

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

(cross-sectional analyses only)

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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; Rosenwajke, 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 aged 60-69 (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 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).

As a result of these age associated changes in health and social circumstances, service use also rises rapidly with age. The 1981 Census showed that a fifth of all women aged 85 or over were resident in institutions, and in 1985 over a third of this age group resident in private households received a home help (OPCS, 1988). The growth of the very 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 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, Hoekel and Leaver (1988a and 1988b).

In 1989, City and Hackney Health Authority funded a second, identical survey of a sample of people aged 65+ 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 Burke, 1989).

The Joseph Rowntree Foundation funded a longitudinal study 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).

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.

This report presents the cross-sectional results of the follow-up interviews with sample members from the first of these three surveys: people aged 85+ (in 1987) living at home in City and Hackney who were reinterviewed in 1990.

THE FIRST FOLLOW UP

Between January and June 1990 both the respondents and non-respondents to the baseline survey of people over the age of 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 was carried out during July and early August, and data entry was completed and checked by early September. Calculation of response rates, design of SPSSx programme, transfer of files to ULCC mainframe computer, data cleaning (also ongoing) and extraction of all frequency distributions took place during September.

RESPONSE RATES

Of the 662 respondents from 1987 recontacted, 256 (39%) were successfully re-interviewed; 252 (38%) people had died, there was no trace of 39 (6%) people, 15 (2%) had moved out of the district, 31 (5%) had moved into long stay institutional care, and 22 (3%) refused to be re-interviewed. The remaining 48 (7%) were either never in after four visits (at different times of the day, and on different days of the week), too confused and no proxy interview could be identified (only one person), temporarily hospitalised, or away from home throughout the interviewing period.

If those ineligible for re-interview are removed from the base figure of 662 (eg. deaths, moves out of the district, moves into institutional care, those untraced: $n=337$), a true response rate of 79% was achieved. If the untraced are included as eligible, then the response rate was 70%; and if all except those who had died are treated as eligible, then the response rate was 62%.

For the fifteen people who were found to have moved out of the district, a full postal address was obtainable for only one person and this was found to be incorrect. However 11 of those who had entered into long stay institutional care (both within and outside of the district) since the baseline interview were reinterviewed; the results relating to these will be reported elsewhere.

THE INTERVIEWS

The measures used for the follow up interviews were based on the well tested measurement scales employed in the first three studies. They are also supplemented with individual items (both structured and open ended) to assess any changes in circumstances. The measures used relate to functional ability and reported physical health problems, health and social service use, life satisfaction and morale, psychiatric disturbance, and many individual items relating to subjective feelings of loneliness and social support.

The majority of the interviewing was conducted by two interviewers, one of whom was also involved in the interviewing for each of the three baseline studies, the other was MF (who was the 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 (55%, 141) were rated at one, 17% (22) at two, 17% (22) at three, 6% (15) at four, 3% (8) at five and 2% (4) at six.

The length of the interviews ranged from 30 minutes to 3.5 hours (the latter interview was conducted in two parts), and the average length was 1 hour and 40 minutes.

Eighteen 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. Ten of the interviews 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.

Over half (54%, 15) the proxies/part-proxies were daughters of respondents, 18% (5) were other relatives, 11% (3) were sons, 7% (2) were professionals (in both cases home helps), 7% (2) were a combination of people, and one was a spouse.

Non responders to the baseline interviews in 1987 (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 37 people who agreed to take part in the study at the follow up stage. The results of these 37 interviews will be presented in a separate report.

The results presented here relate to the responders to the follow-up study conducted during 1990. Where relevant, cross sectional comparisons are made with the baseline data from 1987.

DEMOGRAPHIC DETAILS:

Seventeen per cent (43) of the responders were male, and 83% (213) were female. Thirty two per cent (81) of responders were aged between 87 > 90, 57% (144) were aged 90 > 95, 9% (22) were aged 95 > 100 and 2% (4) were aged 100 or over. The oldest respondent was 103 years old.

Seventy eight per cent (199) of the sample were widowed, 11% (29) were single, 9% (22) were married and 2% (5) were divorced. Of those who were widowed, 85% had been widowed for 10 years or more and two people had become widowed since their last interview. Of those that were married, 9% (2) had been married for between ten and twenty years, 9% (2) for between twenty and forty years, 9% (2) for between forty and sixty years, and the majority, 64% (14) for sixty years or more; five of these fourteen couples had been married for seventy years. None of the responders had remarried since the baseline interview.

ATTITUDES TO THEIR AGE:

Respondents were asked whether they felt young, middle aged or elderly: 36% (79) said they felt young, 28% (60) felt middle aged, 29% (62) felt elderly, and 7% (16) said the way they felt varied day-by-day.

When asked what the best things about being their age were, 16% (34) described their longevity, good health and mobility, 15% (33) mentioned relationships with family and friends, 12% (26) liked their independence or autonomy, 10% (21) were enjoying their retirement and increased leisure time, 8% (19) gave other factors such as experience of life, or that by virtue of their age they were close to death. Thirty four per cent (73) said there were no good things about being their age, and 8% (17) said that it was no different from being any other age or that they had never thought about it.

When asked what the worst things about being their age were, 60% (137) described physical disabilities (apart from sight/hearing), 12% (26) mentioned loneliness or a lack of visitors, 5% (10) said they were depressed, bored or "fed up", 5% (10) referred to loss of hearing and/or sight, 3% (6) mentioned loss of independence or autonomy, and 10% (19) referred to other factors such as recalling memories, their financial situation, and world affairs. Twelve per cent (27) said that there were no bad things about being their age. In contrast to the 60% of responders referring to physical disabilities, fewer, 47%, of the responders in 1987 described the same disadvantage.

RESULTS

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 who responded, 23% (37) said less than £50 a week, 65% (103) said £50 > £70 a week, 11% (18) said £70 > £100 a week, and 1% (2) said £100 or more a week.

LIVING ARRANGEMENTS:

Eighty two per cent had been living in their present homes for 10 years or more (and over half the respondents for over 20 years).

Three quarters of the respondents lived in flats (76%, 192) and two thirds of these were on upper floors (one person was living on the eighth floor of a block of flats): 32% (63) lived in flats on ground floors. Nineteen percent (49) lived in houses, 4% (10) lived in maisonettes and 1% (3) lived in bedsits. Twenty two per cent (55) were living in sheltered accommodation, 11% (6) of which were without wardens.

Most respondents were council tenants (64%, 159), 21% were private tenants (51) and 15% (38) were owner-occupiers; only one of these properties was mortgaged.

The 51 respondents who were private tenants were asked how much longer their contract or tenure had to run, 35% (18) said their contract was indefinite, 6% (8) said they did not have a contract, one person's contract had just six months 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 eight per cent (225) were living in their own home, 6% (15) in their daughter's home, 2% (6) in other relative's home, 2% (5) in their son's home and 1% (4) lived in homes which were jointly theirs and their son's.

Sixty six per cent (168) of respondents were living alone, 24% (61) were living with one other person, 7% (18) were living with two people, 1% (5) were living with three people and 2% (4) were living with four or more people. Of those not living alone, 65% (56) were living with daughters/sons (half of these children had never been married), 52% (45) with other relatives, 26% (22) with spouses, 6% (5) with lodgers and 2% (2) with friends.

Half the people sharing homes with respondents were female, and half were male. Two per cent (3) of home sharers were under 16 years old, 15% (19) were 16-45 years old, 20% (26) were 45-60 years old, 35% (45) were 60-70 years old, and 28% (36) were 70 or over. Respondents living with other people had lived with them for between less than a year and 89 years, the average length of time was about 20 years.

Twenty eight per cent (70) of respondents had emergency alarm systems: 70% (49) of these were connected to a warden scheme, 17% (12) were provided by the housing department, and 13% (9) were other types of alarm system. Of those who did not have an emergency alarm system, 53% (98) said they would like one (38% of all respondents).

TRANSPORT:

Forty six per cent (116) had access to, and regularly travelled in, a car or van: for 44% of these (51) the car or van was owned by a member of their household. Just under a third (82) used public transport, but 18% of these (15) experienced problems when travelling this way, and for 6 people these problems limited their activities. Problems included infrequent services, distance between bus stops, access to buses, and unsuitable routes.

THE AREA:

Sixty seven per cent (169) of respondents liked living in the area, 20% (49) did not like living in the area and 13% (33) were uncertain. Table 1 compares these percentages with respondents in 1987, and shows that they are practically identical.

Table 1: Comparison of respondents' feelings about the area in 1987 and 1990

| Feelings about the area | | | |
|--------------------------------|-----|-------|-------|
| | | 1987 | 1990 |
| Like living in the area | 67% | 67% | |
| Do not like living in the area | 21% | 21% | 20% |
| Uncertain | 12% | 12% | 13% |
| No. of respondents | | (650) | (251) |

Respondents were asked what they liked about the area: 40% (87) said "everything" or mentioned that they had always lived there; 35% (73) said it was near to family, friends and good neighbours; 16% (35) mentioned the convenience of shops, markets or pubs; 14% (31) liked the parks, gardens and views; 11% (23) said it was quiet; and, 8% (16) gave other reasons including cleanliness, good transport and local services. Sixteen per cent (35) said they did not like anything about the area. As three respondents described it:

"I like everything about it. In the summer you can sit outside. The neighbours are very friendly; they come in and see me." (2340)

Over a quarter (29%; 75) wanted to move home and although the majority had considered just one possible move, others had thought of up to 4 different possibilities.

MOVING HOME:

Thirty four per cent (87) of respondents said their homes were too far from relatives and friends, 22% (57) had problems with their stairs, 16% (42) had problems with household expenses, 15% (39) had problems with their heating, 12% (31) were not near enough to shops, 9% (22) had problems with their hot water and 25% (64) identified various other problems with their homes.

Forty eight per cent (122) had fears about intruders, going out or opening the door at home, and 33% (82) said there were other things in their lives that they felt were risky. The most frequently mentioned risk was that of falling, followed by illness, being left alone in the house, and dangers in the street.

Sixteen per cent (41) of respondents said they had been burgled in the last twelve months, and 3% (7) had experienced theft or assault in the street. One had had a household fire.

"I've lived in Hackney all my life. Hackney was a nice place, it used to be posh. You didn't get mugged. You could leave your street door open. The rubbish....also you are scared to open your door." (2328)

"I never mix with people....there's no neighbours at all. Traffic is dreadful. Hooligans - you can hear them all night." (2327)

"The noise and the traffic....when we first came here this was a village. The area has deteriorated." (2325)

Respondents were also asked what they disliked about the area: 26% (58) described the deterioration in the area, the dirt and rubbish; 18% (39) mentioned fear and danger; 17% (37) said they were isolated, and described a lack of "neighbourhood" or problems with neighbours; 10% (23) made reference to ethnic minorities; 6% (13) complained about the traffic or the condition of the pavements; and, 11% (24) gave other reasons including poor local services, lack of local shops, and the poll tax. As three respondents describe it:

"It's quiet. I have plenty of fresh air. I feel safe here. I have good neighbours and the warden is good. Victoria Park is nearby." (0267)

"It's got a good bus service. The parks are handy if people would only use them. The shopping is handy. I've grown to like it because I've lived here so long." (0104)

Table 2: Approximate distance of possible moves from current accommodation

| Distance (miles) | % | (n) |
|--------------------|----|------|
| < 5 (local) | 35 | (32) |
| 5 < 20 | 23 | (21) |
| 20 < 40 | 9 | (8) |
| 40 < 60 | 10 | (9) |
| 60+ | 10 | (9) |
| Unspecified | 13 | (12) |
| No. of respondents | | (75) |

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

Table 2 shows that over a third of the possible moves were local, and that 13% (12) were unspecified; that is, these respondents had no specific place in mind.

Sixty two per cent (56) of the possible moves would not involve living with anyone else, but 10% (9) would involve living with a daughter, 8% (7) with a son, 5% (5) with their spouse, 5% (5) with other relatives, and 1% (1) would involve living with a friend. The remaining 9% (8) were not sure.

Thirty six per cent (33) of the possible moves would not involve living near to any relatives or established friends, but about two thirds would: 18% (16) would involve living near to a son, 10% (9) near a daughter, 17% (16) near to other relatives, and 2% (2) would involve living near to a friend. The remaining 17% (15) were not sure.

Table 3 shows the different types of accommodation respondents were considering a move to.

Table 3: Types of accommodation indicated in possible moves

| Type of accommodation | % | (n) |
|--------------------------|----|------|
| Sheltered accommodation | 33 | (30) |
| Relative's/friend's home | 20 | (18) |
| Old person's home | 19 | (17) |
| Rented accommodation | 13 | (12) |
| Purchased accommodation | 4 | (4) |
| Uncertain | 8 | (7) |
| No. of respondents | | (75) |

The most frequently mentioned disadvantage of the moves had been about the actual process of moving; other things mentioned included loss of friends and neighbours or problems with the design of the new home. Six had moved within two miles of their previous home, and one had moved approximately 6 miles.

Of the seven that had moved, the majority said the advantage of the move had been to attain more modern facilities, such as a bath or central heating; others had moved closer to family, or to a ground floor flat or sheltered accommodation.

There had been few changes in respondents' household arrangements in the last three years: 7 (3%) had moved home (within Hackney), 6 (2%) experienced the death of a member of their household, 6 (2%) had people moving out of their household, and 3 (1%) respondents had people move in to their household.

The majority of respondents (83%, 211) expected that as they got older they would remain in their own homes, 5% (13) expected to move into institutions, 3% (8) expected to move into sheltered accommodation, 1% (1) expected to move in with relatives, and 8% (21) were uncertain. Only one person mentioned any other possible accommodation change; this would involve spending the summer months abroad.

Seven respondents had considered, or it had been suggested to them, that a relative, friend or lodger should come and live with them: 5 felt happy with this idea, but the other 2 were reluctant.

One third of those thinking about moving said that a family member or a professional was trying to persuade them to move. For example, in one case the respondent's son, who was her full time carer, mentioned a desire to move to be nearer other family members' help, but the respondent was reluctant to do so.

Of those describing disadvantages of moving, 27% (17) mentioned the process of moving, 19% (12) the affect on relationships, 16% (10) did not want to move at all and were being persuaded, 13% (8) were concerned about the loss of their own homes or independence, and 19% (12) gave other disadvantages such as environmental problems, expense and lack of safety. Thirty seven per cent (23) said there were no disadvantages in moving.

Those wanting to move were asked what the advantages and disadvantages of a move would be. Of those describing advantages, 48% (32) said it would be nearer to or easier for their family, 28% (19) said they would be helped or cared for, 21% (14) said it would be better or safer, with more modern facilities, 16% (11) mentioned the physical design of the new accommodation (ground floor, one level, smaller etc.), 10% (7) said they would have more company or friends nearby, and 10% (7) gave other advantages such as greater independence. Six per cent (4) said there were no advantages in moving.

Of the 13% (12) considering a move into rented accommodation, half (6) had applied to the council for a transfer.

Moves had occurred for a variety of reasons, and had been suggested by a variety of people including both family and professionals, but most now felt positively about the move.

FRIENDSHIP AND FAMILY NETWORKS:

Thirty per cent (77) of respondents had no live children, 25% (63) had one child, 22% (57) had two, 10% (24) had three and 13% (34) had four or more. Seven respondents had step children; one had one step child, three had two step children, and three had three step children.

Of the children born to the respondents as a group, the youngest living child was 40 years old and the eldest living child was 80 years old.

Stoke's Social Network Scale was used to measure the size and type of respondents' social networks. Respondents are asked to list up to twenty people who are 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 are 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 are then asked to indicate which persons in their lists were relatives, 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).

1) Network size:

The majority of respondents (96%; 247) listed someone in the Social Network Scale as "significant in their lives with whom they had at least monthly, face to face, contact", and over half the respondents mentioned four or more people (54%, 137).

Table 4 shows the size of their social networks, and table 5 compares these sizes with those from the interviews in 1987: it shows that the size of respondents networks was similar at both interview periods.

Table 4: Number of significant contacts

| No. of people | % | (n) |
|--------------------|----|-------|
| One | 12 | (30) |
| Two | 17 | (41) |
| Three | 19 | (48) |
| Four | 15 | (36) |
| Five | 12 | (29) |
| Six | 8 | (20) |
| Seven | 5 | (13) |
| Eight | 5 | (13) |
| Nine to twenty | 7 | (26) |
| No. of respondents | | (247) |

Table 5: Comparison of respondents' network sizes in 1987 and 1990

| No. of people | 1987 | 1990 |
|--------------------|-------|-------|
| One | 8% | 12% |
| Two-four | 52% | 51% |
| Five-six | 24% | 20% |
| Seven to twenty | 16% | 17% |
| No. of respondents | (658) | (247) |

11) Density of network:

Of those with more than one network member, 44% (81) had completely integrated social networks (32% 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).

Seventeen per cent (30) had networks which were 50-99% integrated (12% of all respondents), 28% (37) had networks which were 30-49% integrated (14% of all respondents), and 11% (20) had networks which were 10-29% integrated (8% of all respondents). The average network was 70% integrated.

Thirteen per cent of those with a network 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.

iii) Network composition:

Eighty one per cent (207) of respondents had network members who were relatives; 46% (117) had network members who were daughters, and 48% (124) had network members who were sons, and 70% (181) had network members who were other relatives.

Eighty six per cent (220) identified network members who they felt they could confide in and turn to for help in an emergency (confidantes): most respondents (64%, 141) indicated one or two people in their network who were in this role; these people were usually relatives.

Eighty four per cent (216) identified network members who gave them most help and support: most (66%, 142) indicated one person in their network who was in this role; these people were usually relatives.

iv) 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 three quarters of their network members at least once a week, and over two thirds of their network members lived less than 5 miles away. Ten per cent of the face to face contacts with network members were monthly only, and 1% of network members lived twenty or more miles away.

A third of responders (34%, 88) identified people who were significant in their lives with whom they had least monthly contact by telephone only i.e. 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: 44% (39) mentioned one and 31% (27) mentioned two.

v) 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: one third (33%; 63) of respondents said "yes". Seventy per cent (44) of these respondents described one relationship change, 24% (15) described two relationship changes, and 6% (4) described three relationship changes since the baseline interview. When asked whether anyone close to them had died in the last year, 18% (45) of respondents said "yes".

Of those experiencing changes, 30% (19) said the relationship affected by the change was with a neighbour, 27% (17) with a sibling, 19% (12) with a friend, 16% (10) with a son, 8% (5) with a daughter, 5% (3) with their spouse, and 30% (19) said it was with another relative.

Respondents identified the cause of these changes to include death (71%, 45), moving away (21%, 13), illness (17%, 11), hospitalisation (10%, 6), and other reasons (17%, 10) eg. arguments, or an increase in other responsibilities ie. taking on a/another a caring role.

The affects of the changes included loss of friendship and comfort only (73%, 46), loss of practical help only (11%, 7), loss of friendship or comfort and practical help (21%, 13), and other reasons (16%, 10) eg. loss of a caring role (by respondent), or a feeling of worry or anxiety for the person. Nineteen per cent (12) said the relationship change had not affected them in anyway.

Analyses of network structure at the baseline and follow-up have yet to be carried out.

vi) Other identified support:

Ninety two per cent (227) of respondents named a relative or a friend who would help them if they needed it; 90% (218) named a friend or a relative who understood them; 94% (226) named a friend or relative who showed they cared about them; 81% (195) named someone they could really count on to listen when they needed to talk; 63% (151) felt they were an important part of someone's life; and 67% (159) named someone who would comfort them when they needed it.

vii) Frequency of all social contacts:

Sixty three per cent (161) said they spoke (face to face) to a relative, friend or neighbour (not necessarily from their social network) daily, 26% (67) spoke less than daily but more than weekly, 6% (16) spoke at least weekly and 4% (11) spoke less often. No one said they "never" spoke to anyone.

Eighty three per cent (213) of respondents had their own telephone. Four respondents had access to a payphone in their home, five had made arrangements with neighbours to borrow their telephones when required, and three people said they used public payphones.

Over two thirds (69%, 172) of the respondents spoke at least weekly to a relative, friend or neighbour on the telephone; a quarter (25%, 63) said they spoke to someone on the telephone daily. Eighteen per cent (42) said they never spoke to relatives, friends or neighbours on the telephone.

viii) Satisfaction with social network:

Thirty per cent (67) of respondents said they would like to see more of their neighbours, 37% (89) said they would like to see more of their relatives and 31% (67) said they would like to see more of their friends. Four people said they saw too much of their relatives, and two people said they saw too much of their friends.

Forty six per cent (113) said they "never" or "rarely" felt lonely, 29% (73) said they "sometimes" felt lonely, 15% (36) said they "often" felt lonely and 11% (26) said they felt lonely "all or most of the time". Thus it was a significant problem for over a quarter.

Twenty per cent (49) of respondents said they felt they were a burden to someone: 29% (14) referred to their daughters, 24% (12) to their sons, 18% (9) to other relatives, 8% (4) to friends or neighbours, 8% (4) to "everyone", 6% (3) to their family generally, and 6% (3) to professionals or the community.

ACTIVITIES:

Respondents were asked about regular attendance at clubs and groups: 6% (16) to lunch clubs, 6% (15) to bingo, 5% (13) regularly went to tenants' or residents' associations, 4% (9) to church, 11% (28) to other meeting places for elderly people, and 3% (7) regularly went to other clubs.

Seventy seven per cent (195) of respondents did not attend any clubs, 16% (41) attended one, 5% (13) attended two, and 2% (6) attended three or more clubs.

Respondents were asked what other things they usually did during the day or evening. Table 6 illustrates their reported regular activities. The percentages carrying out these regular activities were similar to those at the baseline interviews in 1987, except for the category "other": 22% of respondents reported carrying out "other" regular activities in 1987 compared with 11% of respondents in 1990.

Table 6: Regular activities

| Activity | % | (n) |
|-----------------------------------|----|-------|
| TV/radio | 86 | (218) |
| Reading | 59 | (150) |
| Nothing - just sit | 44 | (111) |
| Nothing - just sleep | 44 | (112) |
| Shopping | 29 | (74) |
| Walking | 24 | (60) |
| Visiting people | 20 | (51) |
| Crafts | 13 | (34) |
| Games | 12 | (31) |
| Other eg. church/pub/ visitors | 11 | (29) |
| No. of respondents (251-255) | | |

Ninety five per cent (244) of respondents said they received visitors. The types of visitors were evenly distributed amongst friends, children and other relatives (32% (158), 33% (163), and 35% (173) respectively), however it appears that friends and children visit more frequently than other relatives: 86% (136) of friends and 73% (119) of children visited at least weekly, compared with 49% (85) of other relatives.

When asked how they would ideally like to spend their time now, 39% (90) of respondents said "just as I am". However, a quarter (57) said they would like to go out more (locally - to the shops or the pub), 9% (22) said they would like to be in someone's company or with their family more, 6% (14) said they would like to be able to go on holiday or travel, 6% (13) referred to visual activities such as reading and writing and watching television, 5% (11) said they would like to be moving home, and the remainder gave a variety of different ways in which they would like to be spending their time.

REPORTED SYMPTOMS AND HEALTH PROBLEMS:

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."

Only thirty seven per cent (93) of respondents said they had a long-standing illness, disability or infirmity, and 32% (81) of all respondents (87% of those with a long-standing illness) said this limited their activities. Thirteen people mentioned more than one long-standing illness (5% of all responders; 14% of those with at least one long-standing illness).

The GHS figures for 1985 for people aged 75 and over were 63% and 48% respectively for each question. These percentages are far higher than the Hackney figures suggesting either a methodological difference, or that those who survive to age 87+ are fitter or, more probably, are less likely to report chronic illness.

Thirty three per cent (81) 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", over half (51%, 41) rated their pain at six or more.

Fifteen per cent (38) of respondents had experienced a major illness, 6% (16) an operation and 30% (76) a major fall in the previous twelve months.

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 7 shows the most common problems reported by respondents, these included aches/pains/stiffness in muscles and joints, 76% reported this, followed by poor eyesight (even with glasses on) 53%; trouble with feet, 45%; forgetfulness, 42%; poor hearing (even with an aid), giddiness and nerves/stress/depression, 40%.

REPORTED HEALTH PROBLEMS 1987 & 1990

FIGURE 1

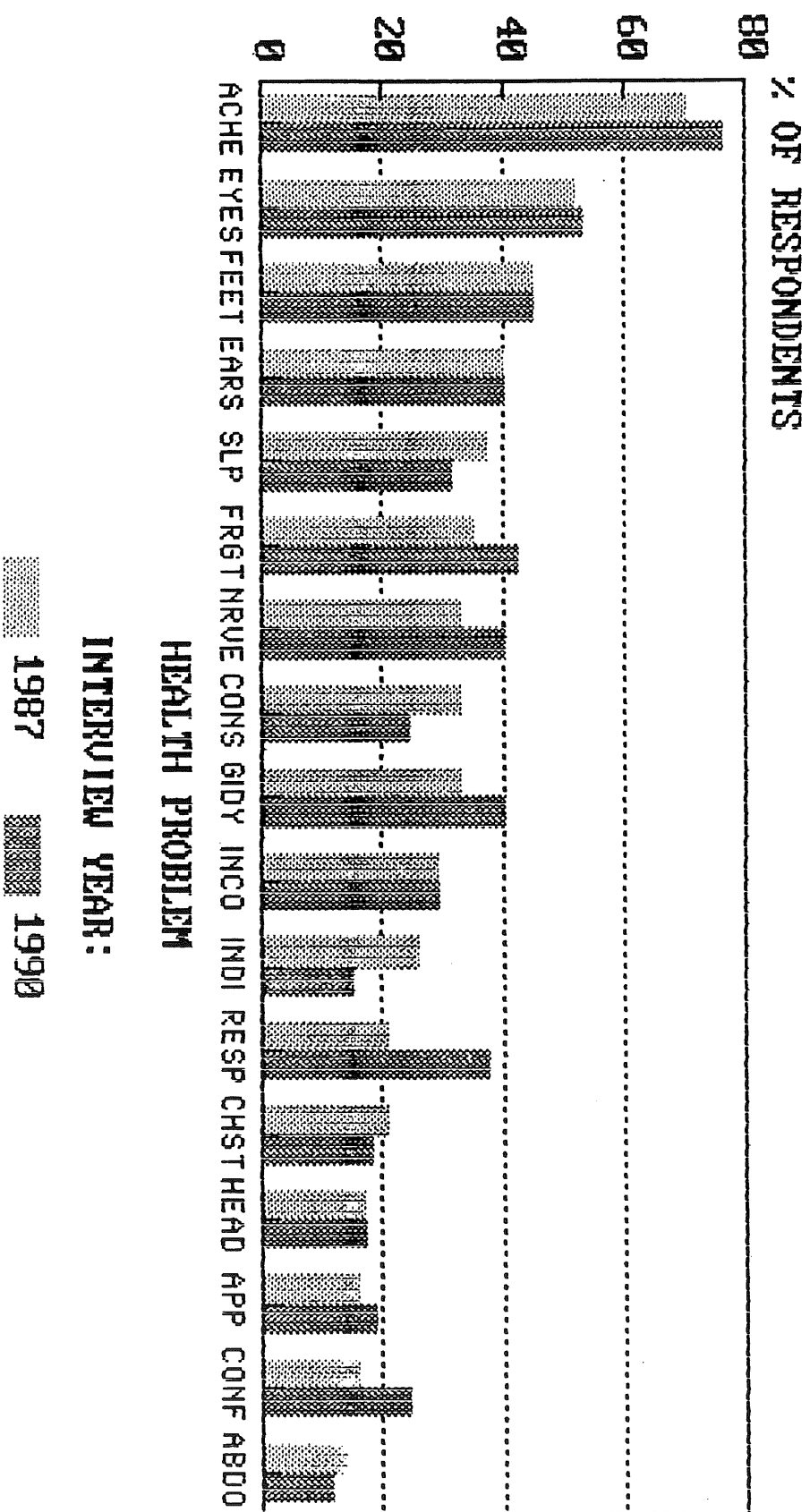


Table 7: Reported health problems

| Problems with: | % | (n) |
|---|----|-----------|
| Aches/pains/stiffness in muscles/joints | 76 | (193) |
| Eyesight | 53 | (134) |
| Feet | 45 | (113) |
| Forgetfulness | 42 | (106) |
| Hearing | 40 | (102) |
| Giddiness | 40 | (102) |
| Nerves/stress/depression | 40 | (101) |
| Breathing | 37 | (95) |
| Sleeping | 31 | (79) |
| Urinary incontinence | 29 | (73) |
| Constipation | 24 | (61) |
| Confusion | 24 | (60) |
| Skin | 21 | (52) |
| Appetite | 19 | (47) |
| Chest pains | 18 | (45) |
| Headaches | 17 | (44) |
| High blood pressure | 17 | (39) |
| Indigestion | 15 | (38) |
| Other heart conditions | 11 | (28) |
| Abdominal pain/discomfort | 11 | (27) |
| No. of respondents | | (252-255) |

The number of health problems reported by each respondent was calculated: 2% (5) reported none; 19% (42) reported between one and three; 32% (70) reported between four and six; 24% (52) reported between seven and nine; and the remaining 23% (50) reported ten or more (one of these reported having twenty different health problems).

Figure 1 gives a graphical comparison with 1987: 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 8: Length of time respondents reported that they had had specified health problems.

| Problems with:- | Less than 6 months % (n) | 6 months < 2 years % (n) | 2 years+ % (n) | | No. of respondents (1-179) |
|----------------------------------|-----------------------------|-----------------------------|-------------------|--|-------------------------------|
| | | | | | |
| Eyesight | 8 (11) | 18 (24) | 74 (96) | | |
| Hearing | 11 (11) | 20 (20) | 69 (67) | | |
| Feet | 10 (11) | 18 (20) | 72 (79) | | |
| Nerves/stress/depression | 15 (13) | 31 (27) | 54 (48) | | |
| Forgetfulness | 22 (22) | 38 (37) | 40 (39) | | |
| Confusion | 17 (9) | 47 (25) | 36 (19) | | |
| Breathing | 20 (16) | 18 (15) | 62 (50) | | |
| Incontinence | 19 (13) | 25 (17) | 55 (37) | | |
| Constipation | 10 (6) | 15 (9) | 75 (44) | | |
| Alternately loose/constipated | - | 20 (2) | 80 (8) | | |
| Passing blood/tar | 50 (3) | 17 (1) | 33 (2) | | |
| Piles | - | 8 (1) | 92 (11) | | |
| Indigestion | 6 (2) | 27 (9) | 67 (22) | | |
| Abdominal pain | 17 (4) | 13 (3) | 70 (16) | | |
| Vomiting blood | 100 (1) | - | - | | |
| Leg ulcer | - | 26 (5) | 74 (14) | | |
| Aches/pains/stiff muscles/joints | 7 (12) | 17 (31) | 76 (136) | | |
| Sleeplessness | 16 (12) | 24 (19) | 60 (47) | | |
| Loss of appetite | 36 (16) | 23 (44) | 41 (18) | | |
| Headaches | 26 (10) | 31 (12) | 43 (17) | | |
| Chest pains | 11 (5) | 13 (6) | 76 (34) | | |
| Giddiness | 20 (18) | 35 (32) | 45 (41) | | |
| Skin | 27 (13) | 38 (18) | 35 (17) | | |

Table 8 shows the length of time respondents reported they had had their health problems. Most had had them for two years or more (indeed, most had had them for five years or more): 92% of those with piles, 80% of those with alternately constipated/loose motions, and about three quarters of those with chest pains, aches/pains/stiffness in muscles and joints, leg ulcers, problems with eyesight, and constipation had suffered with them for two years or more.

Forgetfulness and confusion appear to be problems that have arisen mainly over the last two years, that is since the baseline interviews in 1987, along with loss of appetite, headaches, giddiness, problems with skin.

As would be expected, the more acute conditions, such as passing blood or tar motions and vomiting blood, tended to be recent complaints.

Seven respondents (3%) reported having been diagnosed as diabetic, eight (3%) reported respiratory problems other than problems with breathing, and 17% (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.

Eight per cent (21) reported having had a heart attack: one of these occurred more than six months ago, but within the last year; 3 were more than a year ago, but within the last two years; 6 were more than two years ago, but within the last five years; and, the remaining 11 occurred more than five years ago. Therefore at least four respondents had reported having had a heart attack since their baseline interview.

Seven per cent (19) of respondents reported having had a stroke: 2 of these occurred more than a month ago, but within the last six months; one was more than six months ago, but within the last year; 3 were more than a year ago, but within the last two years; 3 were more than two years ago, but within the last five years; and the remaining 11 occurred more than five years ago.

Respondents were asked whether they had any other problems with their health. One quarter (68) said "yes", and these problems were coded using the International Classification of Diseases (9th version): eight respondents reported having varicose veins, four reported anaemia, three reported hernias, three reported suffering with cramp, and the remainder reported a variety of other conditions.

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).

1) 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 9: General Health Questionnaire score

| SCORE | % | (n) |
|-----------------------|----|-------|
| 0-3 | 64 | (123) |
| 4-5 THRESHOLD | 6 | (12) |
| 6-9 | 13 | (26) |
| 10-16 | 11 | (21) |
| 17-28 | 6 | (11) |
| Number of respondents | | |
| (193) | | |

Table 9 shows that the proportion of respondents scoring over the threshold was 30% (58) indicating that they are probably psychiatrically disturbed. Although at the symptom checklist a higher proportion than this reported suffering from nerves/stress/depression (40%, 101) it is not known what proportion of these respondents also scored over the threshold on the General Health Questionnaire; future cross-tabulation will demonstrate this.

11) 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 Beaton, 1980). The implication of the scoring method is that the higher the score, the higher the degree of life satisfaction and morale.

Table 10 shows that the total positive life satisfaction scores of the respondents in 1987 and 1990 were very similar! 33% of respondents scored at or above the average in 1987 compared with 38% of respondents in 1990. The large proportion, 62%, who scored below the general population average of 14 probably reflects the lack of positive roles in old age. The average score for respondents in 1987 was 13.37, which is close to the average for the general population! the average score for respondents in 1990 was slightly lower at 11.69.

Table 10: Total positive life satisfaction scores in 1987 and 1990

| SCORES | | | |
|------------------------------------|----|----------------------------|-------|
| | % | 1987 | 1990 |
| 0 | * | * | * |
| 1-6 low satisfaction | 15 | 13 | 18 |
| 7-9 low satisfaction | 17 | 31 | 33 |
| 10-13 low satisfaction | 34 | 29 | 5 |
| 14-17 average to high satisfaction | 29 | 4 | |
| 18-20 high satisfaction | 4 | | |
| No. of respondents | | (*=less than one per cent) | |
| | | (602-606) | (208) |

Table 11 includes some examples of responses to individual items in 1990.

Table 11: Examples of responses to life satisfaction items

| ITEMS | | | |
|--|----|---------|--|
| % who agreed with statement (positive view of life): | | | |
| As I look back on my life, I am fairly well satisfied | 91 | (n=192) | |
| As I grow older, things seem better than I thought they would be | 63 | (n=135) | |
| ITEMS | | | |
| % who disagreed with statement (negative view of life): | | | |

| ITEMS | | | |
|---|----|---------|--|
| % who disagreed with statement (negative view of life): | | | |
| These are the best years of my life | 78 | (n=166) | |
| I have made plans for things I'll be doing a month or a year from now | 76 | (n=160) | |
| No. of respondents | | | |

(211-214)

111) 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 12: Delighted Terrible Faces scale

| Items: | % selecting faces: | | | | | | | | | No. of respondents |
|------------------|--------------------|----|----|-----------|---------|----------|---|---|---|--------------------|
| | A | B | C | Delighted | Neutral | Terrible | A | B | C | |
| Life as a whole | 30 | 16 | 28 | 13 | 6 | 1 | 6 | 1 | 6 | |
| Accommodation | 30 | 25 | 18 | 12 | 8 | 2 | 5 | | | |
| Activities | 18 | 15 | 26 | 15 | 15 | 5 | 6 | | | |
| Independence | 25 | 21 | 21 | 16 | 7 | 3 | 7 | | | |
| Autonomy/control | 22 | 24 | 27 | 12 | 9 | 3 | 3 | | | |
| Social contacts | 30 | 22 | 18 | 14 | 7 | 4 | 5 | | | |
| Health | 26 | 19 | 21 | 13 | 9 | 5 | 7 | | | |
| Quality of life | 25 | 25 | 22 | 14 | 6 | 6 | 2 | | | |

The greater percentage of "terrible" responses to the question about activities (see table 12) is reflected in the high proportion of respondents with some difficulty carrying out activities of daily living, as reported in the section about functional ability.

Respondents were asked what their greatest worry or problem was at the present time: 27% (64) said "nothing", 24% (57) referred to their health, disability or immobility, 6% (13) spoke of financial worries, 5% (12) referred more specifically to the poll tax, 5% (11) were concerned about their family's or another family member's health, 4% (10) referred to their death or further ageing, and the remainder spoke of a variety of other worries or problems (including being alone, burglaries, desire to move, difficulties with getting services and coping with bereavement). Three per cent (7) were worried about everything.

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 for. Medications were coded using the British National Formulary.

Seventy nine per cent (201) of respondents were taking medication prescribed by their doctors: 18% (46) of these were taking one type only, 21% (54) were taking two, 14% (36) were taking three, 9% (22) were taking four, a further 9% (23) were taking five and the remainder were taking six or more. One person was taking ten different types of medication.

The most frequently prescribed medication type was cardiovascular and diabetic drugs (36% of all prescribed drugs, n=207), followed by analgesics (17%, 99), psychotropics (8%, 49), gastro intestinal drugs (8%, 49), drugs affecting nutritional state or the blood (7%, 42), respiratory or anti-allergics (6%, 36), anti-rheumatoid drugs (6%, 35), drugs affecting the skin, eyes or mucous membranes (4%, 24), endocrinological drugs (2%, 10), anti-microbials (1%, 8), and other drugs (3%, 18).

Psychotropics were classified according to type. Of the 49 prescribed, 11 were minor tranquilisers, one was a major tranquiliser, 14 were antidepressants, and 23 were other psychotropic drugs.

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.

Tasks respondents were most likely to have some degree of difficulty with were odd jobs (97%, 246), using public transport (88%, 224), shopping (88%, 220), cutting toe nails (86%, 219), housework (86%, 215), climbing stairs/steps (86%, 214), laundry (83%, 205), getting about outdoors (82%, 210), getting in/out of the bath (78%, 191), filling in forms/writing (76%, 194), handling money/pension (75%, 190), and bathing (71%, 173).

Fifty seven per cent (144) of respondents had some degree of difficulty with cooking/preparing a meal, 56% (142) with washing hair, 46% (118) with getting about indoors, 45% (116) with rising from a chair, and 41% (105) with getting in/out of bed. However, these figures reflect a wide range of difficulty from "slight difficulty" to "unable to do at all".

The task that respondents experienced difficulty with and were least likely to receive help with was rising from a chair: 12% (14) of those with difficulty received help with this. Similarly, 14% (30) of those with a difficulty using public transport had help with this; 15% (18) with getting around indoors; 19% with using the toilet (13) or getting in/out of bed (20); 25% (52) with climbing stairs and steps.

Of the tasks that respondents had difficulty with, the one they were most likely to receive help with was shopping: 98% (218) of those with a difficulty received help with this. Similarly, 97% (184) of those with a difficulty handling money/pensions had help with this; 96% (188) with odd jobs; 94% with housework (207) or filling in forms and writing (180); 89% (188) with laundry; 80% (176) with cutting their toe nails; 79% (114) with cooking; and 76% (109) with washing their hair. These percentages were almost identical to the 1987 figures.

| No. of respondents | | No. of respondents | |
|------------------------|-----|--------------------|-----------|
| | | (657) | (245-256) |
| Getting in/out of bed | 27% | 41% | |
| Bathing self | 51% | 71% | |
| Getting in/out of bath | 29% | 78% | |
| Getting about outdoors | 68% | 82% | |
| Odd jobs | 83% | 97% | |
| | | 1987 | 1990 |

Table 13: Main tasks respondents had some degree of difficulty with in 1987 and 1990

Table 13 compares the main tasks respondents had some degree of difficulty with in 1987, with 1990.

Fifty nine per cent (146) had "severe difficulty" or were "unable to do at all" laundry, 56% (142) filling in forms and writing, 55% (135) getting in/out of the bath, 54% (137) getting about outdoors, 54% (132) bathing and 51% (129) housework.

The degree of difficulty "severe difficulty" or "unable to do at all" was most commonly experienced by respondents with odd jobs (84%, 212), using public transport (72%, 183), shopping (70%, 175), handling money/pension (68%, 172) and cutting toe nails (61%, 154).

Table 14 (overleaf) shows that help was given by a variety of people. Professionals were the main helpers with washing, bathing (including getting in/out of the bath), washing hair, cutting toe nails, preparing/cooking food, housework, laundry, shopping, handling money/collecting pensions, getting about outdoors, and odd jobs.

Respondents' children who shared their homes with them were the main helpers with getting in/out of bed, rising from a chair, using the toilet, getting dressed, combing hair, managing teeth/dentures, eating/cutting up food, and getting about indoors.

Respondents who's children did not share their homes with them were the main helpers with filling in forms and writing. Help with stairs and steps and using public transport was provided mainly by friends or neighbours who did not share the respondents' homes with them.

Table 15 (also overleaf) shows how often respondents were given help with specific tasks. Daily help was given with getting in/out of bed, rising from a chair, using the toilet, washing, dressing, combing hair, managing teeth/dentures, eating/cutting up food, preparing/cooking meals, and getting about indoors.

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

Table 14. Help given by professionals, relatives and friends, with tasks which respondents experienced difficulty with.

| Task | | No help | | Professional | | Friend/ neighbour | | Son/ daughter | | Other relative | | Friend/ neighbour | | Son/ daughter | | Other relative | | No of respondents | |
|------------------------------|----------|---------|-------|--------------|------|-------------------|------|---------------|------|----------------|-----|-------------------|------|---------------|------|----------------|--|-------------------|--|
| Getting in/ out of bed | 81 (8) | 6 | (6) | - | (-) | 2 | (2) | - | (-) | - | (-) | 9 | (10) | 2 | (2) | | | (101) | |
| Rising from a chair | 87 (101) | 2 | (2) | - | (-) | 2 | (2) | - | (-) | - | (-) | 7 | (8) | 2 | (2) | | | (115) | |
| Climbing stairs and steps | 75 (157) | 6 | (14) | 4 | (8) | 8 | (16) | 1 | (2) | - | (-) | 5 | (10) | 1 | (2) | | | (209) | |
| Using a toilet | 81 (54) | 5 | (3) | - | (-) | 3 | (2) | - | (-) | - | (-) | 10 | (7) | 1 | (1) | | | (67) | |
| Washing self | 53 (52) | 27 | (27) | 1 | (1) | 4 | (4) | 1 | (1) | 1 | (1) | 11 | (11) | 2 | (2) | | | (99) | |
| Bathing self | 69 (118) | 17 | (29) | 2 | (3) | 4 | (7) | 1 | (2) | 2 | (3) | 2 | (4) | 3 | (5) | | | (171) | |
| Getting in/ out of bath | 71 (134) | 16 | (30) | 2 | (3) | 3 | (6) | 1 | (2) | 2 | (3) | 2 | (5) | 3 | (6) | | | (189) | |
| Dressing self | 73 (64) | 9 | (8) | - | (-) | 1 | (1) | 1 | (1) | - | (-) | 10 | (9) | 6 | (5) | | | (88) | |
| Brushing/ combing hair | 65 (30) | 18 (4) | - | (-) | 2 | (1) | - | (-) | - | (-) | 15 | (7) | - | (-) | | | | (43) | |
| Washing hair | 24 (35) | 47 | (68) | 1 | (2) | 11 | (16) | 4 | (6) | - | (-) | 10 | (14) | 2 | (3) | | | (144) | |
| Cutting toe nails | 19 (43) | 67 | (147) | 1 | (2) | 4 | (9) | 2 | (4) | 1 | (1) | 5 | (11) | 1 | (2) | | | (219) | |
| Managing dentures | 71 (20) | 11 | (3) | - | (-) | 4 | (1) | - | (-) | - | (-) | 14 | (4) | - | (-) | | | (28) | |
| Eating/ cutting up food | 57 (25) | 2 | (1) | 5 | (2) | 6 | (3) | - | (-) | - | (-) | 25 | (11) | 5 | (2) | | | (44) | |
| Cooking/ preparing a meal | 21 (30) | 44 | (64) | 1 | (1) | 6 | (9) | 2 | (3) | 1 | (1) | 17 | (24) | 8 | (12) | | | (144) | |
| Housework | 5 (12) | 72 | (157) | - | (-) | 5 | (10) | 1 | (2) | 1 | (3) | 11 | (25) | 5 | (10) | | | (219) | |
| Laundry | 11 (23) | 41 | (87) | 3 | (6) | 17 | (35) | 7 | (15) | 1 | (3) | 13 | (27) | 7 | (15) | | | (211) | |
| Shopping | 2 (5) | 46 | (102) | 7 | (16) | 18 | (41) | 3 | (6) | 1 | (3) | 16 | (36) | 7 | (14) | | | (245) | |
| Handling money/ pension | 2 (5) | 42 | (79) | 9 | (17) | 18 | (34) | 8 | (15) | 1 | (2) | 12 | (22) | 8 | (15) | | | (189) | |
| Getting about indoors | 84 (98) | 3 | (3) | 1 | (1) | 4 | (5) | - | (-) | - | (-) | 8 | (9) | - | (-) | | | (116) | |
| Getting about outdoors | 55 (112) | 14 | (30) | 5 | (10) | 12 | (24) | 2 | (4) | 1 | (2) | 9 | (19) | 2 | (4) | | | (205) | |
| Using public transport | 86 (187) | - | (-) | 6 | (12) | 4 | (9) | 1 | (2) | - | (-) | 2 | (5) | 1 | (2) | | | (217) | |
| Odd jobs | 3 (9) | 30 | (72) | 12 | (33) | 21 | (51) | 9 | (23) | 2 | (5) | 16 | (40) | 6 | (15) | | | (248) | |
| Filling in forms and writing | 6 (18) | 20 | (38) | 9 | (17) | 26 | (59) | 10 | (18) | 2 | (3) | 20 | (37) | 8 | (16) | | | (187) | |

Non home sharers

Home sharers

Table 15. Frequency with which help was given with tasks.

| Task | Daily % (n) | < weekly % (n) | Weekly % (n) | < 2 weekly % (n) | Less often % (n) | No. of respondents to each item |
|------------------------------|----------------|-------------------|-----------------|---------------------|---------------------|---------------------------------------|
| Getting in/out of bed | 95 (19) | 5 (1) | - (-) | - (-) | - (-) | (20) |
| Rising from a chair | * (11) | * (1) | * (1) | - (-) | - (-) | (13) |
| Climbing stairs/steps | 17 (8) | 8 (4) | 8 (4) | 4 (2) | 63 (30) | (48) |
| Using a toilet | * (13) | - (-) | - (-) | - (-) | * (1) | (14) |
| Washing self | 51 (23) | 7 (3) | 31 (14) | 9 (4) | 2 (1) | (45) |
| Bathing self | 4 (2) | 13 (7) | 59 (31) | 15 (8) | 9 (5) | (53) |
| Getting in/out of bath | 4 (2) | 11 (6) | 58 (32) | 18 (10) | 9 (5) | (55) |
| Dressing self | 96 (23) | - (-) | - (-) | - (-) | 4 (1) | (24) |
| Brushing/combining hair | 67 (10) | 7 (1) | 7 (1) | 7 (1) | 12 (2) | (15) |
| Washing hair | 1 (1) | 1 (1) | 32 (34) | 38 (40) | 28 (29) | (105) |
| Cutting toe nails | 1 (2) | - (-) | - (-) | 3 (5) | 96 (163) | (169) |
| Managing teeth/dentures | * (7) | - (-) | - (-) | - (-) | * (1) | (8) |
| Eating/cutting up food | 85 (17) | 10 (2) | - (-) | 5 (1) | - (-) | (20) |
| Preparing/cooking a meal | 63 (69) | 30 (33) | 6 (6) | - (-) | 1 (1) | (109) |
| Housework | 11 (23) | 46 (95) | 39 (80) | 3 (5) | 1 (2) | (205) |
| Laundry | 5 (9) | 23 (42) | 58 (107) | 10 (18) | 4 (8) | (184) |
| Shopping | 5 (10) | 50 (105) | 45 (94) | ** (1) | ** (1) | (211) |
| Handling money/pension | - (-) | 3 (6) | 87 (158) | 6 (11) | 7 (4) | (179) |
| Getting about indoors | 71 (12) | 12 (2) | - (-) | - (-) | 17 (3) | (17) |
| Getting about outdoors | 6 (6) | 13 (12) | 20 (18) | 3 (3) | 58 (53) | (92) |
| Using public transport | - (-) | 22 (6) | 19 (5) | - (-) | 59 (16) | (33) |
| Odd jobs | ** (1) | - (-) | 1 (2) | ** (1) | 99 (222) | (226) |
| Filling in forms and writing | - (-) | - (-) | 1 (1) | - (-) | 99 (172) | (173) |

(* = base numbers too small for percentages) (** = less than 1%)

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 23%. Most common requests were for help with: cutting toe nails 23% (49), bathing 14% (24), odd jobs 13% (31), and washing themselves 13% (13). Table 16 shows the number of tasks respondents wanted help/more help with; two respondents wanted help/more help with seven different tasks.

Table 16: Number of tasks which respondents found difficulty with and would like more help with

| Number of tasks | % | (n) |
|--------------------|----|-------|
| None | 55 | (113) |
| One | 25 | (52) |
| Two | 12 | (24) |
| Three | 3 | (7) |
| Four | 1 | (2) |
| Five or more | 4 | (8) |
| No. of respondents | | (208) |

For a few respondents, needs were not being met by health or social services: thirteen people were unable to cut their toenails, did not see a chiropodist, but wanted help with this; four respondents were unable to wash themselves, had no district nurse to help them with this, but wanted help with this; four respondents were unable to do housework, did not have a home help, but wanted help with this; three respondents were unable to cook or prepare meals for themselves, did not have meals on wheels, but wanted help with this; and, one person was unable to do their own shopping, did not have a home help, but wanted help with this.

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 (88%, n=91), rather than from relatives and friends (6%, n=6), private services (1%, n=1), or voluntary workers (1%, n=1). Three per cent (3) said they would prefer to manage without help/more help, and one person was unsure about where they would like help/more help from.

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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: 57% (147) said "no". Of the 109 respondents who said "yes", 24% (26) mentioned mobility aids for their homes such as grab rails or trolleys or special chairs, 16% (17) mentioned home helps, 10% (11) said they needed financial help (this included help with the purchase of specific items and an increase in weekly incomes), 8% (9) said they would like a telephone or an adaptation to their telephone, 6% (6) like a telephone, 5% (5) wanted home improvements made such as the installation of running hot water, 5% (5) wanted visits from a district nurse, 5% (5) wanted a window cleaner, and the remainder mentioned a variety of other things.

Respondents were asked whether they themselves looked after or helped anyone who was sick, handicapped or elderly; twelve respondents (5%) said "yes", and one of these reported that they were helping two people.

The majority of these "carers" were helping their spouses (58%, n=7), three (25%) were helping sons or daughters, two (17%) were helping other relatives, and one was helping a friend. The age range of those being helped was 22 to 94 years, although most were 80 years or over (83%, n=10).

By far the majority (85%, 11) of these "caring" respondents were living with the person they were helping, and three quarters (9) provided help on a daily basis.

The main task they gave help with was dressing (33%, n=7), followed by cooking and housework (19%, n=4), and shopping (14%, n=3); help was also given with walking about outdoors (10%, n=2), bathing (5%, n=1), using the toilet (5%, n=1), and getting in and out of bed (5%, n=1). Two respondents (10%) said they gave help with all tasks.

USE OF STATUTORY AND VOLUNTARY SERVICES:

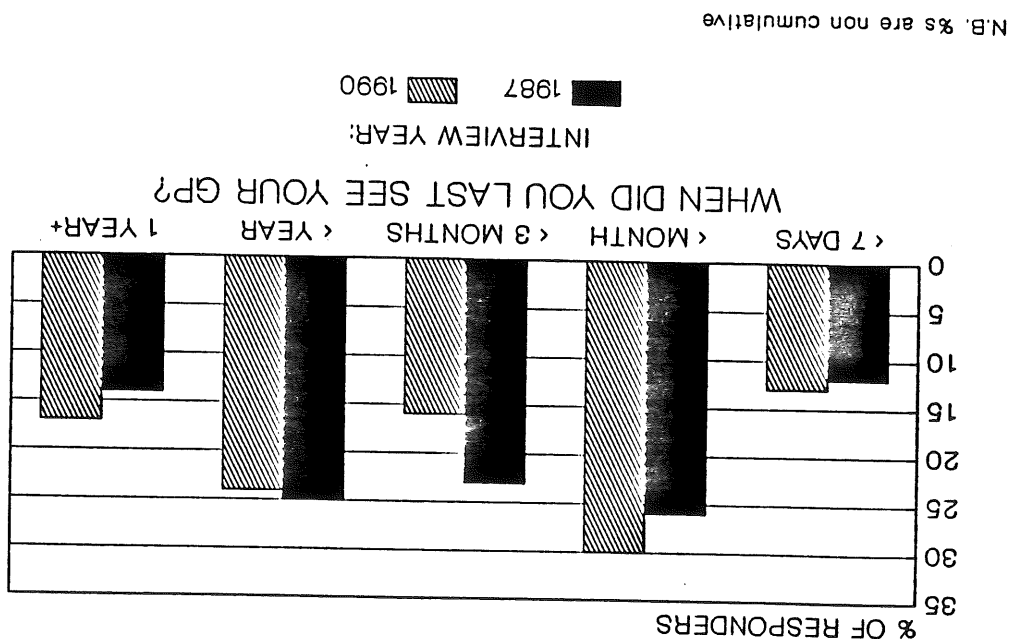
1) Contact with GP:

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: 65% (64) had consulted over nerves/stress/depression; 58% (32) over confusion; and 41% (43) over forgetfulness.

Most respondents had seen their GPs within the last twelve months (83%, 204), and 43% (106) had consulted within the last month. Twenty per cent (50) of respondents reported having seen their GP once in the last twelve months, 37% (91) had consulted two to four times, 16% (40) and consulted five to nine times and 9% (23) had consulted ten times or more. Figure 2 gives a graphical comparison with 1987.

CONTACT WITH GP

1987 & 1990



N.B. %s are non cumulative

ii) Hospital Services - Inpatients:

About a quarter (24%, 60) had been admitted to hospital as inpatients in the last twelve months; 12% (7) of these had been in more than once. The most frequent reason for admission given by respondents was "after a fall" (18% of admissions, n=11), followed by intestinal obstruction (7%, 4), cataracts (7%, 4), and a variety of other reasons.

Length of stay varied considerably. Of those reporting admission to hospital, 42% (25) said their stay was for a week or less, 22% (13) for more than one week but no more than two, 12% (7) for more than two weeks but no more than three, 7% (4) for more than three weeks but no more than four, and the remainder for more the four weeks.

iii) Hospital Services -outpatients:

Thirty seven per cent (94) had seen a doctor in an outpatients department in the last twelve months. Table 17 shows the number of times respondents had attended; one person had attended the out patients department 15 times in the last twelve months.

Table 17: Number of out patients' appointments in last twelve months

| No. of appointments | % | (n) |
|---------------------|----|------|
| One | 37 | (34) |
| Two | 27 | (25) |
| Three | 14 | (13) |
| Four | 9 | (8) |
| Five or more | 13 | (12) |
| No. of respondents | | |
| (92) | | |

Table 18 shows the main reasons respondents gave for attending the out patients department. Of those attending, over a third saw a doctor regarding eye conditions such as cataracts.

Table 18: Main reasons for attending out patients

| Reasons for attending | % | (n) |
|-----------------------|----|------|
| Eye conditions | 37 | (35) |
| "After a fall" | 10 | (9) |
| Ear conditions | 6 | (6) |
| Arthritis | 5 | (5) |
| Skin conditions | 5 | (5) |
| Abdominal pain | 5 | (5) |
| No. of respondents | | |
| (94) | | |

(iv) Other Health and Social Services:

Table 19 shows the percentage of respondents reporting receiving various health and social services; home help and chiropody services were used by over half the respondents.

Table 19: Percentage of respondents receiving services

| Services | % | (n) |
|-------------------------------------|-----------|-------|
| Home help | 63 | (161) |
| Chiroprody | 58 | (147) |
| District nurse/ other home nurse | 33 | (83) |
| Meals on wheels | 25 | (64) |
| Social worker | 16 | (41) |
| Bathing service | 12 | (31) |
| Health visitor | 11 | (27) |
| Incontinence laundry | 8 | (3) |
| Occupational therapy | 7 | (3) |
| Physiotherapy | 7 | (3) |
| Carer relief/ attendance scheme | 6 | (2) |
| Voluntary visitor | 5 | (2) |
| No. of respondents | (252-256) | |

Table 20 (overleaf) shows that the home help service was not only the most commonly used service, but the most frequently used service.

Table 20. Frequency of Service Use.

| Professional | Daily % (n) | < daily > weekly % (n) | Weekly % (n) | < weekly > monthly % (n) | Monthly % (n) | < monthly > 3 monthly % (n) | > 3 monthly % (n) |
|---------------------------------|----------------|------------------------------|-----------------|--------------------------------|------------------|-----------------------------------|----------------------|
| Home help | 4 (7) | 56 (91) | 39 (62) | 1 (1) | - (-) | - (-) | - (-) |
| Chiroprody | - (-) | - (-) | - (-) | 4 (6) | 10 (15) | 74 (109) | 12 (17) |
| District/other home nurse | 6 (5) | 16 (13) | 29 (24) | 11 (9) | 6 (5) | 15 (12) | 18 (14) |
| Meals on wheels | 48 (31) | 52 (33) | - (-) | - (-) | - (-) | - (-) | - (-) |
| Social worker | - (-) | - (-) | 2 (1) | 7 (3) | 2 (1) | 5 (2) | 83 (34) |
| Bathing service | 7 (2) | 16 (5) | 65 (20) | 6 (2) | - (-) | 6 (2) | - (-) |
| Health visitor | - (-) | - (-) | - (-) | - (-) | - (-) | 15 (4) | 85 (23) |
| Incontinence laundry | - (-) | - (-) | 63 (5) | 25 (2) | - (-) | - (-) | 12 (1) |
| Occupational therapy | - (-) | - (-) | - (-) | - (-) | - (-) | 14 (1) | 86 (6) |
| Physiotherapy | - (-) | - (-) | 14 (1) | - (-) | - (-) | 29 (2) | 57 (4) |
| Carer relief/attendance schemes | 17 (1) | 50 (3) | 17 (1) | 16 (1) | - (-) | - (-) | - (-) |
| Optician | - (-) | - (-) | - (-) | - (-) | 1 (1) | 1 (2) | 98 (128) |
| Dentist | - (-) | - (-) | - (-) | - (-) | - (-) | 2 (1) | 98 (53) |
| Voluntary visitor | - (-) | 20 (1) | 40 (2) | - (-) | - (-) | - (-) | 40 (2) |
| No of respondents | | | | | | | (252-256) |

Figure 3 compares self reported use of services by those interviewed in 1987 with those interviewed in 1990, and figure 4 compares their perceived need for services/more services.

FIGURE 3

USE OF SERVICES

1987 & 1990

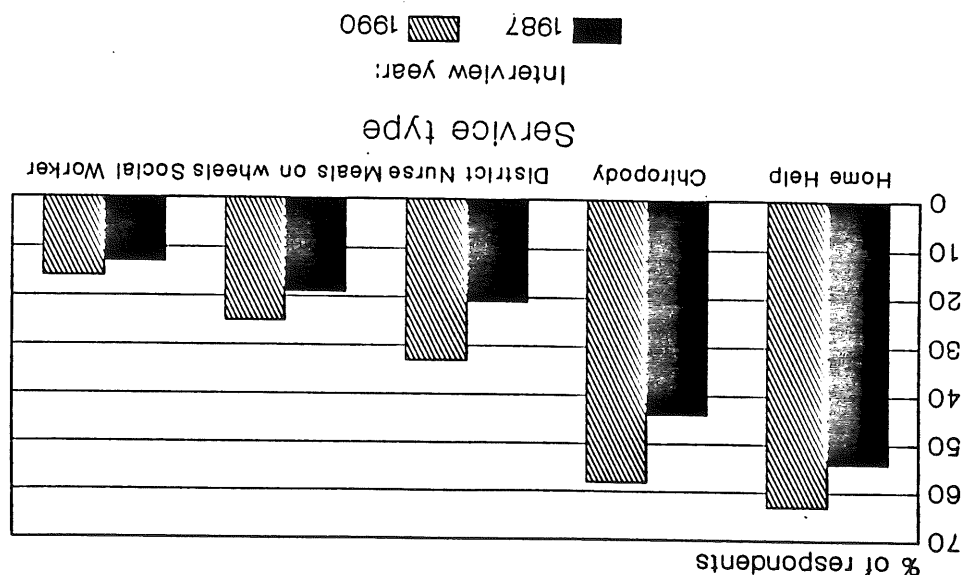
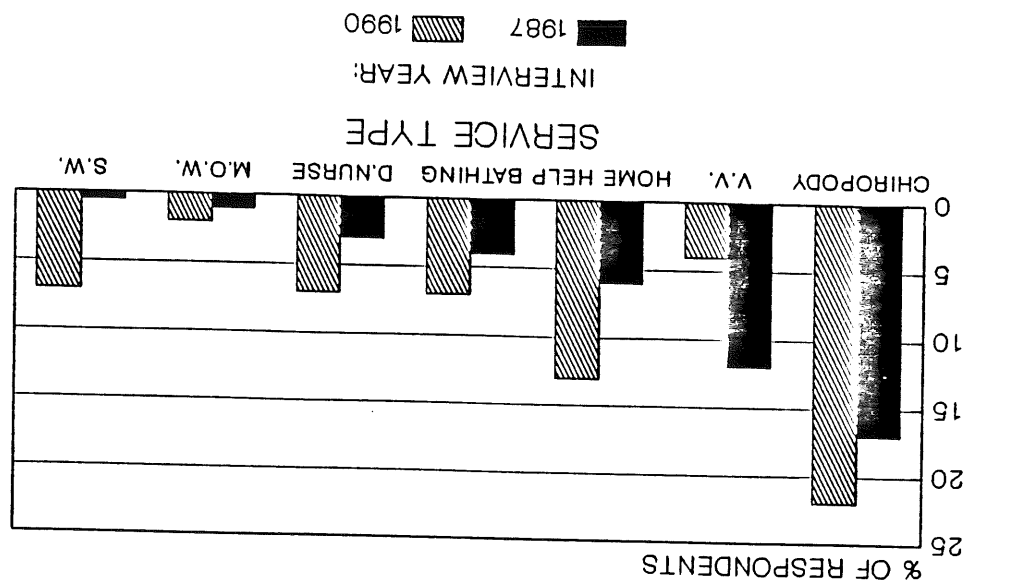


FIGURE 4

PERCEIVED NEED: SERVICES

1987 & 1990



Twenty two per cent (55) of respondents said they would like to see/see more of a chiropodist, 13% (32) a home help, 7% (19) a social worker, 7% (19) a bathing service, 7% (18) a district nurse, 6% (14) a health visitor, 5% (13) an optician, 4% (11) a voluntary visitor, 4% (9) an occupational therapist, 4% (9) a physiotherapist, 3% (7) a carer relief scheme, 3% (7) a dentist, 2% (4) meals on wheels, and one person said they would like to receive/receive more of the incontinence laundry service.

Eight per cent (19) 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 (58%, 11), 32% (6) went three or four times a week, and 10% (2) went at least five times a week.

Sixteen per cent (3) of those attending had been doing so for a year or less (the shortest length of attendance was three months), 21% (4) for more than one year but no more than two, 11% (2) for more than two years but no more than three, 11% (2) for more than three years but no more than four, and 32% (6) for five years or more (the remaining two people were not sure how long they had been attending their day centres).

SUMMARY

Accommodation: The majority of respondents in 1990 were council tenants and were living in flats. Two thirds were living alone, and about two thirds of those who did not live alone were living with their children.

Transport: Less than half of the respondents had access to a private car or van, and just under a third used public transport. The area: Crude cross-sectional comparisons with the 1987 baseline respondents show that both sets of respondents had very similar thoughts about the area. Similar percentages said that they had anxieties or fears about intruders, going out or opening the door at home (about half).

Moving home: Three per cent said they had moved home in the last three years, however a further quarter wanted to move. The majority of respondents expected that as they got older, they would remain in their own homes.

Family and friendship networks: Seventy per cent of respondents had children and their ages ranged from 40 to 80 years old.

Network size: Ninety six per cent of the respondents listed a significant other in at least monthly contact, and over half the respondents mentioned four or more people.

Density of network: A third 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 70% integrated.

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

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

Changes in network over two years: One third 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 friendship.

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 who would comfort them. Just under two thirds felt they were an important part of someone's life.

Frequency of all social contacts: Ninety per cent of respondents said they spoke to someone face to face more often than weekly, and over eighty per cent had a telephone. Over two thirds spoke to a relative or friend on the telephone at least weekly.

Satisfaction with social network: About thirty per cent of respondents said they would like to see more of their relatives, friends or neighbours. Over a quarter said they felt lonely "often, most or all of the time", and twenty 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. The majority of respondents said they received visitors, with children and friends visiting more frequently than other relatives. A quarter of respondents expressed a desire to go out more.

Reported symptoms and health problems: The percentages of respondents reporting problems with breathing, confusion and forgetfulness had increased since 1987 although for most other symptoms there was little change.

Mental health and emotional wellbeing: Thirty per cent of respondents scored over the threshold on the general health questionnaire indicating that they were probably psychiatrically disturbed; a higher percentage, 40%, reported suffering from nerves/stress/depression. Thirty eight per cent of respondents scored average to high life satisfaction.

Functional ability: The greatest difference (when crude cross-sectional comparisons are made with the 1987 data) appears to be with functional ability. The percentage of respondents reporting some degree of difficulty was higher in 1990 than in 1987 (eg. getting in/out of bed, 41% in comparison with 27% in 1987; bathing self, 71%:51%; getting in/out of bath, 78%:29%; getting about outdoors, 82%:68%; and odd jobs, 97%:83%). Forty five per cent of respondents had difficulty with and wanted help/more help with at least one task of daily living.

Use of statutory and voluntary services:

Contact with GP: The vast majority of those who reported physical health problems had consulted their GP over these, but fewer of those with nerves/stress/depression, confusion or forgetfulness had consulted their GP over these. Eighty three per cent had seen their GP in the last twelve months, and over half of these within the last month. Seventy nine per cent of respondents were taking prescribed medication.

Hospital services: Twenty four per cent had been admitted to hospital, and 37% had seen a doctor in an outpatient department in the last twelve months.

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

- Dartmouth Co-op Chart: "Quality of Life"
- Self Evaluation of Life Function Scale
- McMaster's Health Index Questionnaire
- General Wellbeing Schedule
- Affect Balance Scale
- Nottingham Health Profile

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:-

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.

METHODOLOGICAL DEVELOPMENTS

Other health and social services: The home help service was received by 63% of respondents, and chiropody by 58%; one third received a district nurse, and a quarter meals on wheels. As in 1987, the service that respondents most frequently perceived themselves as needing was the chiropody service (22%); in 1987 this was followed by the voluntary visitor service, whereas in 1990, the home help service (13%) was the next most frequently perceived need. Eight per cent of respondents attended a day centre.

FUTURE DATA COLLECTION

1. Ongoing flagging of deaths

2. Entry into institutions (ongoing)

3. Use of hospital and community services (ongoing)

4. Re-interviews with 65+ samples in Hackney (commenced January 1991) and Braintree (due to start April 1991)

FUTURE ANALYSES

Future analyses will compare the survivors in 1990 with the non-survivors: for example, comparisons of the responses given in 1987 by those who were alive and responded in 1990, with their responses at the follow up.

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 heavy use of community services
- ii) move into long stay institutional care
- iii) have died
- iv) have a poor quality of life
- 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 1990 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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APPENDIX

CASE STUDIES

The eight case studies that follow, describe and illustrate the lives of a few of the respondents in 1990.

CASE STUDY: 2420: MISS A

Miss A is a 91 year old Jewish lady living in a second floor housing association flat, on a large estate. She is blind and has been housebound for the last three months. She "lives" in her kitchen (only going to her bedroom to sleep) as it is the warmest room in the flat. It is very draughty and is heated by a one bar electric heater. Her last electricity bill was over £200.

She used to share her flat with her sister until she died in 1970, whilst Miss A was in hospital. She now has fortnightly visits from her only relative, her sister's daughter who lives about five miles away, but both find these visits distressing and they did not appear to have a very close relationship.

"There's my niece who is good but her mother's death affected her very badly and I think coming here upsets her. But I would never tell her how I feel. Deep down she is affectionate towards me, but people have their own lives to lead."

Q Do you ever feel lonely?
A "Not during the day, even though I don't do anything, but at my high tea at 6.30 and through the evening I feel lonely. I have my wireless which I could not do without....it does get lonely and I do get depressed, but I keep it to myself."

Her only other contact is her twice weekly home help, who collects her pension, and does her shopping (a Jewish butcher delivers her meat on a Friday), laundry and housework. Although her flat is very dirty and untidy, the home help obviously plays an important social role in her life.

"I would stay in bed and not eat if I had nobody to consider, like the home help. I can sit here till the cows come home and I don't like it...and I don't know what to do about it."

"I did join the Good Neighbour Scheme, but my visitor and I had a difference of opinion on something and we fell out. A lady from the DHSS came before Christmas to ask if I would like to do it again and I got a call three weeks ago to say someone was coming, but she didn't turn up."

As well as being blind, Miss A has developed ingrowing toenails (she has seen the chiropodist once), is slightly incontinent of urine, she has suffered with a duodenal ulcer for the last 15 years and had a "very mild" heart attack about 2 years ago. She has difficulty breathing and her arthritis has left her severely disabled. This in turn affects her ability to make and maintain social contacts.

"I tend to dial the wrong number and it's expensive, so I rely on people phoning me. Also it takes me quite a while to get to the next room to the phone and by then they've rung off."

She attended a day centre twice a week until about six months ago:

"...it was very good, then suddenly one morning as I got out of bed I fell and had an attack of vertigo. I had it for a few weeks each time the ambulance came - I had to refuse. They weren't very sympathetic and sent [a message] via a social worker that I couldn't go anymore. I was very upset as I had been going for five years."

She talks about what her old age would have been like if she had ever married or had children:

"No good things [about being old]...unless you have a family to visit...when you get old the children move away, but you can visit them."

"I could have married...up to two or three years ago I had a man friend whom I met at the centre who wanted me to be his wife, but I have enough to do looking after myself."

Last Christmas she fell in her kitchen, just before going to bed. She couldn't get onto her feet, but managed to shift herself along the floor! after two hours she reached her bedroom. She could not get herself into bed, so sat on the floor all night and waited till dawn (Miss A usually gets up at 3.30 a.m.) when she started to call out; some neighbours heard her and managed to climb in through the bedroom window and call her an ambulance. Her greatest worry is the risk of falling again, and she has her name on a waiting list for an emergency alarm system provided by the local housing department. She is also concerned about her vulnerability: "I can't see so anybody could come in and hit me on the head with a hammer!"

She was offered a place in a neighbouring sheltered block of flats, but she felt that the rent was too high for her. She has also thought about applying for a place in a nursing home:

"I'd like to go somewhere warm, or into a private place where they would look after me - even for two weeks - that would be nice. I haven't had a holiday for two years...I need building up a bit"

but would not like this to be a long term solution as, apart from feeling "too old to move" ("I couldn't cope with moving at my age"), she says:

"I would lose my sense of identity and freedom....lose my place in the world."

"I'm too independent, I'm just made that way...brought up that way."

She feels it is this sense of independence that keeps her going: "That is what helps me along - because I keep things to myself. Occasionally I would like a doctor to pop along to see me, but that is an impossibility."

She has meals on wheels on Thursdays and Fridays, and spends Saturday, Monday and Wednesday cooking her meals for the other days, but she worries about using her gas stove as she can not always tell if it is alight or not ("I burn myself"). She is also waiting to receive a monthly visit from a district nurse to wash her hair:

"People say they come, but they don't turn up. If they were more reliable I'd like my back done once a week."

Miss A is very distressed about the deterioration in her physical abilities:

"I listen to the book discussion on the radio. I used to write down the books and get them from the library but I can't read them now. I feel very deprived, but still I thank God every day he lets me live. If someone could read me the paper...but then I hear the news on the radio. I have to wait for someone to read my post...it is most depressing...sometimes you want to keep things private."

"It all depends on your health - if your health is good, then age doesn't come into it."

She has thought about ending her life but says:

"You've got to have pluck to do that. I haven't got pluck. I am an awful coward. I've often asked myself that, but I could never do it."

"Funerals are very expensive. It's much cheaper to live than to die. I save my money to give to my niece to cover my funeral....the thought of her finding me dead and having to arrange a funeral worries me deeply, but that's the sort of thing that can't be arranged in advance."

She says that her life has no quality:

"I'm just taking up a place [the flat] that somebody else could have. Once you get beyond a certain age there is no quality, that's my view. I don't suppose the Queen Mother would say that."

"Nothing [gives my life quality]...except perhaps when I see my niece is OK. I thank God that she is alright. And I like to see people...if only people would pop up and tell me a bit of news of the outside world...I feel so confined. A knock from the neighbour would be nice."

She spends most of her day listening to Radio 4, and as a result is very knowledgeable and well-informed (we had a good discussion about the new GP contracts!). She feels young and mentally alert which exacerbates her frustrations with her physical disabilities.

"When I'm in bed I say I'm going to get up now and do this and that...it's only when I sit up that I realise I'm old."

"It's surprising how you get used to things...that's why, Morag, make the most of your youth. I didn't think my retirement would be like this...I thought I would be baking and on holiday. I used to keep my wardrobes tidy but I don't now...it's very sad."

CASE STUDY: 0417: MRS B

Mrs B is a 90 year old widow (white European) who has shared her house with her daughter for the last twenty years; Mrs B lives in the basement, and her daughter lives upstairs. The two flats are open to each other (not separated).

Her daughter collects her pension, helps her with her shopping and housework, does her laundry, and assists her with personal care tasks such as washing her hair and cutting her toe nails. In return, Mrs B does what she can to help her daughter.

"Having a daughter that helps you and looks after you. She's up first...gets my breakfast...I do the dinner for her...we are independent."

She spends her days "pottering around" doing those little bits of housework that she can manage while her daughter is out at work. She enjoys watching television and reading her daily paper, but other activities are limited by her arthritis.

"You can't see arthritis...if I didn't have this [arthritis] I could do more than I do now. If they could give me a new neck and hands I'd be raring to go."

Mrs C has one 62 year old son, two grandchildren and several great grandchildren. Family members (including a niece who is the only family member still living locally) visit daily to sit with her as her increasing frailty causes her to have more and

There are too many stairs for her to manage, there is limited hot water due to an inefficient immersion heater, there is no central heating, and those heaters that are present are expensive to run as they are left on all day and all night, winter and summer. The roof requires repair as it suffered storm damage, and the plumbing system also requires attention.

Mrs C is a very smartly dressed 94 year old Jewish widow who now lives alone in a large Victorian house; her husband died in 1978. She and her sister had lived in the house together for the last sixty years (she was therefore living there before Mrs C became a widow) until her sister moved into an old peoples' home three months ago. The house is in need of modernisation and is on the opposite side of London to her family. She is housebound.

CASE STUDY: 0143: MRS C

"Sometimes I feel decrepid, sometimes quite young. It depends how you feel when you get up. If my neck's bad I feel old."

Although her hearing is poor and she suffers with varicose veins and shortness of breath, her main concern is her arthritis which has developed in the last year.

"If I had nobody I'd go into a home."

She had fall about two months ago in which she knocked her head quite badly. As a result her daughter now telephones her from work at 1 o'clock every day to make sure she is all right. She is very appreciative of all her daughter's help and attention, and is very aware that she could not manage at home without her.

Q Do you ever feel lonely?
A "Never. I've got three cats, a dog, and my daughter!"

"I don't see anybody [else] but I'm quite happy and contented....I've had a good time, I've got a good home and a good daughter. Without her I wouldn't have a good life."

She took up ballroom dancing when she retired and was still attending classes on a regular basis up until the age of 79. She misses this a lot because she enjoyed the exercise rather than the social contacts it gave her. Although her daughter and a niece are her only contacts now, she says is satisfied.

"You can't do what you want to do. I like to sort things, clean them out, but I can't."

Mrs C spends her days reading the newspaper, going through old photographs, writing letters, just sitting or just sleeping; and she would like her routine to stay that way. She does not like the idea of day centres, she says that she enjoys her own company and sees enough of her friends and neighbours and relatives, but she says that she often gets lonely and occasionally feels depressed.

She is adamant that she will not leave her house: she says that however her ability to remain there is dependent on her family continuing to help on a daily basis, and the provision of public and private services. As an alternative, her son has suggested trying to find someone to move in with her, a lodger or a live-in helper, but he feels it would be difficult to find someone suitable, and in any event Mrs C says will not consider the idea.

She has difficulty getting in and out of bed, climbing stairs and steps, and getting dressed, but she does manage to do these tasks herself. She is unable to use her bath or wash herself unaided, she can not cut her toe nails, prepare and cook a meal, or do her housework, but she now receives professional (public and private) help with each of these. She has severe difficulty doing her laundry, can not carry out odd jobs or fill in forms, and she can not get her own shopping or pension as she is unable to get around outdoors or use public transport. Her son and his wife carry out all of these tasks for her on a day-today basis, travelling across London to do so.

He has spent many hours trying to provide her with services so that she can remain in her own home, but has come across several obstacles both in access to the services themselves and his mother's acceptance of them. For example, when Mrs C first complained that she could not use the bath, her son managed to arrange for a district nurse to come and help her have a bath, but whenever the nurse arrived Mrs C would send her away saying that she didn't feel up to it, or didn't want it. After a few weeks the nurses stopped coming.

Her son would like her to move into a Jewish run old peoples home close to his family's house in south London. He is currently spending all his spare time, and indeed some of his work time (he is self employed), visiting to help his mother and is finding this a great strain.

She has suffered with cataracts for the last 15 years, and has always had problems with her feet. Over the last year she has become increasingly forgetful and at times confused, and has suffered with slight urinary incontinence for the last two years. Her appetite is diminishing, and for the past six months she has complained of aches and pains in her muscles and joints. However she has not seen her GP for at least a year, and she describes her health as "good" for her age.

more household accidents eg. she puts plugged in electric kettles on the lit gas cooker, and leaves ordinary kettles to burn out on the gas cooker. In addition, six months ago, a burglar got in through the backdoor.

Her 59 year old daughter (an only child and herself a widow since 1974) nurses her twenty four a day in a small bedroom on the top floor of the house they have shared for twenty years, up three flights of stairs. Her room is located there temporarily while the house is undergoing major modernisation paid for by a grant from the local council. Once the rebuilding is complete, Mrs D's bedroom will be moved down to the ground floor.

She has suffered with arthritis, asthma and bronchitis for the last fifty years, and her daughter reported her mother's lifelong problem with constipation, but her health has severely deteriorated in the last twelve months. A year ago she was able to walk, but she developed an ulcer on her leg ("she has a clotting problem and very bad circulation") and gradually stopped walking. She is now completely immobile and her confusion, which her daughter first noticed about five years ago, is now severe. She is very frail and emaciated, virtually blind, and is incontinent of urine and faeces.

Mrs D is a Jewish widow and is somewhere in her late nineties - neither she nor her family have ever known her exact date of birth except that she was born in August, towards the end of the 1800s.

CASE STUDY: 2244: MRS D

This strained and difficult situation has been continuing for well over a year and is increasing in its difficulty as both Mrs C and her son are quite adamant about what each of them wants to happen, and each wants a very different thing.

Through his efforts to arranged for suitable services to be provided for his mother, Mrs C's son has become frustrated with some professionals' insistence in dealing directly with her alone, refusing to have him present at assessments or interviews. When asked, Mrs C says everything is fine and she does not need any help, but the reality is clearly different, and her son would like to be there to state his view of the situation and why he feels it can not continue as it has. He feels that social services should be aimed at, or directed through, carers, not the people they are caring for.

She has meals on wheels every weekday, she is visited at least weekly by a worker from the Jewish Welfare Board, she sees a private chiropodist once a month, her son occasionally employs her a private cleaner, and Mrs C has recently re-started receiving the district nurse who now helps her to wash herself at a sink and wash her hair, rather than use the bath. The occasional employment of a cleaner is temporary until someone she could rely on to do this. There is also a problem with the limited frequency of incontinence pad delivery.

Mrs D's functional ability is negligible; she requires total help with all activities of daily living, most of which is provided by her daughter. Her daughter says she is happy to provide this care as she was a "wonderful mother", but she would occasionally like a break even one day off! she had never heard of carer relief schemes but thought this might be useful. However, they were burgled last year and as a result she is scared to leave her mother; she is also very concerned about the danger of household fires.

Mrs D's daughter is very disappointed with their GP and so often prefers to use the services of a private doctor who serves the local Jewish community. Twilighnt nurses visit Monday to Friday to put Mrs D to bed at night, a district nurse visits once a week to give her a full bed bath, and a supply of incontinence pads is delivered once every 6 weeks. Her own children, and twenty grandchildren, also provide help with looking after their grandmother/great grandmother at the weekends, and all visit at least once a week; they all live locally.

Mrs D is extremely thin and is nursed on a ripple mattress when in bed as she has suffered with pressure sores in the past. She spends most of the day asleep but when awake, she mumbles to herself constantly or sings and prays if sitting out in her chair. She does not appear to understand what her daughter says to her, although her daughter feels certain that her mother recognises her and the rest of the family; "when they are here she seems brighter".

Her daughter is very concerned about her mother's weight loss. She gives her vitamin B and Orovite, which she buys over the counter, but would like to "feed her up" more. She is considering applying for meals on wheels (koshers) for her mother, as she often does not cook until the evening because this is when she prefers a cooked meal herself. She is also worried about her mother's toe nails which are very long and tough (her toes are also ulcerated), but says her mother has not seen a chiropodist for five years.

Although her mother's condition has deteriorated severely, Mrs D's daughter is devoted to her care and her family continue to support her all they can eg. during the summer they took her out a few times for short rides in her grandson's car, carrying her down the three flights of stairs. She would like to continue looking after Mrs D in her home for as long as possible, and does not want anyone to move in with her to help.

CASE STUDY: 2247: MRS E

Mrs E is an 89 year old lady (white European) living alone in a first floor council flat. She can not manage the stairs and there is no lift, so she is housebound. She has a history of chest pains and quickly becomes short of breath on exertion. In addition, she suffered a stroke about a year ago which has left her dysphasic; she doesn't think she has ever had speech therapy.

She has high blood pressure, feels giddy, suffers with aches and pains in her muscles and joints, gets headaches, and complains of itchy cheeks. Her feet are swollen, and she is having trouble cutting her toe nails, which are long and hard; she would like to see a chiropodist in her own home. For the last week she has suffered severe abdominal pain, for which she has seen her GP.

She spends her days sitting watching television, or sleeping; she used to enjoy reading, but finds that her vision has deteriorated and the words get muddled now. She was says she has been depressed and confused since having the stroke, and although she feels young she complains of having "no energy". She worries a lot and is anxious about intruders, and opening the door. Also, she does not have enough money to meet her expenses.

"I worry about everything...Mrs Thatcher...I haven't got enough money...my poll tax."

Mrs E can not use her bath as she finds it difficult to get in and out of it, but manages to wash herself at a sink. She has slight difficulty cooking and preparing her meals, and finds cutting up her food and eating it severely difficult. She has a home help who visits once a week to do her shopping, collect her pension and clean the flat (it was very tidy and spotless), but feels she needs more help with household tasks; her laundry in particular. The home help also helps her to fill in any forms that come through the letter box.

She has four children but rarely sees them, except for one daughter who lives locally and calls in once a fortnight. One of her three sons telephones her every Sunday, but she finds speaking on the telephone very difficult and her family find it hard to understand her. She is extremely frustrated by her difficulty in communicating with people and feels lonely "all the time", but she does not wish to join a day centre or club. Although she says she sees enough of her friends and neighbours, she would love to see more of her family, in particular her grandchildren, but they live too far away (eg. Exeter) and she does not want to move.

CASE STUDY: 2254: MR F

Mr F is a 91 years old Jewish gentleman who looks remarkably young for his age. He is fit and active, going out most days to meet his friends in Wood Green; they go for a coffee and a talk. For the last twelve years he has lived alone (he was divorced 40 years ago) in sheltered accommodation provide by the Jewish Welfare Board for ex-servicemen and women; Mr F served in both world wars. His fourth floor flat is of a very high standard, with a spectacular view through the trees across London (the building is situated on a hill). The housing association provide support and services to those residents requiring it, and Mr F feels happy and secure there.

Mr G is 89 years old and has been a widower for the past 17 years (white European). He had a heart attack three years ago and now suffers with angina. He recently spent three weeks in hospital with a "stoppage in my insides and liver trouble" and has been told that he can no longer drink alcohol, but has always enjoyed the social act of going to the pub; "it's a break". He now goes there at lunch time for a soft drink: he stays for about twenty minutes and has one ginger beer, then goes straight home.

CASE STUDY: 2264: MR G

"No worry, no problems whatsoever. I settled everything, I've got my will done. I only hope I shall not be any nuisance when I pass away...you've lived to a certain age, you've experienced everything more or less: good, bad or indifferent."

Although he appears fit and well (he has not seen his GP for a year and complains only of constipation and problems with his skin), he says that he feels "up and down". He frequently talks about his will and seems resigned to the fact that, because of his age, death is not far away.

"No worry, no problems whatsoever. I settled everything, I've got my will done. I only hope I shall not be any nuisance when I pass away...you've lived to a certain age, you've experienced everything more or less: good, bad or indifferent."

Although he enjoys his own company and says he never feels lonely ("I like myself to myself"), he says he doesn't see enough of people. He does not feel he is an important part of anyone's life and says he has no one to comfort him when he needs it, but he feels that his relatives care about him and would listen if he needed some one to talk to. He does not have a telephone, but once every 4-6 weeks he is visited by his "half brother" and wife who live in south west London.

He has moderate difficulty climbing stairs and steps, and slight difficulty cutting his toenails, but is able to do most tasks for himself except clean his windows; the housing association provide a window cleaner for this. He does not use any social services because he believes it involves too much effort and would rather be independent: "I can take care of myself."

Mr F is "not a big eater"; he became a vegetarian at the age of 19 having witnessed the slaughter of mules for food, but says he doesn't preach his views to anyone ("I don't interfere with anybody and nobody interferes with me").

"It's very central, I like the people round here they're very down to earth some of them are very nice. It's quite alright I can get a bus anywhere...they [housing association] do repairs, they have solicitors, and all kinds of people if you need them they are very good."

"I feel alright, I feel pretty active... I feel happy to think I can move about and do things. You get some elderly people sit about moping, I don't."

When at home he spends his day gardening, reading, listening to the radio or watching television; but quite often he will just sit, or sleep.

He goes out regularly with his 17 year old dog who suffers with arthritis and cataracts, they go for a walk to the park, the shops or the pub. The dog is very good company, but because of his health and age he is not a good guard dog; when Mr G went out for an hour, burglars pacified the dog with biscuits strewn across the carpet, then took his colour television and broke into his electricity meter. Since this, in the last six months, he has been burgled again, twice.

Mr G has always lived with his oldest son who is 64 years old, and has never married. They share the tenancy of a privately rented well-maintained old house, which is full of books and has a view out of the kitchen window into their small well-maintained garden, but because of the burglaries he is nervous and has turned against the area.

"When I'm out I worry in case anybody breaks in, I'm very careful who I open the door to... I was really worried about people breaking in while I was in hospital."

"I've gone right against the area now, since I've been broken into so many times. It's getting rough around here.

A lot of the coloured chaps are rough. I've been broken into three times in the last three years - they took my presentation watch, they took a hell of a lot of stuff. There's a lot of noise in the area, the kebab [shop] at the corner... the yobboes go in there and the noise of the wine bar."

His son would like them to move and Mr G agrees that this would be a good idea. They would like to move out of London, to the country.

"I'd love to be out in the country... I think it would be a bit more quieter than it is round here."

He says his greatest worry though, at the moment, is the poll tax. He sometimes feels lonely ("I miss my wife, I have her ashes in a box here"), but says he sees enough of his friends, neighbours and relatives. His two other sons visit weekly and fortnightly: they live in Harlow and Chingford respectively.

He has moderate difficulty climbing stairs/steps and cutting his toenails (he would like to see a chiropodist), and slight difficulty using public transport but manages these tasks on his own. They have a home help weekly to do the housework, and his live-in son does some of this and all the odd jobs that need to be done. He says he sometimes feels he is a burden to his son; "sometimes I think I am in the way... you know what I mean?"

Mrs H (white European) is a 91 year old retired nurse. She is a widow and lives alone in sheltered accommodation provided by the council, in a ground floor bedsit.

She has very few familial contacts, and no friends. Her 67 year old son lives north of Liverpool, so she only sees him about three times a year, but speaks to him on the phone every Wednesday. She has not seen her daughter (who is 69 years old) for seven years because she says her son-in-law does not like his wife to see the family. She has nieces and nephews that she sees about three times a year, and has one particular nephew living in Cambridge whom she would turn to for help before any other family member, whom she telephones once a month.

In the last year, she has lost four of her regular social contacts; two friends, a niece and her brother. Mrs H used to go and stay with one of the friends in Surrey three times a year, for the last fifteen years, for a week at a time (Christmas, Easter and summer), but the friend was widowed a month ago and is no longer able to receive visitors. The other friend used to visit Mrs H for lunch, but as Mrs H is no longer able to cook, the friend has not visited for six months.

Mrs H's niece who used to live locally moved to Weymouth a year ago, and she has not seen her since; and her brother, whom she used to write to regularly (and speak to on the phone twice a year, although she had not seen him for over seven years), died recently. Mrs H is very sad about these changes, she misses the trips and visits a great deal.

She does not have anyone she can really count on when she needs to talk, and no one to comfort her: "I try not to get down". She doesn't feel she is an important part of anyone's life, but says her nieces and nephews do care about her.

Mrs H now goes to a day centre twice a week, where she enjoys having her hair done occasionally, and she plays bingo once a week in the communal lounge of her sheltered accommodation. She says, however, that she doesn't really mix with the other people there, but just enjoys going: "the people here are not the type I want to mix with, they are gossipy,....or they are men."

An ambulance calls to collect her for the day centre, and a neighbourhood helps her round to the bingo (she is unable to use public transport). In addition to this, once or twice a week the same neighbourhood phones her at 6 p.m. to see if Mrs H would like to come two doors down to her bedsit so that they can watch the news together. At 6.30, when the news is over, the neighbourhood usually says she is tired and would like to go to bed, so Mrs H is taken back to her own bedsit.

She worries about burning herself when cooking her meals, as she has done this before when making a pot of tea. She now has meals on wheels delivered three times a week, eats at the day centre twice a week, has cold food at weekends and no longer makes herself cups of tea; she would like to have meals on wheels at the weekends too but she says she cannot afford it. Also, she is currently having difficulties with her dentures, as her food becomes trapped under the denture plate.

Mrs H has had problems with her feet for the last ten years, and can not cut her toe nails, so now attends the chiropody department once a month. She is unable to do her shopping, housework, or laundry, or collect her pension and receives a home help twice a week to do these tasks for her.

Although she says their warden is "poor", she is quite contented with her home: "it makes no difference to me where I live, but it's a nice warm and comfortable room". She does not want to move unless her mobility becomes more limited, then she would like to go into an old people's home: "a decent one though."

These problems limit her mobility so that her activities are restricted to her bedsit, unless she has assistance to walk. She also falls occasionally, which she feels has effected her memory: "I don't remember what happened yesterday". She describes her health as "good" for her age and has not seen her GP for over a year, but says that her lack of mobility is the worst thing about being the age she is now.

Mrs H's vision is extremely poor; she is registered blind, disabled and handicapped. She has suffered with bronchitis and asthma for the last twenty years, with arthritis for the last eight years (her right knee is very painful and swollen), and she believes that she has had a mild stroke about ten years ago.

Mrs H has been incontinent of urine for a couple of years, and has supplies of pads for day and night use delivered once every six weeks. The night pads for her bed are too thin, and she has to use several at one time, so she usually runs out before the next supply arrives. She very anxious about being clean and presentable, and is conscious of the smell of stale urine in her home (it is very mild). She has beautifully painted nails and is fully "made-up" every day, even if she has not arranged to see anyone.

"I'm on the ground floor corner, so I keep the door locked and sit and watch by the window. I have a phone I can switch off when I'm out so that it doesn't ring."

She worries about burglaries:

"Sometimes I'm in bed by 7 p.m.". "She gets up at 6.30 a.m., and it takes her about four hours to wash (she can not use the bath), dress and make her bed. She spends the rest of the day sitting in her chair by the window watching television, reading large print books, or knitting:

Mrs H says that while her husband was alive the quality of her life was "very good" but, since his death 40 years ago, it has deteriorated, and more so recently as her physical abilities have decreased.

"In reality I've lived my life now. I used to have friends round for meals but I can't even do my own cooking now, let alone cook for others."

