, 15% (51) had problems with their heating, 14% (46) were not near enough to shops, 8% (26) had problems with their hot water and 25% (83) identified various other problems with their homes.

### 1.8 Moving home:

Over a third (36%, 119) said they wanted to move home, and 10% were on the council transfer list. However, the proportion of the 1991 respondents who said this in 1987 was also high (36%, 120), but in fact only 2% had moved (within Hackney) between the baseline and follow up interviews.

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

Table 5: Approximate distance of possible moves from current accomodation

<u>Distance (miles)</u>	<u>%</u>	<u>(n)</u>
< 5 (local)	24	(29)
5 < 20	32	(38)
20 < 40	15	(18)
40 < 60	4	(5)
60+	8	(10)
Unspecified	20	(24)
<u>No. of respondents</u>		<u>(119)</u>

(N.B. some respondents considered more than one possibility)

Table 5 shows that a quarter of the possible moves were local, and that 20% (24) were unspecified; that is, these respondents had no specific place in mind.

Forty eight per cent (57) of the possible moves would not involve living with anyone else, but 30% (35) would involve living with their spouse, 7% (8) with other relatives, 4% (5) with a daughter, 2% (2) with a son, and 1% (1) would involve living with a friend. The remaining 13% (15) were not sure.

Twenty two per cent (26) of the possible moves would not involve living near to any relatives or established friends, but 22% (26) would involve living near to a daughter, 19% (23) near to other relatives, 14% (16) near to a son, and 8% (9) would involve living near to an established friend. The remaining 19% (23) were not sure.

Table 6 shows the different types of accomodation respondents were considering a move to.

Table 6: Types of accommodation indicated in possible moves

<u>Type of accommodation</u>	<u>%</u>	<u>(n)</u>
Rented accommodation	47	(55)
Sheltered accommodation	18	(21)
Relative/friend's home	8	(10)
Purchased accommodation	4	(5)
Old person's home	3	(3)
Uncertain	14	(17)
<u>No. of respondents</u>		<u>(118)*</u>

(\* one person did not answer the question)

Of the 47% (55) considering a move into rented accomodation, more than half (34) 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, 47% (46) said it would be nearer to or easier for their family, 26% (25) said it would be better or safer, with more modern facilities, 13% (13) mentioned the physical design of the new accommodation (ground floor, one level, smaller etc.), 10% (10) said they would be helped or cared for, 5% (5) said they would have more company or friends nearby, and 13% (13) gave other advantages such as greater independence. Six per cent (6) said there were no advantages in moving.

Of those describing disadvantages of moving, 25% (24) mentioned the process of moving (eg. the upheaval, stress or worry), 10% (10) the affect on relationships, 8% (8) did not want to move at all and were being persuaded, 7% (7) referred to potential physical problems of the new home (eg. long corridors, smaller size), 6% (6) were concerned about the loss of their own homes or independence, and 19% (18) gave other disadvantages such as expense and lack of safety. Thirty eight per cent (37) said there were no disadvantages in moving.

One third of those thinking about moving said that a family member or a professional was trying to persuade them to move (34%, 36).

Eleven respondents had considered, or it had been suggested to them, that a relative, friend or lodger should come and live with them: seven felt quite happy with this, but the other four were not sure about the idea.

The majority of respondents (84%, 276) expected that as they got older they would remain in their own homes, 4% (12) expected to move into institutions, 1% (5) expected other accommodation changes (eg. a move into sheltered accommodation), and 11% (36) were uncertain.

There had been few changes in respondents' household arrangements in the last three years: 15 (5%) had experienced the death of a member of their household, 11 (3%) had had people moving out of their household, 5 (2%) had moved home (within Hackney), in three cases people had moved in with respondents (friends or relatives, as opposed to lodgers), and 3 (1%) had let off a room.

Of the five that had moved, most (3) had moved less than a mile from their previous home. Two moved due to difficulty with stairs, two moved to get away from noisy neighbours and one moved due to retirement (accommodation was linked to job). Most of the moves were initiated by the respondents themselves, in one case the move was suggested by a neighbour.

The majority said the advantage of the move had been better safety or security, peace and quiet, and joining a better neighbourhood or community: others had moved closer to family or friends.

The most frequently mentioned disadvantage of the moves had been the loss of friends: other things mentioned included the actual process of moving, problems with the design of the new home (in one case the bath was now too deep for the respondent to get into), or the need for repairs to be carried out.

All but one respondent was now happy about the move. The one respondent who had not yet settled had moved through a council transfer into sheltered accommodation that she and her husband had been waiting for for two years; her husband had died two days before the transfer came through, and she moved within weeks of his death. Six months on, she said "I'm acclimatizing now".

## 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:

The majority of respondents (97%; 323) listed someone in the Social Network Scale as "significant in their lives with whom they had at least monthly, face to face, contact", and nearly two thirds of the respondents mentioned four or more people (64%, 211).

Table 7 shows the size of the respondents social networks, and table 8 compares the sizes the respondents networks in 1991 with the size of their networks at their interviews in 1989.

Table 7: Number of significant contacts

<u>No. of people</u>	<u>%</u>	<u>(n)</u>
None	3	(9)
One	10	(32)
Two	12	(41)
Three	11	(39)
Four	15	(49)
Five	10	(33)
Six	9	(28)
Seven	9	(28)
Eight	4	(14)
Nine	3	(11)
Ten	3	(10)
Eleven to twenty	11	(38)

No. of respondents (332)  
Mean network size: 4.65 network members

Table 8: Comparison of respondents' network sizes in 1989 (survivors) and 1991

<u>No. of people</u>	<u>1989 (survivors)</u>	<u>1991</u>
None	-	3%
One to three	40%	33%
Four to six	48%	34%
Seven to nine	9%	16%
Ten to twenty	3%	14%
<u>No. of respondents</u>	<u>(326)</u>	<u>(332)</u>

There had been some changes in the size of respondents networks during the two years between the interview periods; respondents social networks have generally expanded, but 3% (9) appear to have lost their social networks completely since 1989.

## 2.2 Density of network:

Of those with more than one network member, 24% (67) had completely integrated social networks (20% 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).

Thirty per cent (85) had networks which were 50-99% integrated (26% of all respondents), 28% (79) had networks which were 30-49% integrated (24% of all respondents), and 10% (29) had networks which were 10-29% integrated (9% of all respondents). The average network was 55% integrated.

Eight per cent of those with 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:

Eighty seven per cent (288) of respondents had network members who were relatives; 40% (133) had network members who were daughters, and 37% (122) had network members who were sons, and 75% (249) had network members who were other relatives.

Ninety two per cent (307) identified network members who they felt they could confide in and turn to for help in an emergency (confidantes): most of these respondents (59%, 182) indicated one or two people in their network who were in this role; these people were usually relatives (70% of the individuals who were identified as confidantes of the respondents, were also relatives of the respondents).

Seventy nine per cent (260) identified network members who gave them most help and support: most of these respondents (76%, 198) indicated one person in their network who was in this role; these people were usually relatives (80% 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 more than two thirds of their network members (70%) at least once a week, and just under two thirds (63%) of their network members lived less than 5 miles away. Twelve per cent of the face to face contacts with network members were monthly only, and 8% of network members lived twenty or more miles away.

Over a third of responders (37%, 121) 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: 37% (45) mentioned one and 24% (29) mentioned two.

## 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: half (50%, 165) of the respondents said "yes". Sixty per cent (99) of these respondents described one relationship change, 27% (44) described two relationship changes, and 13% (22) described three or more relationship changes since the baseline interview. When asked whether anyone close to them had died in the last year, 26% (86) of respondents said "yes".

The changes experienced most commonly were those in relationships with friends or neighbours (38%, 94), followed by siblings (24%, 59), other relatives (21%, 52), spouses (8%, 20), daughters (7%, 16), and then others (2%, 5).

Respondents identified the cause of these changes to include death (52%, 124), illness or accidents (21%, 51), moving away (10%, 25), arguments or "falling outs" (9%, 21), and other reasons (8%, 19) eg. retirement, or an increase in other responsibilities ie. taking on a/another caring role.

The affects of the changes included loss of friendship and comfort (35%, 82), feelings of worry, anxiety or upset (including bereavement) (35%, 82), loss of practical help (6%, 15), and a variety of other reasons (9%, 22). Fourteen per cent (33) said the relationship change had not affected them in anyway.

## 2.6 Other identified support:

Ninety six per cent (320) of respondents named a relative or a friend who would help them if they needed it; 88% (289) named a friend or a relative who understood them; 94% (311) named a friend or relative who showed they cared about them; 84% (273) named someone they could really count on to listen when they needed to talk; 78% (258) felt they were an important part of someone's life; and 70% (229) named someone who would comfort them when they needed it.

## 2.7 Frequency of face to face social contacts:

Seventy two per cent (239) said they spoke (face to face) to a relative, friend or neighbour (not necessarily from their social network) daily, 21% (71) spoke less than daily but more than weekly, 5% (16) spoke at least weekly and 2% (5) spoke less often. No one said they "never" spoke to anyone.

## 2.8 Telephone contacts:

Ninety one per cent (301) of respondents had their own telephone; seven respondents had access to a payphone in their home, and two had made arrangements with neighbours to borrow their telephones when required. Just 7% (22) had no access to a private telephone or payphone in their own home or the home of their neighbour.

Table 9 shows that 82% (269) of respondents spoke at least weekly to a relative, friend or neighbour on the telephone.

Table 9: Frequency of telephone contacts

<u>Frequency</u>	<u>%</u>	<u>(n)</u>
Daily	33	(108)
More than weekly (but less than daily)	37	(120)
Weekly	12	(41)
Less often	13	(44)
Never	5	(16)
<u>No. of respondents</u>		<u>(329)</u>



## 2.9 Satisfaction with social contacts:

Twenty three per cent (73) said they would like to see more of their relatives, 20% (48) said they would like to see more of their children, and 18% (53) of respondents said they would like to see more of their friends. One person said they saw too much of their relatives, and two people said they saw too much of their friends.

Table 10 shows the how often respondents said they felt lonely in 1989 and 1991; for 14% 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 (12%).

Table 10: 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	67	(222)	64	(211)
Sometimes	21	(69)	22	(72)
Often	10	(32)	9	(29)
All/most of the time	2	(6)	5	(19)
<u>No. of respondents</u>		<u>(329)</u>		<u>(331)</u>

Twelve per cent (40) of respondents said they felt they were a burden to someone: 39% (15) of these referred specifically to other relatives, 21% (8) to "everyone" (including "the state"), 13% (5) to their sons, 13% (5) to their family generally, 8% (3) to their daughters, 3% (1) to friends or neighbours, and 3% (1) to professionals or the local community.

## 2.10 Activities:

Respondents were asked about regular attendance at clubs and groups: 11% (36) regularly went to church, 8% (28) to meeting places for elderly people other than lunchclubs, 5% (16) to tenants' or residents' associations, 2% (7) to lunch clubs, and 19% (64) regularly went to "other clubs" (ie. clubs not specifically for oldr people). Six per cent went to more than one "other club".

Table 11: Number of clubs/associations attended

<u>Number of clubs/associations</u>	<u>%</u>	<u>(n)</u>
None	64	(213)
One	26	(86)
Two	7	(23)
Three	2	(7)
Four or more	1	(3)
<u>No. of respondents</u>		<u>(332)</u>

Table 11 shows that just under a third of responders attended at least one club or association (including church) regularly; one respondent attended seven different clubs/associations.

Respondents were asked what other things they usually did during the day or evening. Table 12 illustrates their reported regular activities.

Table 12: Regular activities

<u>Activity</u>	<u>1989 (survivors)</u>		<u>1991</u>	
	<u>%</u>	<u>(n)</u>	<u>%</u>	<u>(n)</u>
TV/radio	90	(297)	86	(287)
Shopping	76	(253)	73	(240)
Reading	62	(205)	65	(215)
Walking	54	(177)	51	(166)
Visiting people	39	(128)	43	(141)
Clubs or other activities	36	(116)	32	(104)
Crafts	23	(75)	24	(79)
Games	13	(42)	20	(67)
Trips out	*		19	(62)
Voluntary or paid work	*		10	(33)
Pub	*		6	(18)

No. of respondents (324-332) (326-332)

(\* these categories of activities were not asked about in 1989)

The percentages carrying out these regular activities were similar to those at their baseline interviews in 1989. However, in 1991 27% (90) of respondents regularly reported doing "nothing-just sitting" while 24% (77) referred to doing "nothing-just sleeping". In 1989 these use of time were mentioned far less frequently, by only 9% (31) and 11% (37) respectively.

Ninety per cent (300) of respondents said they received visitors. The types of visitors were fairly evenly distributed between children, friends, and other relatives (30% (198), 33% (214), and 37% (244) respectively), however it appears that they were most frequently visited by friends, followed by children and then by other relatives: 75% (161) of visits from friends, 59% (116) of visits from children, and 43% (106) of visits from other relatives occurred on at least a weekly basis.

When asked how they would ideally like to spend their time now, 39% (127) of respondents said "just as I am". However, 15% (49) said they would like to be able to go on holiday or travel, 11% (37) said they would like to go out more (locally - to the shops or the pub), 7% (22) would like to be by the seaside or in the countryside, 6% (18) said they would like to be in someones' company or with their family more, and the remainder gave a variety of other ways in which they would like to be spending their time.

### **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: 18% (57) said excellent (57), 45% (147) said fair, 32% (103) said fair, and 5% (15) 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 nine per cent (128) of respondents said they had a long-standing illness, disability or infirmity, and 29% (97) of all respondents (75% of those with a long-standing illness) said this limited their activities. Fifteen people mentioned more than one long-standing illness (5% of all responders; 12% of those with at least one long-standing illness).

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 Hackney figures suggesting either a methodological difference, or that Hackney residents are less likely to report chronic illness.

The proportion of respondents in Hackney 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: 47% (59) of those who said "yes" to the long-standing illness question rated their health as "excellent" or "good", and 26% (51) of those who said "no" to the long standing illness question rated their health as "fair" or "poor".

Thirty three per cent (108) 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", almost half (49%, 53) rated their pain at six or more.

Twenty nine per cent (96) of respondents had experienced a major illness, 9% (31) an operation and 17% (55) a major 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 13 shows the most common problems reported by respondents, these included aches/pains/stiffness in muscles and joints (63%), trouble with feet (38%), difficulty breathing (37%), and problems with eyesight (even with glasses on) (31%).

Table 13: Reported health problems

<u>Problems with:</u>	<u>%</u>	<u>(n)</u>
Aches/pains/stiffness in muscles/joints	63	(208)
Feet	38	(126)
Breathing	37	(123)
Eyesight	31	(102)
Nerves/stress/depression	29	(96)
Sleeping	28	(94)
High blood pressure	27	(85)
Hearing	26	(86)
Forgetfulness	24	(81)
Giddiness	22	(73)
Urinary incontinence	17	(57)
Chest pains	17	(55)
Indigestion	15	(48)
Skin	13	(43)
Headaches	11	(38)
Confusion	11	(36)
Constipation	10	(34)
Abdominal pain/discomfort	9	(31)
Other heart conditions	9	(29)
Piles	8	(25)
Appetite	8	(25)
Leg ulcers	7	(23)
<u>No. of respondents</u>	<u>(317-332)</u>	

Figure 1 gives a graphical comparison with the respondents reported symptoms in 1989: the main difference appears to be the greater number of self-reported respiratory conditions, however the difference between the two years is less than 20%.

Table 14 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.



FIGURE 1

# REPORTED HEALTH PROBLEMS 1989 & 1991

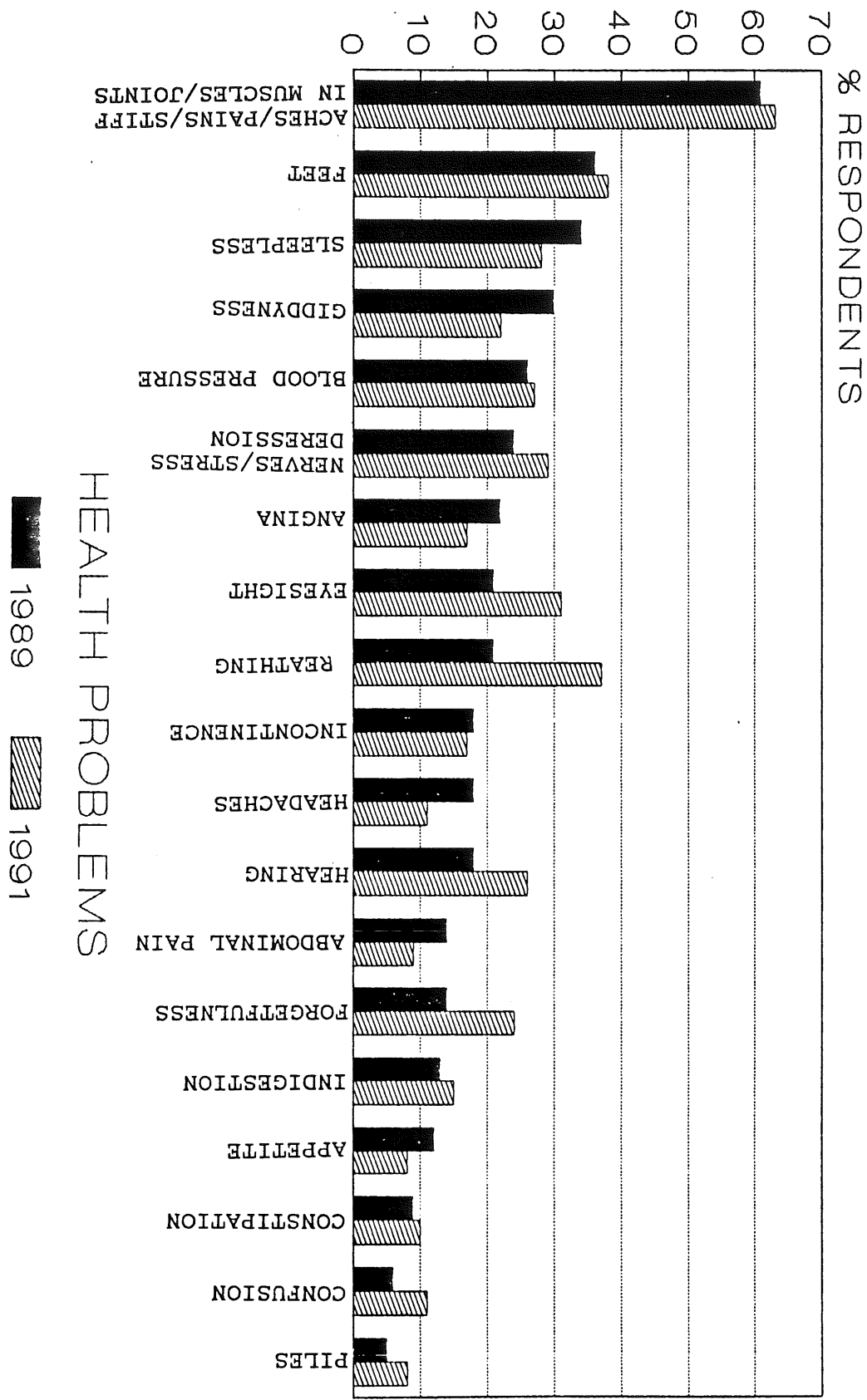


Table 14: Length of time respondents reported that they had had specified health problems.

<u>Problems with:-</u>	<u>Less than 6 months</u>		<u>6 months &lt; 2 years</u>		<u>2 years+</u>	
	<u>%</u>	<u>(n)</u>	<u>%</u>	<u>(n)</u>	<u>%</u>	<u>(n)</u>
Eyesight	7	(7)	32	(30)	61	(57)
Hearing	10	(8)	18	(14)	72	(55)
Feet	13	(15)	13	(15)	74	(83)
Nerves/stress/depression	18	(15)	18	(15)	64	(54)
Forgetfulness	23	(15)	33	(21)	44	(21)
Confusion	23	(6)	42	(11)	35	(9)
Breathing	11	(12)	22	(24)	67	(73)
Incontinence	16	(7)	31	(14)	53	(24)
Constipation	10	(3)	24	(7)	66	(19)
Alternately loose/constipated	19	(3)	25	(4)	56	(9)
Passing blood/tar	-	-	-	-	100	(2)
Piles	10	(2)	10	(2)	80	(17)
Indigestion	9	(4)	14	(6)	77	(33)
Abdominal pain	19	(6)	16	(5)	65	(20)
Vomiting blood	67	(2)	-	-	33	(1)
Leg ulcer	19	(4)	24	(5)	57	(12)
Aches/pains/stiff muscles/joints	14	(25)	27	(51)	59	(110)
Sleeplessness	8	(6)	20	(16)	72	(56)
Loss of appetite	48	(10)	9	(2)	43	(9)
Headaches	33	(10)	10	(3)	57	(17)
Chest pains	9	(4)	23	(11)	68	(32)
Giddiness	22	(14)	30	(19)	48	(31)
Skin	18	(7)	12	(5)	70	(28)
<u>No. of respondents</u>	<u>(2-186)</u>					

Forgetfulness and confusion appear to be problems that have arisen mainly over the last two years, that is since the baseline interviews in 1989, along with loss of appetite, and giddiness. As would be expected, the more acute conditions, such as vomiting blood, tended to be recent complaints.

Thirty four respondents (10%) reported having been diagnosed as diabetic, sixteen (5%) reported respiratory problems other than difficulty breathing, and 27% (85) said they had hypertension, although several respondents commented that they did not know whether or not they had a problem with their blood pressure.

Twelve per cent (39) reported having had a heart attack: four of these occurred in the month previous to the interview; two occurred between one and six months prior to the interview; four were between six months and one year prior to the interview; eight were between one and two years prior to the interview; four were between two and five years prior to the interview; and, the remainder occurred more than five years ago. Therefore sixteen respondents had reported having had a heart attack since their baseline interview.

Five per cent (15) of respondents reported having had a stroke: two of these occurred between six months and one year prior to the interview; two were between one and two years prior to the interview; four were between two and five years prior to the interview; and, the remainder occurred more than five years ago. Therefore four respondents had reported having had a stroke since their baseline interview.

Respondents were asked whether they had any other problems with their health. Twelve per cent (40) said "yes", and seven of these reported having more than one other health problem. These other problems were coded using the International Classification of Diseases (9th version): four respondents reported anaemia, four reported suffering with cramp, four reported over/under active thyroids, three reported varicose veins, 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.

Eighty per cent (265) of respondents were taking medication prescribed by their doctors: table 15 shows the number of different prescribed medications that respondents were taking in 1989 and 1991. It appears that slightly more respondents (8%) were taking medications in 1991 than in 1989.

Table 15: 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	28	(94)	20	(67)
One	23	(75)	22	(73)
Two	15	(49)	21	(69)
Three	19	(62)	17	(56)
Four	6	(18)	10	(32)
Five	5	(17)	4	(14)
Six	2	(8)	4	(15)
Seven	2	(8)	2	(6)
<u>Number of respondents</u>		<u>(331)</u>		<u>(332)</u>

The average number of prescribed medications for each respondent was 2.5 different medications in 1991, and 1.9 medications in 1989 (for the survivors).

The most frequently prescribed medication type was cardiovascular and diuretic drugs (31% of all prescribed drugs, n=234), followed by analgesics (14%, 108), respiratory or anti-allergics (10%, 75), gastro intestinal drugs (9%, 71), psychotropics (8%, 62), endocrinological drugs (6%, 47), anti-rheumatoid drugs (6%, 44), drugs affecting nutritional state or the blood (5%, 36), drugs affecting the skin, eyes or mucous membranes (2%, 18), anti-microbials (1%, 9), and other drugs (3%, 24).

Psychotropics were classified according to type. Of the 62 prescribed, 23 were minor tranquillisers, 2 were major tranquillisers, 8 were antidepressants, and 29 were other psychotropic drugs.

### 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 16: 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	76	(234)	69	(183)
4-5 THRESHOLD	8	(26)	12	(31)
6-9	9 )	(27)	8 )	(20)
10-16	6 ) 16%	(18)	8 ) 17%	(22)
17-28	1 )	(4)	1 )	(4)
<u>Number of respondents</u>		<u>(310)</u>		<u>(264)</u>

Table 16 shows that the proportion of respondents scoring over the threshold was 17% (46) in 1991 indicating that they are probably psychiatrically disturbed (16% (49) of these respondents scored over the threshold in 1989). At the symptom checklist a higher proportion than this reported suffering from nerves/stress/depression (29%, 96), and cross tabulation showed that a smaller proportion of these respondents (38%, 28) 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 a case.

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 17 shows the total positive life satisfaction scores of the respondents in 1991. Forty five per cent of respondents scored at or above the average, 55% therefore scored below the general population average of 14. The average score for respondents was 12.628 which is slightly lower than the average for the general population.

Table 17: Total positive life satisfaction scores in 1991

<u>SCORES</u>	<u>1991</u>	
	%	(n)
0	-	-
1-6 low satisfaction	8	(21)
7-9 low satisfaction	9	(24)
10-13 low satisfaction	38	(104)
14-17 average to high satisfaction	40	(111)
18-20 high satisfaction	5	(14)
<u>No. of respondents</u>		<u>(274)</u>

Mean score: 12.628

Table 18 shows the responses agreeing with the individual positive items of the Neugarten life satisfaction scale in 1991, indicating satisfaction with those items.

Table 19 shows the responses disagreeing with the individual negative items of the Neugarten life satisfaction scale in 1991, indicating satisfaction with those items.



Table 18: 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	54	(n=162)
I have had more luck in life than most of the people I know	65	(n=194)
I am just as happy as when I was younger	53	(n=160)
These are the best years of my life	31	(n=93)
I expect some interesting and pleasant things to happen to me in the future	67	(n=199)
The things that I do today are as interesting to me as they ever were	68	(n=205)
I feel my age but it does not bother me	49	(n=145)
As I look back on my life, I am fairly well satisfied	87	(n=262)
I would not change my past life even if I could	65	(n=194)
Compared to other people my age I look smart when I am dressed	90	(n=270)
I have made plans for things I'll be doing a month or a year from now	47	(n=140)
I've had just about what I expected out of life	74	(n=221)
<u>No. of respondents</u>	<u>(298-301)</u>	

Table 19: 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	68	(n=204)
My life could be happier than it is now	42	(n=126)
Most of the things I do are boring and monotonous	80	(n=240)
These are the best years of my life	66	(n=198)
I have made plans for things I'll be doing a month or a year from now	66	(n=196)
I feel old and somewhat tired	65	(n=194)
Compared to other people my age I've made a lot of foolish decisions in my life	67	(n=202)
Compared to other people I get down in the dumps too often	84	(n=251)
In spite of what people say the life of the average person is getting worse not better	45	(n=133)
<u>No. of respondents</u>	<u>(298-301)</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; accomodation; activities; independence; control over their lives; social contacts; health; and, quality of life.

Table 20: Delighted Terrible Faces scale

Items:	% selecting faces:						
	A	B	C	D	E	F	G
	Delighted			Neutral			Terrible
	%	%	%	%	%	%	%
Life as a whole	25	27	32	9	4	2	1
Accomodation	22	27	28	11	3	2	7
Activities	17	28	26	18	6	4	1
Independence	27	28	23	13	6	2	1
Autonomy/control	27	24	24	14	7	3	1
Social contacts	28	30	22	11	4	2	3
Health	22	23	20	17	11	4	3
Quality of life	20	28	30	11	5	3	3
No. of respondents	(259-261)						

The greater percentage of "terrible" responses to the question about health (see table 20) 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: 28% (90) said "nothing", 20% (64) referred to their health, disability or immobility, 17% (57) spoke of financial worries (4% (13) referred more specifically to the poll tax), 8% (27) were concerned about their family's or another family member's health, 5% (17) spoke of difficulties in getting adaptions/repairs for their homes, 5% (15) referred to family problems or troubles, and the reaminder spoke of a variety of other worries or problems (including being alone, desire to move, further ageing and death, and their declining ability to look after themselves). Two people said they were worried about "everything".

iv) Attitudes to their age:-

Respondents were asked whether they felt young, middle aged or elderly: 38% (109) said they felt young, 34% (98) felt middle aged, 17% (49) felt elderly, and 11% (32) said the way they felt varied day-by-day.

When asked what the best things about being their age were, 18% (59) were enjoying their retirement and increased leisure time, 13% (45) described their longevity, good health and mobility, 11% (38) mentioned relationships with family and friends, 7% (22) liked their independence or autonomy, 19% (65) gave other more general factors such as experience of life, or that by virtue of their age they were close to death. Twenty two per cent (74) said there were no good things about being their age, and 10% (38) said that it was no different from being any other age or that they had never thought about it (percents do not total 100 as respondents could give more than one answer).

When asked what the worst things about being their age were, 51% (164) described physical disabilities (apart from sight/hearing), 8% (25) mentioned loneliness or a lack of visitors, 3% (11) said they were depressed, bored or "fed up", 2% (7) spoke of fear or danger, 2% (6) referred to loss of hearing and/or sight, 2% (6) mentioned loss of independence or autonomy, and 28% (90) referred to other factors such as recalling memories, their financial situation, and world affairs. Fifteen per cent (47) said that there were no bad 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, personeal 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 21 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 (66%, 219), climbing stairs/steps (57%, 188), and cutting toe nails (54%, 180), however, these figures reflect a wide range of difficulty from "slight difficulty" to "unable to do at all".

Table 21: Proportions of respondents experiencing some 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	52	(171)	66	(219)
Climbing stairs/steps	51	(167)	57	(188)
Cutting toe nails	47	(154)	54	(180)
Shopping	33	(108)	45	(148)
Housework	37	(124)	43	(142)
Getting in/out of the bath	38	(126)	43	(142)
Filling in forms and writing	23	(76)	41	(136)
Getting around outdoors	30	(90)	38	(126)
Using public transport	30	(98)	38	(124)
Laundry	33	(109)	35	(115)
Bathing self	23	(76)	32	(107)
Getting in/out of a chair	21	(69)	25	(84)
Handling pension/money	20	(65)	22	(73)
Washing hair	14	(48)	20	(67)
Prepare/cook a meal	18	(59)	19	(63)
Getting in/out of bed	14	(48)	17	(58)
Getting around indoors	17	(55)	14	(47)
Dressing self	12	(39)	12	(39)
Washing self	10	(33)	10	(33)
Use toilet/commode	9	(29)	6	(21)
Brushing/combing hair	2	(8)	5	(15)
Eating/cutting up food	5	(17)	5	(15)
Managing teeth/dentures	3	(9)	3	(11)
Other tasks	2	(5)	2	(6)
<u>Number of respondents</u>	<u>(329-332)</u>		<u>(328-332)</u>	

Table 21 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 except for filling in forms and writing; this was difficult for 23% of respondents in 1989, it was difficult for a greater percentage, 41%, of the same group in 1991.

Table 22 shows the proportions of respondents having "severe difficulty" to "unable to do at all" the tasks asked about. Odd jobs (51%, 168), cutting toe nails (39%, 128), filling in forms and writing (28%, 94), shopping (26%, 87), and getting in/out of the bath (26%, 87) were the tasks most likely to cause serious problems.

Table 22: Proportions of respondents experiencing the degrees of difficulty "severe difficulty" to "unable to do at all" with tasks.

<u>Tasks</u>	<u>Respondents experiencing "severe difficulty" to "unable to do at all"</u>	
	<u>%</u>	<u>(n)</u>
Odd jobs	51	(168)
Cutting toe nails	39	(128)
Filling in forms and writing	28	(94)
Shopping	26	(87)
Getting in/out of the bath	26	(87)
Using public transport	23	(77)
Laundry	22	(74)
Climbing stairs/steps	22	(73)
Housework	22	(72)
Bathing self	21	(71)
Getting around outdoors	17	(57)
Handling pension/money	15	(50)
Washing hair	11	(36)
Prepare/cook a meal	7	(24)
Getting in/out of bed	4	(14)
Dressing self	4	(13)
Washing self	4	(12)
Getting in/out of a chair	4	(12)
Use toilet/commode	2	(7)
Getting around indoors	2	(6)
Eating/cutting up food	2	(6)
Brushing/combining hair	2	(5)
Other tasks	1	(3)
Managing teeth/dentures	*	(2)
<u>Number of respondents</u>		<u>(328-332)</u>
(*=less than 1%)		

### 3.5 Help with tasks:

Of the tasks that respondents had difficulty with, the one they were most likely to receive help with was shopping: 93% (138) of those with a difficulty received help with this. Similarly, 93% (126) of those with a difficulty with filling in forms and writing; 90% (104) with laundry; 90% (66) with handling pension/money; 87% (190) with odd jobs; 85% (120) with housework; 79% (53) with washing their hair; 74% (180) with cutting their toe nails; and, 68% (43) with preparing/cooking a meal.

Help was also received by 42% (19) of those with a difficulty with washing self; 40% (6) with eating/cutting up food; 36% (14) with dressing self; 36% (4) with managing teeth/dentures; 33% (42) with getting around outdoors; 33% (7) with using a toilet/commode; 28% (30) with bathing self; 27% (35) with using public transport; 24% (34) with getting in/out of the bath; 20% (3) with brushing/combing hair; 19% (9) with getting around indoors; 15% (11) with getting in/out of a chair; 14% (8) with getting in/out of bed; 13% (24) with climbing stairs/steps; and, 67% (4) with other tasks.

These percentages were very similar to these respondents' 1989 figures, except for: preparing and cooking a meal (the 1989 percentage was 81%, compared to the 1991 percentage of 68%); washing self (27%:42%); eating/cutting up food (59%:40%); and using public transport (27%:40%). As can be seen, the changes in these percentages were not always in the same direction, some percentages increased and some decreased.

Table 23 shows the number of tasks respondents had help with, regardless of the degree of difficulty they experienced with tasks. Seven respondents had help with fifteen or more tasks.



Table 23: Number of tasks which respondents had help with

<u>Number of tasks</u>	<u>%</u>	<u>(n)</u>
None	24	(79)
One	16	(52)
Two	12	(40)
Three	9	(30)
Four	9	(29)
Five	6	(19)
Six	7	(23)
Seven	3	(10)
Eight	4	(13)
Nine	2	(8)
Ten	2	(6)
Eleven or more	7	(22)
<u>No. of respondents</u>		<u>(332)</u>

Table 24 shows that help was given by a variety of people.

Professionals were the main helpers with cutting toe nails, housework, washing hair, shopping, odd jobs, handling money/collecting pension, brushing hair, and bathing.

Other relatives (than children) who shared the respondents home with them were the main helpers with cooking/preparing a meal, laundry, eating/cutting up food, dressing, using a toilet, washing self, getting about indoors, getting in/out of bed, getting in/out of the bath, rising from a chair, and climbing stairs and steps.

Respondents who's children did not share their homes with them were the main helpers with managing teeth/dentures, getting about outdoors, and filling in forms and writing.

Help with using public transport was provided mainly by friends or neighbours who did not share the respondents' homes with them.

Table 25 shows how often respondents were given help with specific tasks.

**Table 24: Help given by professionals, relatives and friends, with tasks which respondents experienced difficulty with.**

Tasks	No help % (No.)	Professional % (No.)	Non home sharers			Home sharers			No. of respon- dents %(No.)
			Friend/ neighbour % (No.)	Son/ daughter % (No.)	Other relative % (No.)	Friend/ neighbour % (No.)	Son/ daughter % (No.)	Other relative % (No.)	
Getting in/out of bed	85(50)	3(2)	2(1)	-( -)	2(1)	-( -)	-( -)	8(5)	(59)
Rising from a chair	87(73)	1(1)	-( -)	-( -)	1(1)	1(1)	3(2)	7(6)	(84)
Climbing stairs & steps	90(164)	2(3)	2(3)	2(3)	*(1)	-( -)	2(3)	2(5)	(183)
Using a toilet	66(14)	5(1)	-( -)	5(1)	5(1)	-( -)	-( -)	19(4)	(21)
Washing self	56(19)	12(4)	3(1)	-( -)	6(2)	-( -)	9(3)	14(5)	(34)
Bathing self	73(77)	8(8)	-( -)	4(4)	2(2)	-( -)	5(6)	8(8)	(105)
Getting in/out of bath	77(108)	7(9)	-( -)	2(3)	2(3)	-( -)	4(6)	8(11)	(140)
Dressing self	66(25)	5(2)	3(1)	-( -)	5(2)	-( -)	-( -)	21(8)	(38)
Brushing/combining hair	70(12)	12(2)	-( -)	6(1)	6(1)	-( -)	-( -)	6(1)	(17)
Washing hair	21(4)	46(30)	1(1)	6(4)	9(6)	-( -)	6(4)	11(7)	(66)
Cutting toe nails	26(47)	58(104)	1(2)	3(6)	3(5)	2(3)	2(4)	5(9)	(180)
Managing teeth/dentures	88(7)	-( -)	-( -)	12(1)	-( -)	-( -)	-( -)	-( -)	(8)
Eating/cutting up food	64(9)	-( -)	-( -)	-( -)	14(2)	-( -)	-( -)	22(3)	(14)
Cooking/preparing a meal	32(20)	16(10)	3(2)	5(3)	9(6)	-( -)	8(5)	27(17)	(63)
Housework	15(22)	54(76)	*(1)	5(7)	6(4)	-( -)	8(11)	12(17)	(140)
Laundry	9(11)	21(24)	7(8)	18(21)	15(17)	-( -)	7(6)	23(26)	(114)
Shopping	7(10)	32(47)	7(10)	15(22)	10(14)	-( -)	9(13)	20(29)	(145)
Handling money/pension	10(7)	25(18)	13(9)	8(6)	17(12)	-( -)	7(5)	20(14)	(71)
Getting about indoors	83(38)	2(1)	2(1)	-( -)	-( -)	-( -)	4(2)	9(4)	(46)
Getting about outdoors	67(84)	7(9)	3(4)	8(10)	4(5)	-( -)	4(5)	7(8)	(125)
Using public transport	72(89)	2(2)	8(10)	5(6)	5(6)	-( -)	2(2)	6(8)	(123)
Odd jobs	13(29)	27(59)	14(30)	14(30)	12(27)	*(2)	7(15)	12(23)	(219)
Filling in forms and writing	7(10)	11(15)	8(11)	27(37)	15(20)	1(2)	7(9)	24(32)	(136)

(\* = less than 1%)

Table 25: Frequency with which help was given with tasks

Task	Daily % (No.)	<Weekly % (No.)	Weekly % (No.)	<2 Weekly % (No.)	Less often % (No.)	No. of respondents to each item
Getting in/out of bed	89(8)	11(1)	-( - )	-( - )	-( - )	(9)
Rising from a chair	78(7)	-( - )	-( - )	-( - )	22(2)	(9)
Climbing stairs/steps	28(5)	5(1)	5(1)	5(1)	57(10)	(18)
Using a toilet	83(5)	17(1)	-( - )	-( - )	-( - )	(6)
Washing self	67(10)	20(3)	13(2)	-( - )	-( - )	(15)
Bathing self	11(3)	18(5)	41(11)	15(4)	15(4)	(27)
Getting in/out of bath	3(1)	23(7)	42(13)	13(4)	19(6)	(31)
Dressing self	69(9)	8(1)	-( - )	8(1)	15(2)	(13)
Brushing/combining hair	49(3)	17(1)	-( - )	17(1)	17(1)	(6)
Washing hair	-( - )	4(2)	24(12)	43(22)	29(15)	(51)
Cutting toe nails	1(1)	2(2)	-( - )	2(3)	95(128)	(134)
Managing teeth/dentures	100(2)	-( - )	-( - )	-( - )	-( - )	(2)
Eating/cutting up food	50(3)	-( - )	17(1)	-( - )	33(2)	(6)
Preparing/cooking a meal	69(30)	21(9)	5(2)	-( - )	5(2)	(43)
Housework	6(7)	43(52)	47(56)	1(1)	3(4)	(120)
Laundry	-( - )	27(27)	43(43)	14(14)	16(16)	(100)
Shopping	2(2)	57(78)	34(46)	3(4)	4(6)	(136)
Handling money/pension	-( - )	6(4)	89(57)	-( - )	5(3)	(64)
Getting about indoors	43(3)	14(1)	-( - )	-( - )	43(3)	(7)
Getting about outdoors	3(1)	18(7)	25(10)	10(4)	45(18)	(40)
Using public transport	3(1)	17(6)	21(7)	6(2)	53(18)	(34)
Odd jobs	1(2)	-( - )	1(1)	3(6)	95(176)	(185)
Filling in forms and writing	1(1)	1(1)	2(3)	-( - )	96(117)	(122)

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 more often than weekly help was given with shopping; mainly weekly help was given with 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 given (mainly) 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 33%. Most common requests were for help/more help with: cutting toe nails 25% (44), bathing self 22% (23), getting in/out of the bath 21% (28), housework 16% (22), and odd jobs 15% (32).

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 (82%, n=81), rather than from relatives and friends (5%, n=5), or private services (3%, n=3); none of these respondents wanted help from voluntary workers. Four per cent (4) said they would prefer to manage without help/more help, and the remaining respondents were unsure about where they would like help/more help from.

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: 61% (204) said "no". Of the 128 respondents who said "yes", 30% (38) mentioned mobility aids for their homes such as grab rails or trolleys or special chairs, 10% (13) mentioned home helps, 22% (28) said they needed financial help (this included help with the purchase of specific items and an increase in weekly incomes), 8% (10) chiropody, 14% (18) wanted home improvements made such as the installation of running hot water or to move home completely, 5% (6) wanted a window cleaner, 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; 22% (72) said "yes", and six of these (2% of the total sample) reported that they were helping two people.

The majority of these supporters were helping their spouses (36%, n=26), 26% (19) were helping neighbours, 21% (15) were helping other relatives, 14% (10) were helping friends, 7% (5) were helping their sons/daughters, and 4% (3) were helping others. The ages of those being helped ranged from 10 to 98 years, although most were 70 years or over (69%, n=54).

Forty six per cent (33) of these caring respondents were living with the person they were helping, and half (36) provided help on a daily basis. Thirty nine per cent (28) were not "regular" helpers, but were providing help "when it was required".

The main task they gave help with was shopping (17%, 12), followed by housework (10%, 7), and housework (6%, 4). Help was also given with physical care tasks, gardening, visual tasks such as letter writing, collecting pensions, bending and laundry. Nineteen per cent of "carers" (14) could not be specific, and said they gave help with what ever was needed, and 11% (9) said they helped with "everything".

#### **4: USE OF STATUTORY AND VOLUNTARY SERVICES**

##### **4.1 Contact with GP:**

As Table 26 shows, the vast majority of those who reported physical health problems had consulted their GPs over these. Fewer of those with problems with nerves/stress/depression, confusion or forgetfulness had consulted their GPs over these: 59% (57) had consulted over nerves/stress/depression; 42% (15) over confusion; and 19% (81) over forgetfulness.

No clear pattern has emerged in the comparisons of reporting behaviour in 1989 and 1991 (for the same respondents ie. the survivors): reporting increased for confusion (by 13%), hearing problems (by 12%), and aches/pains/stiffness in muscles/joints (by 9%), whereas reporting decreased for appetite problems (by 23%) and breathing difficulties (by 12%).

Table 26: 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>
Abdominal pain/discomfort	89	(42)	94	(29)
Chest pains	96	(70)	89	(49)
Aches/pains/stiffness in muscles/joints	77	(156)	86	(179)
Skin	*		86	(37)
Constipation	83	(25)	85	(29)
Indigestion	81	(34)	83	(40)
Leg ulcers	*		83	(19)
Eyesight	83	(57)	82	(84)
Giddiness	77	(76)	82	(60)
Breathing	97	(66)	81	(100)
Urinary incontinence	75	(44)	79	(45)
Hearing	66	(38)	78	(67)
Feet	78	(94)	76	(96)
Headaches	71	(42)	76	(29)
Piles	69	(11)	68	(17)
Sleeping	63	(71)	61	(57)
Nerves/stress/depression	59	(48)	59	(57)
Confusion	29	(6)	42	(15)
Appetite	59	(23)	36	(9)
Forgetfulness	18	(8)	19	(15)
<u>No. of respondents</u>	<u>(23-208)</u>			

(\* these specific symptoms were not asked about in 1989)

Table 27 compares when respondents last saw their GP at their 1989 interview and their 1991 interview (same respondents).

Table 27: 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	13	(42)	14	(44)
More than 7 days ago, but within the last month	23	(76)	30	(100)
More than a month ago, but within the 3 months	27	(87)	23	(76)
More than 3 months ago	37	(122)	33	(108)
<u>No. of respondents</u>		<u>(327)</u>		<u>(328)</u>

At their 1991 interview, most respondents reported having seen their GPs within the last twelve months (89%; 292), and 44% (144) had consulted within the last month. Fifteen per cent (50) of respondents reported having seen their GP once in the last twelve months, 44% (142) had consulted two to four times, 15% (50) and consulted five to nine times and 14% (44) had consulted ten times or more. Figure 2 gives a graphical comparison with 1989.

#### 4.2 Hospital Services - inpatients:

A fifth of respondents (21%, 70) had been admitted to hospital as inpatients in the last twelve months; 23% (16) of these had been in more than once; admissions were for a variety of reasons, the most frequent reason for admission given being "angina/heart condition" (10% of admissions, n=7).

Length of stay varied considerably. Of those reporting admission to hospital, 80% (56) said their stay was for a week or less, 29% (20) for more than one week but no more than two, 13% (9) for more than two weeks but no more than three, and the remainder for three weeks or more. The average length of stay was 11 days.

#### 4.3 Hospital Services - outpatients:

Forty four per cent (146) had seen a doctor in an outpatients department in the last twelve months. Table 28 shows the number of times respondents had attended; one person had attended the out patients department 30 times in the last twelve months.

FIGURE 2

# GP CONTACTS IN LAST YEAR

## 1989 & 1991

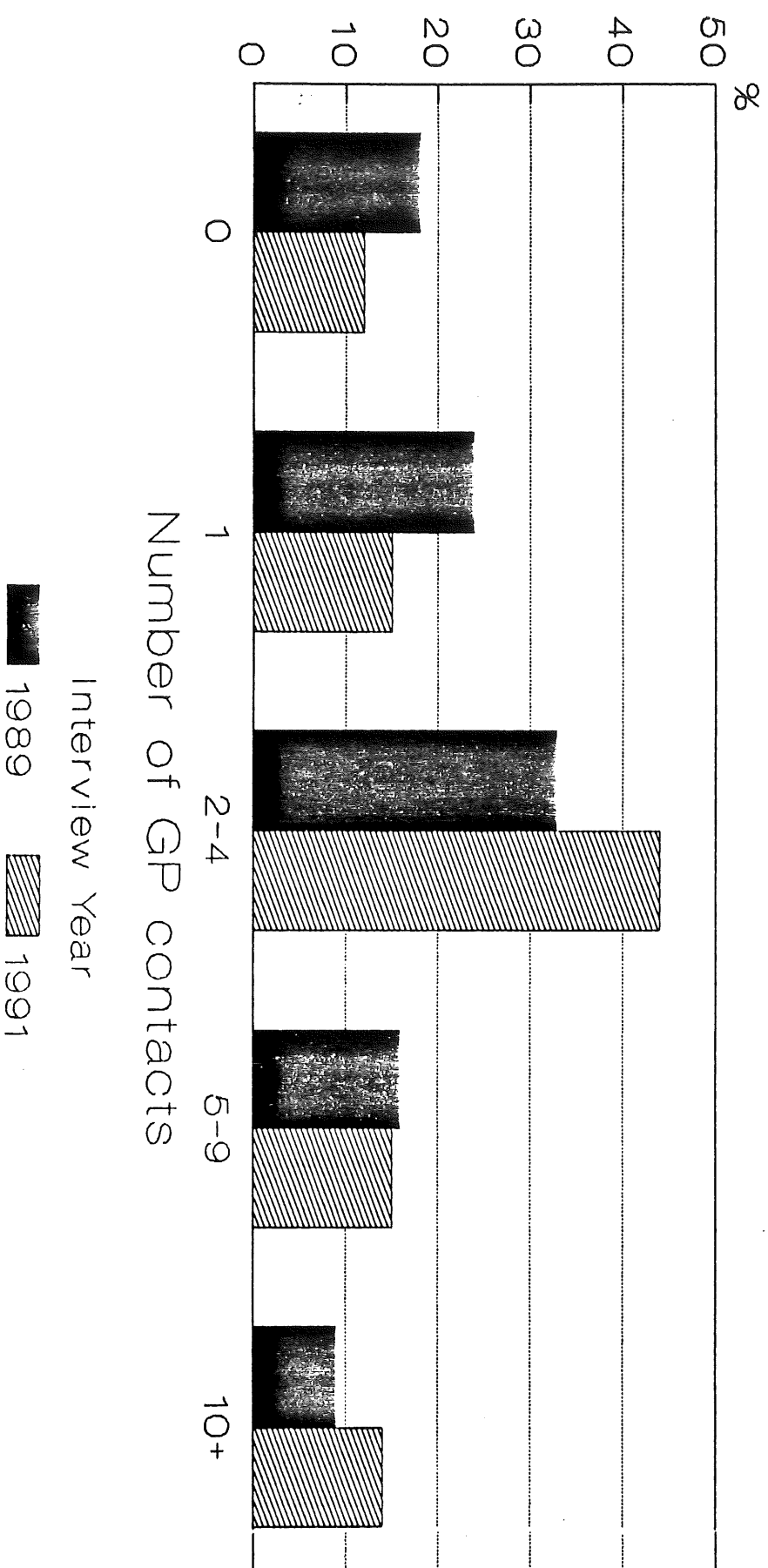




Table 28: Number of out patients' appointments in last twelve months

<u>No. of appointments</u>	<u>%</u>	<u>(n)</u>
One	34	(48)
Two	13	(19)
Three	10	(14)
Four	10	(15)
Five	6	(8)
Six	8	(11)
Seven or more	19	(28)
<u>No. of respondents</u>		<u>(143)</u>

Table 29 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 29: Main reasons for attending out patients

<u>Reasons for attending</u>	<u>%</u>	<u>(n)</u>
Eye conditions	21	(30)
Diagnostic x-ray	13	(19)
Heart condition	13	(18)
Diabetes	10	(15)
Rheumatism	6	(9)
"After a fall"	6	(8)
Prostate problem	6	(8)
Respiratory problem	5	(7)
<u>No. of respondents</u>		<u>(144)</u>

#### 4.4 Other Health and Social Services:

Table 30 shows the percentage of respondents reporting receiving various health and social services; chiropody services were used by over a third of the respondents, and home help services were used by a quarter.

Table 30: Percentage of respondents receiving services

<u>Services</u>	<u>%</u>	<u>(n)</u>
Chiropody	35	(117)
Home help	25	(84)
District nurse/ other home nurse	10	(34)
Social worker	7	(23)
Meals on wheels	5	(16)
Health visitor	4	(12)
Carer relief	3	(8)
Physiotherapy	2	(7)
Voluntary visitor	2	(7)
Occupational therapy	1	(4)
Incontinence laundry	1	(3)
Other services	5	(17)
<u>No. of respondents</u>		<u>(332)</u>

Table 31 shows that meals on wheels and district nursing were the most frequently used services in 1991. 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 31: Frequency of service use

Professional	Daily % (No.)	<daily >weekly % (No.)	Weekly % (No.)	<Weekly >monthly % (No.)	Monthly % (No.)	<Monthly > 3 monthly % (No.)	> 3 monthly % (No.)
Home help	—(-)	50(42)	49(41)	1(1)	—(-)	—(-)	—(-)
Chiropody	—(-)	—(-)	—(-)	3(4)	4(5)	86(101)	5(7)
District/other home nurse	29(10)	15(5)	32(11)	12(4)	—(-)	12(4)	—(-)
Meals on wheels	31(5)	56(9)	—(-)	—(-)	—(-)	13(2)	—(-)
Social worker	45(1)	—(-)	—(-)	5(1)	5(1)	40(9)	45(10)
Health visitor	—(-)	—(-)	—(-)	—(-)	—(-)	75(9)	25(3)
Incontinence Laundry service	—(-)	—(-)	67(2)	—(-)	—(-)	33(1)	—(-)
Occupational therapy	—(-)	20(1)	—(-)	—(-)	—(-)	60(3)	20(1)
Physiotherapy	—(-)	14(1)	14(1)	—(-)	14(1)	29(2)	29(2)
Carer relief/ attendance	11(1)	33(3)	56(5)	—(-)	—(-)	—(-)	—(-)
Optician	—(-)	* (1)	—(-)	—(-)	—(-)	2(4)	98(218)
Dentist	—(-)	1(1)	—(-)	—(-)	—(-)	3(4)	96(114)
Voluntary visitor	—(-)	40(3)	10(1)	25(2)	—(-)	25(2)	—(-)
No. of respondents							3-223

\* = less than 1%

Figure 3 compares self reported use of services in 1989 with 1991, and figure 4 compares their perceived need for services/more services.

Table 32 shows the number of respondents would like/like more services; no one said they would like to see/see more of the meals on wheels or incontinence laundry service.

Table 32: Services respondents said they would like/like more of

<u>Service</u>	<u>%</u>	<u>(n)</u>
Chiropody	44	(48)
Home help	8	(28)
Social worker	6	(21)
Occupational therapist	2	(7)
Voluntary visitor	2	(5)
Physiotherapist	2	(5)
Health visitor	2	(4)
District nurse	2	(4)
Bathing service	2	(4)
Carer relief/attendance schemes	1	(3)
<u>No. of respondents</u>		<u>(332)</u>

More than two thirds, 67% (223), were seeing an optician and more than one third, 36% (112), were seeing a dentist in 1991 compared with 40% and 22% respectively in 1989.

Five per cent (17) of respondents attended a day centre; the majority of these were run by the Local Authority or the Jewish Welfare Board. Most of those going to a day centre were going once or twice a week (65%, 11), and the remainder went three or four times a week.

Eighteen per cent (3) of those attending had been doing so for a year or less (the shortest length of attendance was less than a month), 12% (2) for more than one year but no more than two, 12% (2) for more than two years but no more than four, 12% (2) for more than four years but no more than six, and 24% (4) for six years or more (the remaining four people were not sure how long they had been attending their day centres).

FIGURE 3

# USE OF SERVICES 1989 & 1991

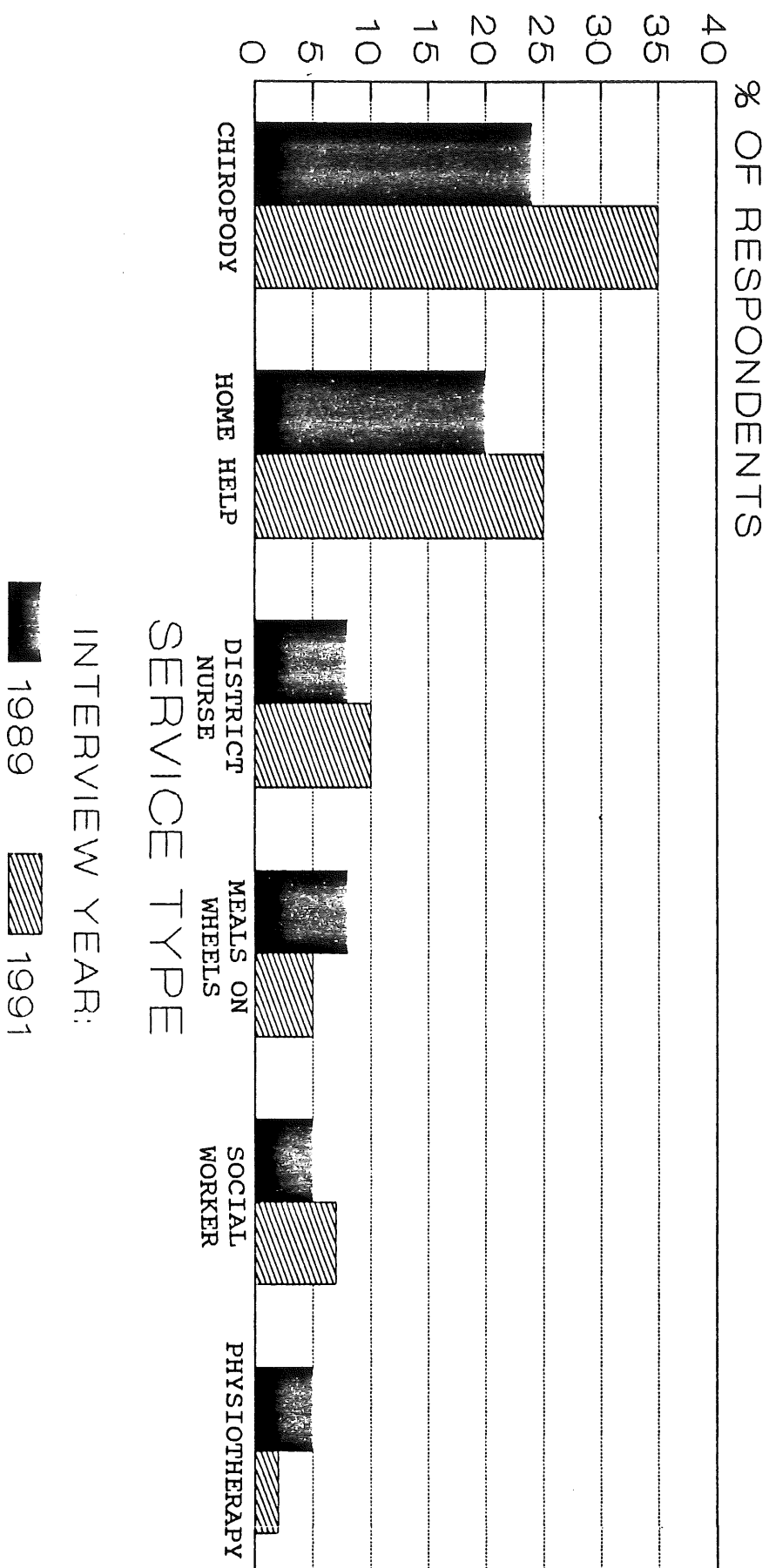
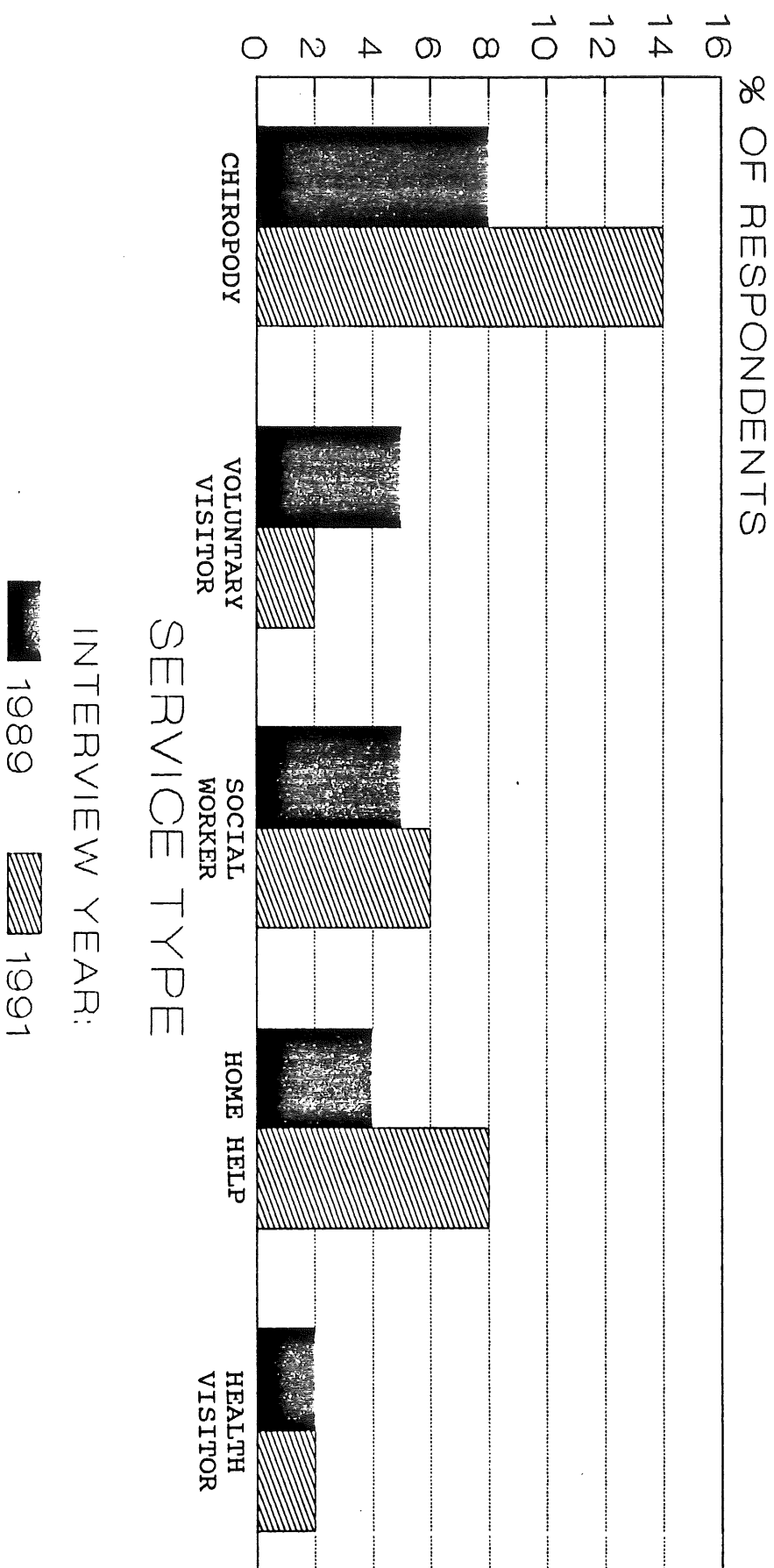


FIGURE 4

# PERCEIVED NEED: SERVICES 1989 & 1991



## SUMMARY & CONCLUSIONS

**Demographic details:** Forty one per cent of respondents were male and 59% were female. Forty four per cent were widowed, and over two thirds of these had been widowed for ten years or more.

**Surviving children:** Seventy two per cent of respondents had living children in 1991; the eldest living child to the group was 65 years old.

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

**Income:** Most individuals had an income of £50 < £70 per week; most couples had an income of £100 < £200 per week.

**Housing:** The majority of respondents in 1991 were council tenants and were living in flats. Half were living alone, and three quarters of those who did not live alone were living with their spouses.

**Transport:** Sixty per cent of the respondents had access to a private car or van, and three quarters used public transport.

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

**Moving home:** Two per cent said they had moved home in the last three years, although just over a third of all 1991 respondents had wanted to move in 1989. Again, in 1991 just over a third wanted to move. The majority of respondents expected that as they got older, they would remain in their own homes.

**Network size:** Ninety seven per cent of the respondents listed a significant other in at least monthly contact, and nearly two thirds of the respondents mentioned four or more people.

**Density of network:** A quarter 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 55% integrated.

**Network composition:** Eighty seven per cent of respondents identified network members who were relatives, 92% identified members who they could confide in or turn to for help in an emergency, and 79% identified members who gave them the most help and support.

**Type of network:** Respondents had face to face contact with more than two thirds 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:** Half 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, and felt they were an important part of someone's life. Just over two thirds named someone who would comfort them when they needed it.

**Frequency of face to face social contacts:** Ninety three per cent of respondents said they spoke to someone face to face more often than weekly, and over eighty per cent had a telephone.

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

**Satisfaction with social contacts:** About twenty per cent of respondents said they would like to see more of their relatives, friends or neighbours. Fourteen per cent said they felt lonely "often, most or all of the time", and twelve 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 reading; this was a similar finding to 1987. However, the percentages reporting doing "nothing-just sitting" or "nothing-just sleeping" were greater in 1991 than in 1989. Ninety per cent of respondents said they received visitors. Fifteen per cent said they would like to go on holiday or travel more.

**Reported symptoms and health problems:** The percentages of respondents reporting problems with breathing, had increased since 1989 although the difference between the two years is less than 20%. For most other symptoms there was little change.

**Prescribed medications:** Eighty 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:** Seventeen per cent of respondents scored over the threshold on the general health questionnaire indicating that they were probably psychiatrically disturbed; a higher percentage, 29%, reported suffering from nerves/stress/depression. Forty five 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 greatest difference was the degree of difficulty with filling in forms and writing (23%:41%).

**Help with tasks:** Three quarters of respondents had help with at least one task of daily living, and nearly half had help with three or more tasks. Help was most likely to be given with shopping, filling in forms and writing, laundry and handling money/pension.

**Support provided by respondents:** Twenty two per cent of respondents said they themselves looked after or helped others who were sick, handicapped or elderly; over a third 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 nerves/stress/depression, confusion or forgetfulness had consulted their GPs over these. Eighty nine per cent had seen their GPs in the last twelve months, and 44% within the last month.

**Hospital services-inpatients:** A fifth had been admitted to hospital in the last twelve months, and a fifth of these had been in more than once.

**Hospital services-outpatients:** Forty four per cent had seen a doctor in an outpatients department in the last twelve months; the most common reason for attending was for eye conditions.

**Other health and social services:** Chiropody services were received by 35% of respondents, and a quarter received the home help service. As in 1989, the service that respondents most frequently perceived themselves as needing was the chiropody service (44%); in 1989 this was followed by the voluntary visitor service, whereas in 1991, the home help service (8%) was the next most frequently perceived need. More than two thirds were seeing an optician and more than one third were seeing a dentist; this had increased since 1989. Five 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 staisfaction, 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 indepth 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.

## FUTURE DATA COLLECTION

1. Ongoing flagging of deaths
2. Entry into institutions (ongoing)
3. Use of hospital and community services (ongoing)

## 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.

1. Physical, psychological and social characteristics and circumstances of people who continue to live successfully in the community.

Comparison with:

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 worse 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 targetting services for groups at particular risk and identifying the most beneficial types of social networks.

## REFERENCES

- Andrews F M and Withey B (1977). Social indicators of well being - American perceptions of life quality. Plenum Press.
- Bowling A and Burkey Y (1989). A survey of the health and social service needs of people aged 65 and over living in Braintree, Essex: main findings. Department of Public Health, City and Hackney Health Authority Report.
- Bowling A, Hoeckel T and Leaver J (1988a). Health and social service needs of people aged 85 and over living in City and Hackney: main report. Department of Community Medicine, City and Hackney Health Authority Report.
- Bowling A, Hoeckel T and Leaver J (1988b). Health and social service needs of people aged 85 and over living in City and Hackney: main findings (summary). Department of Community Medicine, City and Hackney Health Authority Report.
- Cartwright A and Smith C (1987). Identifying a sample of elderly people by a postal screen. Age and Ageing, 16: 119-122.
- Farquhar M and Bowling A (1989). A survey of the health and social service needs of people aged 65 to 84 years living in City and Hackney: main findings. Department of Public Health, City and Hackney Health Authority Report.
- Farquhar M, Bowling A and Grundy E (1991). Report of the first phase of re-interviews with elderly people: sample aged 85+ living at home in City and Hackney. City and Hackney Health Authority.
- Goldberg D (1978). Manual of the General Health Questionnaire. Windsor - NFER - Nelson Publishing Co.
- Grundy E (1983). Demography and old age. Journal of the American Geriatric Society, 31: 325-332.
- Martin J, Meltzer H and Elist D (1988). The prevalence of disability among adults. OPCS Surveys of Disability in Great Britain. HMSO, London.
- Neugarten B L, Havighurst R J, and Tobin S S (1961). Measurement of life satisfaction. Journal of Gerontology, 16: 134-143.
- OPCS (1989). General Household Survey 1987. HMSO, London.
- OPCS (1991). National Population Projections: mid 1989 based. OPCS Monitor PP2 91/1, London.
- Rosenwaike I (1985). The extreme aged in America. A potrait of an expanding population. Greenwood Press, Connecticut.

Stokes J P (1983) Predicting satisfaction with social support from social network structure. American Journal of Community Psychology, 11: 141-152.

Todd J and Butcher B (1982). Electoral registration in 1981. London: OPCS.

Townsend P (1979). Poverty in the United Kingdom. Harmondsworth: Penguin Books.

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