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# BEYOND THREE-SCORE AND TEN

*A first report on a survey  
of the elderly*

by Mark Abrams

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# I Introduction

## Why and how

Over the past two or three years those concerned with shaping public policies related to the needs of the elderly have shifted the focus of their concern away from global statistics about the total number of men and women aged 65 or more to specific age groups within this total—and in particular, their attention has been concentrated on those in the age-band 75 or more. It is now widely appreciated that from now on the number of people in Great Britain in this age group will increase considerably over the next twenty years while the number of comparatively young elderly people (i.e. those aged 65 to 74) will decline. On any realistic assumptions about possible changes in mortality rates among the elderly, it is almost certain that over the 20 years from 1976 to 1996 the number of men and women aged 65 to 74 in Britain will fall by a quarter of a million (from 4,968,000 to 4,717,000) while the number of those aged 75 or more will increase by  $\frac{2}{3}$  million or 23% (from 2,785,000 to 3,423,000). And among the very elderly (i.e. those aged 85 or more) the rate of increase over these 20 years is likely to be around 42%.

Projections such as these have naturally stimulated among those involved in the care of the elderly a new and lively interest in discovering more than we already know about the needs, conditions, and resources of today's 75 and over population so that we may develop policies that will enable the 75 and overs of the next two decades to lead satisfying lives. It was from these considerations that the survey described here originated.

It was decided to interview a sample of 800 people aged 75 or more (400 men and 400 women) and to select them in equal numbers from four socially different urban areas:

**Hove**—a largely middle class town on the South Coast which has attracted many retired people from London and the Home Counties;

**Merton**—an outer London borough which as the result of local government boundary reorganisation now contains residents from a wide range of social and economic circumstances;

**Moss Side**—a comparatively small inner Manchester parliamentary constituency where there has been

much slum clearance and a little reconstruction; **Northampton**—a comparatively self-contained, medium-sized prosperous Midlands town which over the years has lost few of its elderly people either through migration to the coast or by rehousing on new estates outside the city boundaries.

In addition to the sample of 800 persons aged 75 or more, we also selected, again in equal numbers from the four urban areas, a sample of 800 people aged 65 to 74. There were two reasons for this: first it provided a relevant control group that would enable comparisons to be made with a generation which while elderly had been for the most part in their forties and fifties when Britain had enjoyed its economic boom during the 1950s and early 1960s and had built the Welfare State on a wider and more generous basis. A second reason for including this younger section of the elderly was that they will provide the population aged 75 or more over the next decade and a knowledge of their present circumstances should help to shape policy for the 1980s.

The sample for each age-band was selected by a process very similar to the area sampling technique commonly used in the United States when random samples of the population are required. In each urban area a probability sample of one hundred blocks of dwellings was selected. The interviewers then called on every dwelling in each block and listed the name, age, and address of every person aged 65 or more—and then from the resulting lists for each urban area a probability sample of 200 persons aged 65 to 74 was picked and a similar sample of 200 persons aged 75 or more. (People living in residential homes, hotels and in hospitals were *not* included.)

Altogether the household enumeration was carried out at 11,051 addresses; 2,858 of these addresses (25.9% of the total) contained one or more person aged 65 or more; in fact they contained 3,603 men and women in this age group. From this total 2,217 names and addresses were selected for interviewing; however, 11.6% of those selected refused to participate in the survey, 4.0% were out

whenever the interviewer called, 5.5% felt too unwell to give an interview, others said they were too busy to spare the time for an interview (1 to 1½ hours), so that finally those who gave complete interviews constituted 74.2% of those originally selected. This response rate was almost identical for both age groups and for both sexes. The fieldwork was carried out mainly in March and April 1977 but a final handful of interviews were conducted in May.

When the information on the completed questionnaires was turned into tabulations each sample group was re-weighted so that the components in total corresponded to the proportions found in the original listing. The following tables show for each town the composition of the sample interviewed and then the proportions to which they

true proportions of the elderly population.)

2 Of all the men in the target group 67% were married, 28% widowed and 5% had never married; the figures for the women are 18% married, 64% widowed and 18% had never married. Among the pre-targets the proportions still married were appreciably higher; thus, of the men 79% were married, and of the women 44% were married, 34% widowed, 5% divorced or separated, and 17% had never married. Of all widowers in the 75 or more age-group 69% were living alone, and of all widows in this age-group 75% were women living alone.

3 Among the targets 30% had never had any children and a further 45% had had only 1 or 2 children. Much the same low levels of low gross fertility had

**Table A** Number of interviews

Age		All	Hove	Merton	Moss Side	Northampton
75 or more:	Men	247	47	68	57	75
	Women	597	173	142	157	125
	Total	844	220	210	214	200
65-74:	Men	315	77	74	81	83
	Women	487	129	120	120	118
	Total	802	206	194	201	201
Combined totals		1,646	426	404	415	401

**Table B** Proportions after weighting to true proportions

Age		All	Hove	Merton	Moss Side	Northampton
75 or more:	Men	%	%	%	%	%
	Women	33.0	29	36	29	36
	Total	67.0	71	64	71	64
65-74:	Men	100.0	100	100	100	100
	Women	39.9	35	43	41	40
	Total	60.1	65	57	59	60
		100.0	100	100	100	100

were weighted at the table-making stage.

Some other key points to be borne in mind about the sample are:

1 In the whole target group of the survey (i.e. those aged 75 or more) 22% of the men and 59% of the women were living alone; the comparable figures for the pre-targets (i.e. those aged 65 to 74) were much lower at 14% and 39%. (These figures, like all others from now on, are based on the re-weighted or

occurred among the pre-targets—30% had had no children and 47% had had either 1 or 2 children. (According to the latest volume of official Population Projections the average number of children for all women born in England and Wales in the year 1900—roughly the contemporaries of our targets—was 2.0.)

The basic structure of the questionnaire used is extremely simple; it sought to obtain from each

respondent:

- (a) Their objective circumstances—e.g. size of dwelling, frequency of contact with offspring, method of heating bedroom.
- (b) Their personal history—e.g. membership of voluntary organisations before reaching retirement age and date of any withdrawal from such bodies.
- (c) Their perceptions of their objective conditions—e.g. the three or four stair steps to reach their bedroom did, or did not, constitute in their eyes a serious hazard.
- (d) The amount, source and adequacy of any help they received from relatives, neighbours, voluntary workers, statutory social workers.
- (e) Their levels of satisfaction with their life.

These stages of questioning were applied to several aspects of life—housing, neighbourhood, income, health, leisure activities etc.

In contemplating the findings at a very early stage it seemed that in terms of their conditions and satisfactions a first enlightening subdivision of the elderly would be into those who live alone and those who live with others. This first report of the survey is based on this division and on those parts of the questionnaire where it was thought the division would reveal important differences between the two groups. Further, it was felt that some of the findings should be published with the least possible delay and that therefore the initial statistical analysis should consist simply of cross-tabulations. It is intended that a more extensive account and more sophisticated analysis will follow. Between this Introduction and the main text of the report there is a section entitled 'Born 1898: a brief group biography'. Its purpose is to remind readers of some of the circumstances that shaped the lives of the generation from which our respondents were drawn.

The sample for this survey was designed and selected by Research Services Ltd who also carried out the interviews, processed the completed questionnaires and produced the tabulations on which this report is based.



## II Born 1898; a brief group biography

At mid-1977 there were 2,840,000 people in Great Britain aged 75 or more—896,000 men and 1,944,000 women. A little over half of them were aged 75 to 79: the age of the median man in the 75 or over population was 78, and that of the median woman was 79. The purpose of the following notes is to remind the reader of some of the main events in the social and personal environment in the early life of this median person and thus help to indicate the values and experiences that shape his, or rather her, attitudes and judgements today. Since two-thirds of those aged 75 or more are women the 'biography' is more appropriately developed in terms of a girl born in 1898.

If born in London (or indeed any other large city) the circumstances of her parents and home have been described in considerable detail in the seventeen monumental volumes of Charles Booth's **Life and Labour of the People in London**; the first volume of this appeared in 1889 and the final one in 1897—a few months before her birth in 1898. Booth's survey showed that one-third of all London families were living at or below the subsistence level, i.e. lacked sufficient income to afford a diet that would keep them above the starvation level. And over 30% of London's population were living under conditions of gross overcrowding—i.e. at a density of 2 or more persons per room. From his findings Booth concluded that the principal causes of this widespread absolute poverty were not to be found in 'crime, vice, drinks or laziness, [but in the] lack of work, death of husband, sickness, trade misfortune, old age and accident'.

Shortly afterwards Seebohm Rowntree's study in York showed that at the end of the 19th century such poverty was not limited to Britain's largest cities. His report, **Poverty: A Study of Town Life** (1901) using an extremely austere measure of poverty (e.g. 21s. 8d. per week to cover all the needs of a family of five—broadly at 1977 prices equivalent to £16) showed that in York 28% of people, because of either primary causes or secondary causes (i.e. 'wasting' part of the household income on the purchase of furniture or newspapers) fell below even this miserable poverty line.

If our median child of 1898 was born in the countryside then the chances are that her material background was even worse. In 1903, P. H. Mann, stimulated by the work of Booth and Rowntree, applied the latter's techniques to an agricultural village in Bedfordshire where the Duke of Bedford was 'the greatest landowner, houseowner, and employer of labour in the district'. Mann, however, made one adjustment to Rowntree's measure of poverty. Since, in his words, 'wood, brush, thorn etc. could be picked up free'\* he decided that a family of five could survive on 18s. 4d. a week (i.e. approximately £14 at present prices). Even with this reduced dividing line he found that 41% of working class people in the village were in primary poverty and another 9% (through 'bad management' and 'drink') were in secondary poverty. (And at the time of Mann's survey 25% of Britain's population lived in rural districts.)

As a young child the visits she made to her grandparents might be clouded by their poverty; in the 1890s of all those in England and Wales aged 65 or more nearly 30% were described in the official statistics as 'paupers' (i.e. they drew Poor Relief) and well over a quarter of these 'paupers' lived in the workhouse. Those elderly paupers who were not admitted to the workhouse might, if they qualified as 'the deserving poor', receive from various sources, including parish pay, 7s. 6d. a week, or 12s. for a married couple.

A year or two before the outbreak of World War I our median respondent left school at the age of 14 (or 13 if she was bright enough to pass a special examination) in time to see her older brothers and, a little later, her father, join the Armed Forces; in many cases her mother also was mobilised for the war effort (as a munition factory worker, or as a land worker) and possibly finished the war either as a widow or as the wife of a wounded war casualty. (During World War One 744,000 men serving with the British Forces were killed and 1,693,000 were wounded.)

Then, by the time the 1921 Census was taken and our

\* Report in *Sociological Papers* by Francis Galton, E. Durkheim et al. Macmillan & Co. London 1905.



median girl was 23 years of age she was either already married (not very likely) or, more probably, out at work; and 'out' should be taken literally; in 1921 of all women in employment in Britain over 20% were in private domestic service. An almost equal number worked in the textile mills of the North and the garment workshops of London.

Marriage came late in those days and by the time the 1931 Census was taken nearly one-third of the contemporaries of our median woman were still single although they were now in their early thirties. In part this lack of husbands would be due to the fact that after the end of World War I hundreds of thousands of young people, mainly men, decided to seek a better life outside Britain. Between 1919 and 1931 the loss of emigrants from this country to the United States, Canada, Australia, New Zealand, etc. was an average of over a quarter of a million people a year.

For the next three or four years she, and most other people, considered themselves lucky if they had a job at all. In 1934, when the worst of the Great Depression had passed, in the average month 17% of the 13 million manual workers covered by the unemployment insurance scheme were out of work. From then on conditions continued to improve but even so at mid-1939 the proportion of workers unemployed was only slightly under 12%; and for those unfortunate enough to live in the industrial cities of Lancashire and the Tyneside the ratio was closer to 20%.

Even those with jobs were hardly steeped in affluence. At the last pre-war official earnings survey in October, 1938, the weekly pay of the average adult male manual worker was 69 shillings and that of the average woman worker aged 18 or more was less than half that at 32 shillings (their rough equivalents at today's prices would be £35 and £16).

When World War II broke out our median 1898 infant had entered her forties and by the time food rationing finished in 1954 she was well past middle age. However, she had witnessed the post-war expansion of the Welfare State and was able, provided she had paid the necessary contributions and had retired from paid employment, to draw a weekly retirement pension of £2 on reaching the age of 60 in 1958 (roughly equivalent to £8.50 today).

In the nineteen years since then the real value of her pension has increased, the health and social services have expanded, housing conditions have improved, concessionary fares on public transport have been offered her but these have all come late in life. For many women who are now approaching 80 the first three-quarters of their lives were lived against a background of abject poverty, hard work, danger and wretched housing. It would not be surprising if their present criteria of what they need, of what they are entitled to, and of what gives them satisfaction are modest.

It should also be remembered that in one important respect the men and women aged 75 or more who were interviewed in 1977 are exceptional—they have survived. And that by itself makes them remarkable; of all the babies born in Britain at the beginning of this century almost one-third had died by 1946 and another 40% by 1977. Our respondents were drawn from the 30% who have survived.

### III Some summary notes

Some of the survey findings reported here about the 'target' population (i.e. those aged 75 or more) can be summarised as follows:

- 1 Almost half (47%) of them are living alone.
- 2 Of all those living alone the great majority (85%) are women.
- 3 Of those living alone four-fifths are widows or widowers and almost all the others are women who never married. Three-quarters of all widows are now living alone.
- 4 A little over 40% have a middle class or lower middle class background; this is a higher figure than would be found in the total population of Great Britain (where it is approximately 35%) and arises partly from the inclusion in the sample of Hove and, to a lesser extent, Merton. There is also the probability that among the elderly middle class mortality rates are lower than working class mortality rates.
- 5 Less than 13% are members of a club specifically organised for the elderly; a clear majority of these (60%) are people living alone.
- 6 About the same proportion (13.4%) are members of a club or group sponsored by a religious body—church, chapel, synagogue etc.
- 7 In spite of the low membership figures, two-thirds of the elderly are completely satisfied with the extent of their local organized club facilities.
- 8 High levels of child-bearing were rare; 30% had never had any children and another 45% had had only one or two. Among the many women living alone almost 40% had never had any children.
- 9 Some of those who had had children have outlived them so that at the time of the survey 35% of all respondents had no living offspring.
- 10 Of all those with a surviving child one in six live in the same dwelling with them and another two in six live very close to them—i.e. in the same street or the same neighbourhood; altogether 62% said that at least one child lived either with them or within six miles.
- 11 Almost three-quarters of those with surviving children saw one of them at least once a week during the four weeks before the survey.
- 12 This rate of visiting was felt to be satisfactory by 60% of all parental respondents; but 45% of those living alone said they would like to see their offspring more frequently; this however, they thought was not

possible mainly because their children lived too far away; a minority (18%) explained the infrequency of visits on the grounds that their children were too busy to visit them more often.

13 In all, nearly three-quarters of all respondents receive visits from family or friends at least once a week. However, another 20% said that such visits occurred at the rate of once a month or less and 4% said they never had such visits.

14 Visits to friends and family were much less frequent (only 37% made them as often as once a week or more) and indeed 20% of the sample said they never made such visits.

15 Only 8% received visits from voluntary social workers at least once a week; slightly under 90% of all those aged 75 or more are never visited by a voluntary social worker.

16 Visits from statutory social workers are a little more frequent—13% had such visitors at least once a week; but again the great majority (78%) said they had never been visited by a professional social worker; even among those living alone the proportion never visited was over 70%.

17 Bringing together the replies from several questions a rough 'isolation scale' was constructed; from this scale it would seem that almost one-quarter (24%) of all respondents could be classified as 'isolates'; but many more (44%) are leading comparatively gregarious lives.

18 Similarly a 'loneliness scale' was constructed; the results of this suggest that approximately 20% of those aged 75 or more do feel acutely lonely and among those living alone the proportion is as high as 30%.

19 On single questions dealing with levels of satisfaction with particular aspects of their lives very high levels of satisfaction were expressed by respondents about the house or flat they occupied (81%), but there was a sharp drop when it came to satisfaction with health (60%), financial position (59%), and income (57%). Consistently, on all topics, those living alone were more satisfied than those living with others.

20 When life-satisfaction was translated into terms that equated satisfaction with acceptance of one's lot the population divided sharply; on this basis 16% are highly satisfied and 14% highly dissatisfied. High satisfaction is comparatively rare among those

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living alone; and high dissatisfaction comparatively frequent among them.

21 On a scale where life-satisfaction was equated with a sense of achievement the results were very different. Well over half (58%) gave replies that indicated a sense of achievement (typified by agreement with the statement 'I would not change my past life even if I could'). Only 5% gave replies reflecting deep frustration (typified by agreement with the statement 'When I think back over my life I didn't get most of the important things I wanted'). And again such satisfaction was slightly less among those living alone.

22 One section of the interview sought to assess how well or badly respondents had adjusted overall to their conditions. The results suggest that almost half (47%) have made a satisfactory adjustment; but at the other extreme the answers indicate that 1 in 6 (17%) of all the very elderly have adjusted very poorly to their lives as old people; and among those living alone this poorly adjusted proportion rises to 25%.

23 When respondents were asked to give their own descriptions of what makes for a satisfying life for people like themselves the biggest single group of replies is in terms of 'having good neighbours and good friends'; this was particularly true of those living alone. The proportion giving this specification was appreciably higher than the proportions choosing what one might have regarded as the obvious definitions of this age group—'good health' or 'enough money'—obvious since poor health and sparse financial resources are the frequent concomitants of old age.

24 But only half of those describing 'good neighbours and good friends' as the essential basis for a satisfying and pleasant old age then went on to say that in fact this was something they now had to any great extent.

25 A relatively high proportion said that good health is the main requisite for a satisfying old age; but less than 40% of these claimed they enjoyed this to 'a great extent'; and indeed the average person in this age-group claims to be affected by approximately six ailments ranging from rheumatism and difficulty in walking to incontinence and difficulty in passing water.

26 Apart from those actually bedfast or chairfast, at least one-third of them have some physical difficulty in carrying out ordinary household tasks such as taking a bath, getting into bed, putting on

shoes etc.

27 Only a small minority of those with such difficulties received any help with them and this help usually came from relatives and was largely given to those elderly persons who live with others.

# IV Living alone

## The one-person household

One of the more striking social changes that has taken place in Britain in recent years has been the considerable increase in the number of one-person households. At the 1931 Census the total number of households in Great Britain was 11,380,000, and of these 768,000 or 6.7% consisted of one person living alone. At the 1951 Census although household formation was very much affected by the acute post-war housing shortage, such one-person households amounted to 10.7% of the total. Between then and the 1971 Census the number of one-person households in Great Britain more than doubled so that they then accounted for slightly over 18% of all households. Since 1971, according to the Government's annual General Household Survey (using each year a sample of approximately 12,000 households), the proportion of one-person households in Britain had by 1975 passed the 20% level.

It is sometimes assumed that this recent rapid increase in the number of one-person households is the result of a much greater propensity on the part of young people to live alone. The findings of the General Household Survey do not support this view. On the contrary, it is the elderly who have been

largely responsible for the increase; in 1971 and 1972, of all one-person households, 70% of these householders were aged 60 or more, and by 1974 and 1975 their proportion had risen to 74%. The trends are clear and apparently persistent: the number of one-person households in Britain is growing much faster than the total number of households in the country, and these one-person households consist predominantly and increasingly of a man or a woman aged 60 or more.

In the light of these trends it was essential that in analysing the conditions and feelings of our respondents we should start by dividing them into two groups: those who live alone, and those who do not live alone. The incidence of the two groups is shown in Table 1 both for the sample as a whole and for the sample in each of the four urban areas where the interviews were carried out.

Thus, in the 'target' population (those aged 75 or more) the figures show:

- (a) Almost half (47%) of all respondents live alone; and in Hove and Moss Side the proportion is even higher at 52%.
- (b) Of all those living alone 85% are women; the

**Table 1** Proportions of elderly living alone: by urban area

### (a) Those aged 75 or more

		All four	Hove	Merton	Moss Side	Northampton
		%	%	%	%	%
Men:	LA*	7	6	9	6	8
Women:	"	40	46	33	46	36
Men:	NLA*	26	23	27	23	28
Women:	"	27	25	31	25	28
		100	100	100	100	100

\* LA = living alone; NLA = not living alone.

### (b) Those aged 65-74

		%	%	%	%	%
Men:	LA	5	5	3	11	5
Women:	"	24	32	16	29	23
Men:	NLA	35	30	40	30	35
Women:	"	36	33	41	30	37
		100	100	100	100	100

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**Table 2(a)** Sex composition of the elderly by household type

Age		All		Hove		Merton		Moss Side		Northampton	
		LA	NLA	LA	NLA	LA	NLA	LA	NLA	LA	NLA
75+		%	%	%	%	%	%	%	%	%	%
	Men	15	49	11	47	20	47	12	48	15	50
	Women	85	51	89	53	80	53	88	52	85	50
		100	100	100	100	100	100	100	100	100	100
65-74		%	%	%	%	%	%	%	%	%	%
	Men	18	49	14	48	18	49	27	50	17	49
	Women	82	51	86	52	82	51	73	50	83	51
		100	100	100	100	100	100	100	100	100	100

proportion is slightly higher in Hove and Moss Side. (c) For the sample as a whole 40% of all respondents were women living alone and at this figure they far outnumbered any other type of respondent. Even in Merton (where living alone is less common than in the other three areas) women living alone constituted one-third of the sample and exceeded the number of women living in multi-person households. In short, it would seem that the 'modal' person aged 75 or more is a woman living on her own.

In the pre-target population (i.e. those aged 65 to 74) the findings are:

- (a) Even in this age group nearly 30% of all respondents are living alone; and again, in Hove and Moss Side the proportions are much higher (37% and 40% respectively).
- (b) Of all those living alone 83% are women; only in Moss Side (where an unusually large proportion of men live alone) does this figure fall below 80%.
- (c) However, in this pre-target population the modal respondent is still a man or woman living with others. This is particularly true in Merton and Northampton.
- (d) If male mortality rates and the opportunities for household fragmentation stay at their present levels then many of the women in today's pre-target population will soon be faced with the task of adjusting to a very different domestic life—from living with others to living alone. Currently there are no signs of any significant extension in the life-expectation years of the average elderly man; and present pressures in housing policy favour an increase in the number of flats that can accommodate an elderly person living alone and an increase in the supply of small houses for the two- or three-person household of the recently married young.

Table 2 shows for each of the two types of respondent (LA and NLA) their demographic traits in terms of age, sex, marital status and socio-economic status.

Among the target population in all four urban areas the sex composition of those living alone is broadly identical—women constitute at least 80% of the respondents; among those not living alone the two sexes are evenly matched in numbers.

This contrast is equally true for the pre-target population; even in Moss Side women account for nearly three-quarters of all those living alone. Indeed, in the other three urban areas among those aged 65 to 74 and living alone the proportion made up of women already exceeds 80%; one possible inference from these figures is that in the 1980s women living alone may well constitute at least 90% of all those living alone in the 75 or more age group.

In terms of marital status the contrast between the two groups in the target population is equally striking. Among those living alone only two statuses are of any numerical significance—either widowed or never married; between them these two types accounted for 98% of all respondents in the four towns; 80% were widowed and 18% had never married. This pattern holds true for each of the four areas but with Hove and Moss Side containing above-average proportions of those who had never married.

For those in the target population not living alone the pattern is very different; in each of the four areas broadly two-thirds of these respondents were married, only one-quarter were widowed and 10%

Table 2(b) Marital status by household type: by urban areas

		All		Hove		Merton		Moss Side		Northampton	
		LA	NLA	LA	NLA	LA	NLA	LA	NLA	LA	NLA
75+	Married	%	%	%	%	%	%	%	%	%	%
	Widowed	*	64	—	66	—	60	—	66	1	69
	Divorced	80	25	70	23	84	27	70	28	90	21
	Separated	1	1	2	2	—	—	5	1	2	—
	Never married	1	*	3	—	1	1	2	*	*	—
		18	10	25	9	15	12	23	5	7	10
		100	100	100	100	100	100	100	100	100	100
65-74	Married	%	%	%	%	%	%	%	%	%	%
	Widowed	*	81	—	85	—	79	—	80	1	82
	Divorced	69	8	62	7	76	10	65	13	72	7
	Separated	7	1	10	1	5	—	7	1	4	1
	Never married	2	1	1	2	2	—	3	1	1	2
		22	9	27	5	17	11	25	5	22	8
		100	100	100	100	100	100	100	100	100	100

\* throughout = less than 0.5%.

had never married. In short, it would seem that in this age-group the death of the spouse normally propels the survivor into the ranks of those living alone. In the sample of those aged 75 or more, of all those widowed three-quarters are living alone.

In the pre-target population there is much the same contrast in marital status between those living alone and those living with others. That is, the great majority of the former (roughly two-thirds) are widowed, while four-fifths of the latter are married. Compared with the target group, however, there are two small differences: in all four urban areas among those living alone, the proportion of respondents who never married is slightly higher, and in all four this younger generation contains a new minority living alone—the divorced and separated. Of all those widowed in this age group again three-quarters are living alone; and of those divorced or separated 70% are living alone. And in each of these groups (the widowed, divorced, separated) women outnumber men by roughly 6 to 1 (85% to 15%).

Here too then, in this younger generation of the elderly, one can conclude that the death of the spouse normally means that the survivor lives alone, and that divorce and separation usually have the same outcome for women.

One of the distinctive features of family life in most

pre-industrial societies is that when a woman's husband dies she usually joins the household either of her father if he is still living, or, if he too is dead, of her brother or uncle. This is certainly not true of contemporary British society. The present survey found that of all widows aged 75 or more 75% are living alone; and among widows aged 65 to 74 the proportion living alone is even higher at 80%. (Presumably with increasing age and with increasing infirmity some widows in Britain either join the household of their children or siblings or else are transferred to institutional care.) The comparable figures for widowers are lower but still very high; 69% of widowers aged 75 or more are living alone and among those aged 65 to 74 the proportion is 58%. It is these widows and widowers living alone who were most prone to say later in the questionnaire that they felt extremely lonely and that they felt they were no longer of any use to other people.

For purposes of deciding socio-economic status each respondent was asked to describe in detail his or her main occupation(s) during the ages of 20 to 60. (Those who had had no main occupation during those years were asked for the same details about the chief wage-earner in their household when the respondent was aged 20 to 60.) On the basis of this information each respondent was given one of four socio-economic grades:

AB = professional and managerial

C1 = other white collar

C2 = skilled manual worker

DE = semi or unskilled manual worker

The results of this classification are shown in Table 2c. Among the total target population perhaps the most striking feature is the very high degree of similarity in class composition between those who live alone and those who live with others. The only small discrepancy relates to working class respondents where it would appear that the poorer sector of the working class (those who had spent their lives in semi and unskilled jobs) form a larger part of those living alone than they do of those living with others; this is so in every urban area except Merton.

As between the four areas the outstanding feature is the unusually high proportion of middle class respondents in the Hove sample; both among those living alone and those not living alone the ABs and C1s constitute a clear majority of all respondents. Even in comparatively prosperous Merton the combined figure for these two grades comes to no more than 40% and in Moss Side and Northampton their proportion is even lower.

The socio-economic composition of the pre-target sample is almost identical with that of the target population. Once again the highest proportion of professional and managerial middle class respondents (AB) was in Hove but both among those

living alone and those living with others they are relatively fewer than they are in the Hove target population. There are two possible explanations for this: either that in recent years the town has attracted fewer middle class retired persons than it used to do, or that there are class differences in mortality rates among those aged 65 to 74 with members of the AB grade experiencing more success in survival into their seventies and eighties. If the latter explanation is the correct one then in the 1980s and 1990s Hove's very elderly population will still be one in which at least 30% of its members have come from the professional and managerial middle class.

### Living alone and isolation

There is a reasonable possibility that elderly people who live alone will in general lead more isolated lives than do those who live with others and that they will have fewer contacts with the outside world—with relatives, friends, shopkeepers, voluntary workers, statutory social workers etc. This possibility was explored through several questions.

In the following pages the findings are considered for the target group as a whole (i.e. all four towns) but here each group of respondents (those living alone and those living with others) is subdivided by sex. This is necessary since men and women in many important respects lead different social lives (e.g. men are more likely to have contacts related to their former working lives and these may have produced

Table 2(c) Socio-economic grade by household type

[illegible]



different social relationships today). If this likelihood is accepted then the separate sex analysis of the data becomes essential since women form 85% of those living alone but only half of those living with others.

### Club membership

Less than 13% of the total target population are members of a club specifically organised for the elderly. In both sexes membership of these clubs is appreciably higher among those living alone than among those living with others (approximately 16% as compared with 9%), but it is noteworthy that even among the former well over 80% are not club members.

Among the two groups of women, membership rates are not significantly higher than they are for the two groups of men, and the fact that women constitute a little over 70% of all club members simply reflects the fact that women outnumber men by 2 to 1 in this age group. However, both types of women are much more frequent visitors to their clubs than are their male counterparts so that of those who may be called 'active' members (i.e. attend the club at least once a week) 80% are women and nearly 60% are women living alone. Of all today's members only one-third joined before reaching the age of 70. In

short then, one can conclude that clubs specifically for the elderly play no part in mitigating the isolation of almost 90% of the target population; their impact has been greatest on the 14% of women who both live alone and are active club members.

In the pre-target group (i.e. those aged 65 to 74) the incidence of active club membership, except among women living alone, is so rare as to be almost eccentric. Apart from these women little more than 6% of the pre-target population belong to a club specifically for the elderly and only three-quarters of these attend their club at least once a week. Judging by the figures in Table 3 some of the present non-members will become members after they reach their seventy-fifth birthday; this would seem to be particularly true for men living alone.

Membership rates between the four urban areas differ greatly although in none of them is it high. For both types of respondent (living alone and not living alone) the highest membership figures were found in Northampton—20% and 10% respectively; and the lowest rates were in Hove where at 11% and 4% they were half the Northampton figures. In all four towns very large majorities of both types of members visit their clubs at least once a week. The very low

**Table 3** Membership of club specifically for elderly:  
age group 75 or more

		Men		Women		All 75 or more
		LA	NLA	LA	NLA	%
Proportion who belong		%	%	%	%	%
		15.4	9.3	16.9	9.4	12.8
Age of joining:		%	%	%	%	%
	—65	6	—	19	19	14
	65–69	16	20	20	21	20
	70–74	46	46	31	59	40
	75 or more	32	28	24	1	21
	Don't know	—	6	6	—	5
Total		100	100	100	100	100
Attendance:		%	%	%	%	%
	once a week or more	53	60	85	91	79
	once a fortnight or more	6	4	5	—	4
	once a month or more	12	6	—	—	2
	less than once a month	29	24	7	9	13
	Don't know	—	6	3	—	2
No. of interviews at initial question		79	168	411	186	844

**Table 4** Membership of club specifically for elderly:  
age group 65-74

		Men		Women		All
		LA	NLA	LA	NLA	65-74
		%	%	%	%	%
Proportion who belong		6.3	6.2	15.9	6.5	8.6
Age of joining:		%	%	%	%	%
	-65	26	6	43	41	32
	65-69	58	50	29	45	40
	70-74	16	30	28	14	24
	Don't know	-	14	-	-	4
Total		100	100	100	100	100
Attendance:		%	%	%	%	%
	once a week or more	42	61	73	87	73
No. of interviews at initial question		64	251	260	277	802

membership figures for Hove would seem to be due to the fact that the town has both a high proportion of middle class elderly people and a high proportion of comparatively recent immigrants among its elderly and neither of these is prone to join clubs for elderly people. (It must be remembered, however, that the number of interviews with respondents in these groups was small.)

Respondents were also asked about membership of various other clubs and associations such as sports clubs, social clubs, church groups, lodges, political parties, trade unions etc. In every town and among targets and pre-targets membership rates were usually negligible; the two types of association with which at least 10% of all elderly people have contact are social clubs *not* limited to elderly people and church/chapel/synagogue groups. Since in numerical terms the second group (church etc.) has greater membership rates than have non-specific social clubs we propose to deal with them here in detail.

Table 6 relates to the target population of all four urban areas. Clearly, sex and domestic circumstances are closely associated with membership rates; women are much more likely to belong to church groups than are men, and, irrespective of sex, those living alone are much more likely to be members than are those living with others. Thus, the extremes of membership rates are 20% for women living alone against 7% for men living with others. The outcome of these differences is that the proportion of women who are members is double the proportion among men (16% as against 8%); and between those living alone and those not living alone the disparity is just as great—18% as against 9%. These are of course interesting differences, but perhaps the most significant fact in Table 6 is that in every section of the target population at least 80% have no formal ties with a religious group.

Among those who are members few can be described as life-long members; among both types of women

**Table 5** Membership of clubs for elderly; by town:  
for all aged 65 or more

	Hove		Merton		Moss Side		Northampton	
	LA	NLA	LA	NLA	LA	NLA	LA	NLA
Proportion who belong	%	%	%	%	%	%	%	%
% attending at least once a week	11	4	16	8	16	5	20	10
No. of interviews at initial question	86	70	73	67	74	82	72	71
	237	189	163	241	229	186	183	218

**Table 6** Membership of church etc. groups:  
age group 75 or more

		Men		Women		All 75 or more
		LA	NLA	LA	NLA	
		%	%	%	%	%
Proportion who belong		12.4	7.0	19.6	10.6	13.4
Age of joining:		%	%	%	%	%
	under 21	41	19	21	11	20
	21-40	16	40	16	30	22
	41-60	29	8	27	12	21
	61 or over	8	23	36	37	33
	Don't know	6	10	*	10	4
Total		100	100	100	100	100
Attendance:		%	%	%	%	%
	once a week or more	59	42	57	59	56
	once a fortnight	-	11	12	4	9
	once a month	23	22	14	15	16
	less than once a month	18	25	16	17	17
	Don't know	-	-	1	5	2
		100	100	100	100	100

members over one-third had joined a church group after passing their sixtieth birthday. The exception would seem to be men living alone where over 40% of present members had joined before they had become adults. The explanation may be that church groups make special efforts to make contact with very elderly women irrespective of whether they are living alone or not.

all church members attend meetings at least once a week. The exceptions are found among men living with others where a quarter of the members fail to go to a meeting even as often as once a month.

In the pre-target population as a whole the proportion who are members of a church etc. group is slightly lower than in the target population—11.4% as compared with 13.4%. The lower pre-target figure is entirely due to the fact that although the

In most sections of the target population over half of

**Table 7** Membership of church etc. groups:  
ages 65-74

		Men		Women		All 65-74
		LA	NLA	LA	NLA	
		%	%	%	%	%
Proportion who belong		12.0	7.9	15.9	11.7	11.4
Age of joining:		%	%	%	%	%
	under 21	61	34	16	20	24
	21-40	-	30	20	20	21
	41-60	17	13	15	24	18
	61 or more	-	17	48	13	25
	Don't know	22	6	1	23	12
		100	100	100	100	100
Attendance:		%	%	%	%	%
	once a week or more	59	49	60	54	54

proportion of members among women living alone is higher than among all other groups yet its penetration of 15.9% is well behind the 19.6% membership rate of their counterparts in the target population. However, we know that among these counterparts there has been a pronounced tendency to postpone joining church groups until they are well into their seventies; if the same thing happens among today's pre-target women then of the women living alone in the next decade the proportion of church members will probably increase to the level shown in Table 6.

this is true even of those sections one would have thought most likely to need and seek such relationships—those aged 75 or more and living alone. However, when a summarising question was put to respondents the answers indicate that on the whole most of the elderly are well satisfied with the current provision of these organised facilities. After the questions about membership of various specified organisations each respondent was asked: 'Thinking about the district you live in, on the whole are you satisfied or dissatisfied with the sort of social activities we have just been talking about?' If they

**Table 8** Membership of church etc. groups; by town: for all aged 65 or more

	Hove		Merton		Moss Side		Northampton	
	LA	NLA	LA	NLA	LA	NLA	LA	NLA
Proportion who belong	%	%	%	%	%	%	%	%
% attending at least once a week	17	7	18	8	15	13	17	12
	54	47	61	60	57	66	56	39

In this age group women members are no more likely to attend meetings frequently than are men. In both sexes those living alone are more likely to be frequent attenders than are those living with others.

In each of the four urban areas, membership of a church group is higher among those living alone than among those living with others; but even in the

said 'satisfied' then they were asked to refine this into 'completely' or 'fairly'; and similarly anyone who expressed dissatisfaction was requested to amplify this into 'fairly dissatisfied' or 'very dissatisfied'. The replies of those aged 75 or more in the total sample are shown in Table 9.

In each of the four sub-populations of target

**Table 9** Satisfaction with local organised social facilities: age 75 or more

	Men		Women		All 75 or more
	LA	NLA	LA	NLA	
Completely satisfied	%	%	%	%	%
Fairly satisfied	70	63	68	68	67
Fairly dissatisfied	10	13	9	10	10
Very dissatisfied	4	5	4	3	4
Don't know	—	2	3	1	2
	16	17	16	18	17
Total	100	100	100	100	100

former section it nowhere reaches as high as 20%. In all four towns approximately half the members, irrespective of household composition, attend church meetings at least once a week.

The findings so far indicate that only small minorities of either the target or the pre-target population belong to any organised continuing social group;

respondents two-thirds are completely satisfied with the organised social facilities available to them and another 10% are fairly satisfied; very few indeed expressed any dissatisfaction but one-sixth of the targets said they knew so little about these facilities that they could not give an opinion one way or the other. Sex and household composition made no difference to the pattern of responses.

The pre-target population were a little less satisfied but even here a clear majority described themselves as completely satisfied and a further one-sixth described their feelings as 'fairly satisfied'. Again sex and household composition had no effect on the general pattern of responses; and again one-sixth knew so little about their local social organisations that they felt unable to assess them either positively or negatively.

those who answered 'fairly satisfied', 'fairly dissatisfied' or 'very dissatisfied') were probed in a supplementary question which asked: 'What changes would make you more satisfied?' In both age groups the most common body of replies took a negative form; 46% of those aged 75 or more and 40% of those in the younger generation said that they simply were not interested in such organisations, that they had no need of them, or that they could

**Table 10** Satisfaction with local organised social facilities: age 65-74

	Men		Women		All 75 or more
	LA	NLA	LA	NLA	
	%	%	%	%	%
Completely satisfied	58	56	57	60	58
Fairly satisfied	15	18	14	16	16
Fairly dissatisfied	2	7	6	5	6
Very dissatisfied	9	5	4	4	4
Don't know	16	14	19	15	16
Total	100	100	100	100	100

When we consider the four towns separately the general picture of widespread complete satisfaction is marred by the replies from Merton; here only half the respondents said they were completely satisfied with their local social institutions and a large minority, almost a quarter, felt they knew so little about them that they could not give an opinion about their merits.

The overall picture then at this stage is that while only small minorities of elderly people belong to local social organisations a substantial majority regard the existing provision of them as completely satisfactory.

The views of the small dissenting minorities (i.e.

think of no changes that would make them more satisfying. The positive suggestions most frequently offered were that there should be better transport access to the existing clubs or that there should be more day centres and lunch clubs specifically for the elderly.

The situation everywhere then seems to be that the great majority of elderly people think well of their local social clubs and organisations but make very little use of them as a means of extending their contacts with others. This is true even of the many men and women in both the target and pre-target population who live alone. The explanation may be that they have other less group-based relationships which provide them with a fully satisfying social life.

**Table 11** Attitudes to local organisations; by town: for all aged 65 or more

	Hove	Merton	Moss Side	Northampton
	%	%	%	%
Completely satisfied	72	50	64	64
Fairly satisfied	9	19	14	12
Fairly dissatisfied	5	5	6	6
Very dissatisfied	3	3	4	3
Don't know	11	23	12	15
Total	100	100	100	100

To test this possibility each respondent was questioned about meetings with children and grandchildren, friends and neighbours, voluntary and statutory social workers etc.

#### Contact with family, friends, social workers etc.

This part of the questionnaire started by asking every respondent (including those who said they had never married) how many children they had had, and, where they still had children, how often they saw them nowadays. The replies to the former question are shown for the target population in Table 12. From the point of view of social support policy probably the most important conclusion to be drawn from these figures is that today's survivors from the nineteenth century were far from fecund even by today's standards; 30% were completely childless and another 45% had only one or two children. The averages of child-bearing show that as a group they fell short of reproducing themselves; clearly their childhood contemporaries who failed to survive to 1977 were the people mainly responsible for the population increases of the inter-war years.

These low fertility rates are common to all four sections of the target population; it is particularly marked among those women now living alone—the biggest single group of those aged 75 or more. Nearly 40% of these women were childless and another 23% had had only one child.

**Table 12** Number of children born to respondents aged 75 or more

No. of children	Men		Women		All 75 or more
	LA	NLA	LA	NLA	
	%	%	%	%	%
None	29	20	39	26	30.1
1	16	22	23	23	22.5
2	32	31	16	21	22.4
3	11	12	12	11	11.5
4	3	6	4	8	5.5
5	2	4	4	6	4.3
6	—	2	*	2	1.1
7	—	2	1	2	1.1
8 or more	7	1	1	1	1.4
	100	100	100	100	100.0
Average for all	1.9	1.9	1.4	1.9	1.7
Average for those having children	2.7	2.4	2.3	2.6	2.5

It will be seen from Table 13 that the overall figures shown in Table 12 apply in many ways to the target population in each of the four urban areas studied: in all four, large minorities have been childless, and most of those who had children have had no more than one or two. Apart from Northampton childlessness has been much more common among those living alone than among those living with others. The extreme contrast between the two groups occurs in Hove where among those

**Table 13** Number of children born to respondents 75 or more in four urban areas

No. of children	Hove		Merton		Moss Side		Northampton	
	LA	NLA	LA	NLA	LA	NLA	LA	NLA
	%	%	%	%	%	%	%	%
0	54	27	31	22	34	14	24	25
1	18	19	24	22	24	19	24	31
2	11	30	27	22	14	30	22	25
3	8	7	11	15	14	16	17	8
4	6	5	1	10	7	7	4	5
5	2	7	3	4	4	6	7	3
6	1	1	—	1	1	4	—	2
7	—	4	—	1	2	1	2	—
8 or more	*	*	3	3	*	3	*	1
	100	100	100	100	100	100	100	100
N =	141	79	107	103	131	83	110	90

75 and over and now living alone 57% of the men and 53% of the women have had no children.

#### The pre-target sample

The figures in Table 14 show that among all those who have survived to reach the age-band 65 to 74 the incidence of childlessness and of very small families is just as great as among those aged 75 or more; over 30% have never had any children and another 47% had families of only one or two children. Among those now living alone the proportion who had had no children is (at more than 40%) already higher than among today's target population.

Among those who had had children the gross fertility rate at 2.3 children was slightly lower than in the comparable target population (2.5 children). In all the respects considered here then it can be concluded that the composition of the target population of the next decade will be very similar to that of today's targets.

**Table 14** Number of children born to respondents 65-74

No. of children	Men		Women		All 65-74
	LA	NLA	LA	NLA	
	%	%	%	%	%
None	46	22	40	30	30.4
1	20	23	22	22	22.2
2	14	28	19	27	24.6
3	14	17	12	10	12.9
4	5	5	4	4	4.3
5	-	4	3	2	2.8
6	-	1	-	3	1.4
7	-	*	*	1	0.7
8 or more	1	*	-	1	0.7
	100	100	100	100	100.0
Average for all	1.2	1.8	1.3	1.7	1.6
Average for those having children	2.2	2.4	2.1	2.4	2.3

In all four urban districts the pattern of child-bearing among pre-target populations follows the general pattern: among those living alone very large proportions—ranging from over one-third in Merton and Northampton to just under half in Hove—had never had any children; and those bearing children had very rarely gone beyond three. Among those

living with others the proportion of childlessness in all four towns is around the 25% level. Already in all four towns the proportion of those in the 65 to 74 age group who have never had any children is higher than it is now among those aged 75 or more. Given the higher mortality rates among men, and given the high incidence of those without any children among women respondents it is highly likely that the target population of the 1980s will contain at least 35% of people who have never had any children.

#### Spatial proximity to children

By no means all the children born 30 or 40 years ago now live physically near their parents; some may have died, some emigrated, some completely lost sight of. To establish how far this might have happened, all those who said they had ever had any children were asked to give the location of those (up to three) with whom the respondent was currently in most contact. The replies of the 70% of the target group who had had at least one child are given in Table 16 and relate to the child they designated as the one with whom they said they had closest contact. It excludes the 7.5% of those respondents who said that they had no surviving child, and the 0.4% who had no knowledge of the whereabouts of their only surviving child; i.e. when account is taken of those target respondents who had never had any children, the figures relate to only 64% of all those aged 75 or more.

One in six of these respondents live with a son or daughter, and another one-third have an offspring living in the same street or neighbourhood; less than 40% of parents said their closest child lived more than six miles away. Thus, a clear majority could be said to be living either with their offspring or sufficiently near to them to make possible a good deal of visiting. This is true even of those who are living alone.

In each of the four urban areas at least 53% of target respondents with a surviving offspring said that the one spatially closest to them lived within six miles of their own dwelling. In two of the towns, Hove and Northampton, at least half the offspring either lived in the same dwelling as the respondent or in the same street or neighbourhood.

In the total pre-target population the proportion of respondents whose closest child lives more than 6



**Table 15** Number of children born to respondents  
65 to 74 in four urban areas

No. of children	Hove		Merton		Moss Side		Northampton	
	LA	NLA	LA	NLA	LA	NLA	LA	NLA
	%	%	%	%	%	%	%	%
0	49	29	36	26	40	27	37	23
1	23	21	27	23	23	21	15	23
2	11	27	20	29	16	19	28	30
3	13	13	10	12	12	15	12	14
4	1	4	5	5	7	4	4	4
5	3	2	2	2	1	7	3	3
6	-	2	-	2	-	3	-	2
7	-	1	-	1	-	1	1	1
8 or more	-	1	-	-	1	3	-	*
	100	100	100	100	100	100	100	100
N =	96	110	56	138	98	103	73	128

**Table 16** Whereabouts of physically closest living child:  
75 or more group, with children

Lives:	Men		Women		All 75 or more
	LA	NLA	LA	NLA	
	%	%	%	%	%
In same dwelling	-	17	4*	35	16.7
In same street/neighbourhood	36	39	38	20	32.8
5-6 miles away	19	12	16	7	12.3
More than 6 miles away	44	24	36	31	31.6
Abroad	1	8	6	7	6.6
	100	100	100	100	100.0

\* In some structural unit, e.g. same block of flats.

**Table 17** Whereabouts of physically closest living child:  
respondents 75 or more; in four urban areas

Lives:	Hove	Merton	Moss Side	Northampton
	%	%	%	%
In same dwelling	18	20	16	10
In same street/neighbourhood	33	21	21	55
5-6 miles away	9	14	16	11
More than 6 miles away	32	35	44	22
Abroad	8	10	3	2
	100	100	100	100

**Table 18** Whereabouts of physically closest living child:  
respondents 65-74 with children

Lives:	Men		Women		All 65-74 %
	LA	NLA	LA	NLA	
	%	%	%	%	
In same dwelling	-	14	3	25	15
In same street/neighbourhood	27	38	34	24	32
5-6 miles away	21	8	12	14	11
More than 6 miles away	43	32	46	31	35
Abroad	9	8	5	6	7
	100	100	100	100	100

**Table 19** Whereabouts of physically closest child;  
respondents 65-74 with children (by urban area)

Lives:	Hove	Merton	Moss Side	Northampton
	%	%	%	%
In same dwelling	16	17	13	13
In same street/neighbourhood	32	22	25	49
5-6 miles away	9	13	14	10
More than 6 miles away	38	37	42	26
Abroad	5	11	6	2
	100	100	100	100

**Table 20** Frequency of seeing any child:  
75 or more group with children

Seen in past four weeks:	Men		Women		All 75 or more %
	LA	NLA	LA	NLA	
	%	%	%	%	
More than once a week	39	45	48	66	52
Once a week	30	26	22	13	21
Once a fortnight	5	4	6	4	5
Once a month	15	13	12	10	12
Not at all	11	12	12	7	10
	100	100	100	100	100

N =      56 134      238 139      568

miles away is already higher than the comparable proportion among target respondents (42% against 38%). And in three of the socio-demographic groups (men living alone, women living alone, and men living with others) the gap is substantial—broadly of the order of 8 percentage points (Table 18). In spite of these differences it is likely that among the coming generation of targets, of those with living children at least half will be living within six miles of their nearest offspring.

The replies of the pre-target group to this question show that in each town the 65 to 74s have already established the spatial proximity patterns of their elders; in two of them—Merton and Moss Side—approximately 40% of respondents have their closest child located either in the same dwelling or else housed in the same street or neighbourhood. And again, in the other two, Hove and Northampton, the proportions with a child as close as this are even higher. The Hove finding is perhaps surprising since its elderly population has long contained many who have moved to the town on retirement.

#### Proximity and contact: target group

Spatial proximity, however, does not necessarily lead to contact. To check this possibility, all those with a living child were asked: 'How often have you seen any of your children in the last four weeks?' It will be noted that the question related to *any* of their children and not the one who lived nearest to them, and the question was put equally to the 17% of respondents who said they were living in the same dwelling as at least one of their children. The replies from the target population are shown in Table 20.

In the group as a whole slightly over half the respondents see one of their children more than once a week; these are almost entirely those who said their nearest offspring lived either in the same dwelling with them or nearby in the same street or the same neighbourhood. However, slightly over one-fifth (22%) of respondents saw their offspring once a month or less and these in turn were people who had said that their children either lived abroad or, if in this country, lived more than six miles away. Women, both those living alone and those living with others, are much more prone to see their children frequently than are their male counterparts but even among the men, over two-thirds of those with children see them at least once a week.

On the whole then, it would seem that most of the two-thirds of all targets who have surviving children see at least one of them fairly frequently—nearly three-quarters are in contact with them once a week or more. It is possible, however, that even this extent of visits leaves them dissatisfied. This was tested by asking all those who had at least one surviving child, and no matter how near or far away he or she lived, a follow-up question: 'Generally speaking, would you like to see them more often?' In every one of the four socio-demographic groups a clear majority said 'No'. Among those living with others this negative majority was very substantial (Table 21). This suggests that, at the least, quantitative measures of behaviour (e.g. frequency of contact) cannot be used as direct measures of the meaning and quality of such behaviour.

**Table 21** Wish for more frequent contact with offspring: 75 or more group

	Men		Women		All 75 or more
	LA	NLA	LA	NLA	
Yes	45	39	45	30	39
No	55	61	55	70	61

The minority who said they would like to see more of their offspring were then asked: 'What is the *main* reason that prevents it now?' Far and away the most commonly proffered explanation was in terms of distance—the offspring although living in this country lived too far away for frequent visits to be possible; half the replies were to this effect, and if to these we add the instances where all the offspring lived abroad then two-thirds of those who wished for more contact with their children attributed their frustration to the distances that separated them.

Those who said they had no wish to see more of their offspring (39% of all aged 75 or more) were similarly asked why this was so. The answers were not very revealing; for the most part they were of the order 'we already see enough of them' although a minority added that their offspring were too busy to spare the time to see more of them; an even smaller minority made up largely of men living alone, said they preferred to be independent.

#### Contact with offspring: the four towns

The broad pattern of contact between target

**Table 22** Reasons for insufficient contact with offspring:  
75 or more group

	Men		Women		All 75 or more
	LA	NLA	LA	NLA	
	%	%	%	%	%
Informant ill, disabled	—	2	6	1	3
Informant has no transport	5	—	6	3	3
Offspring live too far away	57	44	53	50	50
Offspring live abroad	13	16	14	19	16
Offspring too busy	15	24	14	18	18
Other	3	10	7	9	8
Don't know	7	4	—	—	2
	100	100	100	100	100

respondents and their offspring is similar in all four urban areas—similar in the sense that in each of them more than 60% of respondents said that in the preceding four weeks they had seen one or more of their children at least once a week. Between the extreme cases—Hove and Northampton—however there were considerable differences. Of all target parents in Hove nearly one-third had in the past four weeks seen any of their offspring either only once or not at all; in Northampton the comparable proportion was only 11%.

In the light of these rate-of-contact differences between the four towns it is not surprising that Hove and Northampton respondents gave very different answers to the supplementary question asking if they would like to see their children more frequently. In Hove 55% said 'yes' while in Northampton 75% said 'no'. Apparently in Hove a majority of targets who have children feel cut off from them, while those in Northampton feel for the most part that

they have struck the optimum level of contact with their children.

In each of the four towns most of those who felt they saw too little of their children gave as the main reason for this lack of contact the fact that their offspring, although they lived in this country, resided too far away. This explanation was most marked among Moss Side targets where it was given by as many as 63% of them.

In three of the urban areas—Merton, Moss Side and Northampton—a majority of targets said they had no wish to see their offspring more frequently. Most of these respondents explained their attitudes on the grounds that their offspring either lived with them already or that they were visited by them fairly frequently. Only in Hove was there a *minority* of target parents who said they would not like to see more of their offspring; possibly this was because nearly a quarter already lived with their children.

**Table 23** Reasons for not wanting more contacts with offspring:  
75 or more

	Men		Women		All 75 or more
	LA	NLA	LA	NLA	
	%	%	%	%	%
Offspring live with them	—	13	—	26	13
Already have daily visits	12	2	26	16	14
Already have weekly etc. visits	40	48	42	31	40
Offspring lack spare time	5	17	17	17	16
Prefer to be independent	21	5	3	2	4
Doesn't worry me not to see them	3	5	3	—	3
Others and Don't know	19	10	9	8	10
	100	100	100	100	100

**Table 24** Four towns; frequency of seeing any offspring:  
75 or more group with children

Seen in past four weeks:	Hove	Merton	Moss Side	Northampton
	%	%	%	%
More than once a week	42	48	53	67
Once a week	20	24	16	20
Once a fortnight	8	4	6	2
Once a month	13	15	11	7
Not at all	17	9	14	4
	100	100	100	100
N =	116	151	153	146
% would like more frequent contact:	55	35	43	25

**Table 25** Reasons for infrequent contact with offspring:  
75 or more group (by urban area)

	Hove	Merton	Moss Side	Northampton
	%	%	%	%
Informant ill, disabled	2	4	3	4
Informant lacks transport	3	3	4	4
Offspring live too far away	49	44	63	51
Offspring live abroad	18	22	6	10
Offspring too busy	21	17	18	15
Other	7	10	3	9
Don't know	—	—	3	7
	100	100	100	100

**Table 26** Reasons for not wanting more contacts with children:  
75 or more group (by urban area)

	Hove	Merton	Moss Side	Northampton
	%	%	%	%
Offspring live with them	22	14	7	7
Already have daily visits	4	16	11	19
Already have weekly etc. visits	45	31	41	50
Offspring lack spare time	15	20	8	14
Prefer to be independent, quiet	3	5	9	2
Doesn't worry me not to see them	3	3	3	3
Others and Don't know	8	11	21	5
	100	100	100	100

**Proximity and contact: pre-target group**

In the pre-target total population the extent of contact between respondents and any of their offspring is very much the same as among their elders: half of them (those who occupy the same dwelling or live in the same street or neighbourhood) see their offspring more than once a week and only a

quarter meet them once a month or less. Since 35% of the 65 to 74s have offspring who live in this country, but more than six miles away, it follows that a majority of these relatively distant offspring keep in touch with their parents at least once or twice a month. The children of women living alone are much more likely than others to do this.

**Table 27** Frequency of seeing any child:  
65 to 74 group with children

Seen in past four weeks:	Men		Women		All
	LA	NLA	LA	NLA	65-74
	%	%	%	%	%
More than once a week	21	53	49	54	51
Once a week	27	14	19	16	16
Once a fortnight	7	6	7	10	8
Once a month	27	17	11	11	14
Not at all	18	10	14	9	11
	100	100	100	100	100
N =	35	201	156	157	549
Would like to see them more: %	49	44	44	45	45

**Table 28** Reason for insufficient contact with offspring:  
65-74 group

	Men		Women		All
	LA	NLA	LA	NLA	65-74
	%	%	%	%	%
Informant ill, disabled	-	4	-	-	2
Informant has no transport	4	4	8	3	5
Offspring live too far away	44	61	58	56	58
Offspring live abroad	16	11	12	14	12
Offspring too busy	28	10	12	21	15
Other	4	9	9	5	7
Don't know	4	1	1	1	1
	100	100	100	100	100

Again, as with the older sample, less than half the respondents said they would like to see their offspring more frequently; these were mainly people who had contact with their children only once or twice a month. The pattern of responses here was almost identical for those living alone and those living with others.

This 45% of pre-targets with offspring and who said they would like to see them more frequently were asked for the main reasons that currently prevented them doing so. The pattern of replies was very much the same as for the target population: over two-thirds of them related to physical distances—either the offspring live abroad (12%) or else too far away in this country (58%).

The replies of the majority in this age-band who said they had no wish to see their offspring more

frequently fall into three groups relating to current contacts: they already live with them (8%), they have daily visits from them (16%), and by far the largest group (53%), they see them weekly or fortnightly etc. Women are more likely than men to record these replies, and, particularly women already living with others. As with the older age-band, men living alone seem to be most isolated from their offspring. These men, perhaps defensively, are more prone than all other groups to say that their offspring are too busy to visit them or that they are not worried by the lack of contact.

#### Pre-target contact with offspring: the four towns

One might expect that because of their relative youth, respondents in the age-band 65 to 74 compared with those 75 or more, would see less of their offspring. This, however, is not so; frequency of contact in each of the four towns is almost exactly the same as it is

**Table 29** Reasons for not wanting more contacts with offspring:  
65-74 group

	Men		Women		All 65-74
	LA	NLA	LA	NLA	
	%	%	%	%	%
Offspring live with them	-	7	-	14	8
Already have daily visits	16	20	12	15	16
Already have weekly etc. visits	38	47	62	55	53
Offspring lack spare time	27	18	11	9	14
Prefer to be independent, quiet	4	2	2	1	1
Doesn't worry me not seeing them	15	1	6	-	2
Others and Don't know	-	5	7	6	6
	100	100	100	100	100

for the target group. And the differences between the four towns are repeated: the rates of very frequent contact is again lowest in Hove (45% see their offspring more than once a week) and is highest in Northampton (63%). In both Hove and Moss Side once more approximately one-sixth of respondents had not seen any of their offspring in the preceding four weeks. And over half the respondents in Hove and nearly half those in Moss Side said they would like to see their children more often.

When respondents who wished to see more of their offspring were asked why they failed to see enough of them the patterns of replies are very similar for all four towns. In each of them over 60% said either that they lived abroad or that, although residing in this country, they lived too far away; in Hove and Merton, these accounted for almost 75% of all reasons and only in Northampton were they little more than 60%. And again these replies were very similar to those of the 75 and over age-group, and it

therefore seems reasonable to conclude that the extent of spatial separation and consequent lack of contact between parents and offspring will over the next decade be much the same as it is today; i.e. there will still be substantial proportions (especially those in Hove) seeing less of their offspring than they would like and attributing this deprivation largely to the geographical distances that separate them from their children.

Those respondents who said they were already seeing enough of their children gave a variety of reasons for not wanting any more contact with them. As with the older age group, in all four towns, very few said this was because they were already living with their offspring; by far the most common explanation was that their children visited them daily, weekly or fortnightly and this they thought was sufficient. It is worth noting that, as with those 75 or more, very few said explicitly that they preferred to remain independent or that they were in no way worried by

**Table 30** Frequency of seeing any offspring:  
65-74 group with children

	Hove	Merton	Moss Side	Northampton
	%	%	%	%
Seen in past four weeks	45	48	51	63
More than once a week	12	18	21	14
Once a week	11	8	5	5
Once a fortnight	15	18	7	11
Once a month	17	8	16	7
Not at all	100	100	100	100
N =	47	136	133	145
% would like more frequent contact:	55	43	45	38



**Table 31** Reasons for infrequent contact with offspring:  
65-74 group (by urban area)

	Hove	Merton	Moss Side	Northampton
	%	%	%	%
Informant ill, disabled	—	4	1	—
Informant lacks transport	7	1	5	6
Offspring live too far away	63	58	52	54
Offspring live abroad	11	16	14	7
Offspring too busy	10	13	20	23
Other	9	8	6	6
Don't know	—	—	2	4
	100	100	100	100

**Table 32** Reasons for not wanting more contact with children:  
65-74 group (by urban area)

	Hove	Merton	Moss Side	Northampton
	%	%	%	%
Offspring living with them	8	7	16	5
Already have daily visits	15	17	13	16
Already have weekly etc. visits	62	51	41	56
Offspring lack spare time	8	19	10	12
Prefer to be independent, quiet	—	1	5	2
Doesn't worry me not to see them	1	2	2	3
Others and Don't know	6	3	13	6
	100	100	100	100

the fact that they saw their children very infrequently.

#### Visits from friends and family: the 75 or more age group

At a later stage in the interviews the contact net was thrown more widely and respondents were asked: 'On average, how often do you get visits from friends and family?' The replies of those aged 75 or more fall into three broad groups: the 42% who are visited frequently—i.e. more than once a week;

the 31% who apparently have their visits paced out at a rate of once a week; and finally the 27% who are visited by friends and relatives at even less frequent intervals. In this last category more than half the respondents said those visitors came less often than once a month. Men are apparently less likely than women to have such visits from friends and family: 67% of the men had such visits at least once a week, but for women the comparable figure was 75%.

**Table 33** Visits from friends and family:  
age group 75 or more

Frequency of visits:	Men		Women		All 75 or more
	LA	NLA	LA	NLA	
	%	%	%	%	%
More than once a week	42	35	45	42	42
Once a week	30	31	30	34	31
Once a fortnight	8	8	5	6	6
Once a month	3	6	7	7	6
Less often	9	15	10	6	11
Never	8	5	3	5	4
	100	100	100	100	100

In broad terms the patterns of replies from those aged 75 or more in the four urban areas were much the same; in all of them at least 65% said they had visits from friends and family at least once a week. However, there are again strong indications that for the very elderly social life in self-contained Northampton and inner-city working class Moss Side is a little different from the pattern in Hove and Merton. In Northampton, for example, 88% of respondents said they had visits from friends and family at least once a week; in Hove the comparable figure was 65%. Again, in Northampton only 10% said they had such visits once a month or less frequently while in Hove the corresponding proportion was 26%.

entirely from the fact that in our sample men aged 65 to 74 and living alone lead comparatively isolated lives—if isolation is measured in terms of visits from friends and relatives. Apart from this very small sub-group of the pre-targets the rest, like their elders, are visited frequently. As with the target group, women receive more frequent visits than do men. But again within both sexes there are large minorities who do not receive these visits as often as once a month; 16% are in this position.

A comparison of the replies from the four towns shows that in each of them this younger age group tends to receive slightly fewer visits from friends and kin; but again Northampton stands out from

**Table 34** Visits from friends and family:  
75 or more, by town

Frequency of visits:	Hove	Merton	Moss Side	Northampton
	%	%	%	%
More than once a week	36	41	39	52
Once a week	29	28	36	36
Once a fortnight	9	6	9	2
Once a month	11	6	3	3
Less often	11	15	8	4
Never	4	4	5	3
	100	100	100	100

**Visits from friends and family: the 65–74 age group**

As a total group the pre-targets receive fewer visits than do their elders. The obvious explanation for this that springs to mind is that because of their comparative youthfulness they are felt by their friends and relatives to be less in need of such visits. This, however, would seem not to be the case; the figures show that the lower rate of visits arises almost

the others—almost half the respondents (46%) said they received such visits more than once a week. In the other three urban areas the proportion in this position was round the 35% level. And again, in Hove and Merton over one-quarter of respondents said they were visited by friends or family once a month or less.

**Table 35** Visits from friends and family:  
age group 65–74

Frequency of visits:	Men		Women		All
	LA	NLA	LA	NLA	65–74
	%	%	%	%	%
More than once a week	13	35	48	35	37
Once a week	20	24	30	35	29
Once a fortnight	8	8	5	10	8
Once a month	16	12	7	9	10
Less often	26	13	8	8	11
Never	17	8	2	3	5
	100	100	100	100	100

**Table 36** Visits from friends and family:  
65-74 by town

Frequency of visits:	Hove	Merton	Moss Side	Northampton
	%	%	%	%
More than once a week	35	32	39	46
Once a week	27	32	28	28
Once a fortnight	11	9	8	3
Once a month	13	9	8	8
Less often	12	11	11	9
Never	2	7	6	6
	100	100	100	100

**Visits to friends and family:  
the 75 or more age group**

Contact with friends and family can be sustained not only through receiving visits from them but also by visiting them. Not surprisingly, however, given the age of the target respondents, this occurred much less frequently. Among those living with others less than 30% undertook such trips at least once a week and indeed half of those in this group (living with others) went to visit friends and family either less frequently than once a month or else never did so at all.

Those living alone showed more mobility; nearly half of them (46%) made such visits at least once a week; but even in this sub group (living alone) well over one-third went out to visit friends or family less than once a month.

For the target group as a whole one-fifth never went out on such visits, and another one-quarter did so less frequently than once a month.

The replies of those in the four urban areas form

**Table 37** Visits to friends and family:  
75 or more group

Frequency of visits:	Men		Women		All 75 or more
	LA	NLA	LA	NLA	
	%	%	%	%	%
More than once a week	24	12	21	12	16
Once a week	22	21	25	16	21
Once a fortnight	6	5	8	9	7
Once a month	12	11	8	16	12
Less often	20	28	20	26	24
Never	16	23	18	21	20
	100	100	100	100	100

broadly similar patterns; in each of them about 35% visit friends and family at least once a week; and at the other extreme in each town roughly 40% make such trips either less than once a month or else never do so. This polarisation of the very elderly is a little more marked in Northampton and Hove; in Merton and Moss Side the balance is tilted by the very large proportions who rarely or never make such trips.

**Visits to friends and family: the 65-74 age group**

As a total group the pre-targets do more visiting than do their elders; this is particularly true of women, and indeed among the younger women living alone one-third make such trips more than once a week and well over another one-quarter do so at least once a week. These proportions are well above those recorded by women aged 75 or more. The younger men, on the other hand, whether living alone or with others seem already set in the more restricted visiting habits of their elders.

In each of the four towns the pre-target population is more active than the targets in going out to visit friends and family. In Northampton, already noted

**Table 38** Visits to friends and family:  
75 or more, by town

Frequency of visits:	Hove	Merton	Moss Side	Northampton
	%	%	%	%
More than once a week	17	13	14	23
Once a week	26	19	22	19
Once a fortnight	6	9	10	5
Once a month	13	10	7	13
Less often	19	27	25	24
Never	19	22	22	16
	100	100	100	100

for its high scores in other gregarious contexts, well over half the respondents undertake such visits at least once a week, and in Hove and Moss Side the proportion is only slightly under half. However, in all four towns, even in this age group, visits from friends and family are much more frequent than visits to them.

**Visits from voluntary workers: age group 75 or more**  
The contribution of voluntary organisations to the well-being of the elderly has traditionally concentrated on situations where family support has

either been strained or else totally absent. It is not surprising therefore to find that of all frequent (i.e. at least once a week) and regular visits paid by voluntary workers to those aged 75 or more the great majority (76%) have been to people living on their own, and well over four-fifths of these were to women living on their own. For the 75 and over group as a whole one person in twelve was visited at least once a week.

Between two of the four urban areas there are significant differences in the number and frequency

**Table 39** Visits to friends and family:  
65-74 age group

Frequency of visits:	Men		Women		All
	LA	NLA	LA	NLA	65-74
	%	%	%	%	%
More than once a week	14	17	34	20	22
Once a week	31	23	27	24	24
Once a fortnight	6	11	12	14	12
Once a month	9	13	7	13	11
Less often	24	24	15	22	22
Never	16	12	5	7	9
	100	100	100	100	100

**Table 40** Visits to friends and family:  
65-74 age group, by towns

Frequency of visits:	Hove	Merton	Moss Side	Northampton
	%	%	%	%
More than once a week	23	15	22	32
Once a week	25	24	27	23
Once a fortnight	15	12	12	9
Once a month	14	13	4	10
Less often	18	26	22	17
Never	5	10	13	9
	100	100	100	100

with which voluntary workers visit the very elderly; such visits are at their lowest level in Hove where only 4% of respondents have such visits at least once a week; they are at their highest level in Moss Side where 18% of respondents said they were visited at least once a week. These differences are not due to differences in the proportion of people living alone in the two areas, so presumably they reflect either the less urgent needs (real or perceived) of middle class Hove or a relatively scarcer supply of voluntary workers in Hove who wish to devote their skills and time to the elderly of Hove.

and in Northampton 98%.

Historically, apart from the provision of workhouses for elderly paupers, development in the care of the elderly has been in three stages starting with family support which was followed by voluntary effort, and then, and particularly in recent years, the intention was that persisting gaps would be filled by publicly employed and professional social workers. As far as the elderly person is concerned much of the work of these professionals centres on the visits he or she receives from them and

**Table 41** Visits from voluntary workers:  
75 or more group

Frequency of visits:	Men		Women		All 75 or more
	LA	NLA	LA	NLA	
	%	%	%	%	%
More than once a week	8	2	5	2	4
Once a week	7	1	7	2	4
Less than once a week	8	3	4	2	3
Never	77	94	84	94	89
	100	100	100	100	100

**Visits from voluntary workers: age group 65-74**

In relative terms the number of visits paid by voluntary social workers to those aged 65 to 74 are negligible; only 3% of this age group reported any visits ever from them. Men living alone were a comparatively favoured group (8% said they had such visits at least once a week), but since men living alone and aged 65 to 74 form only 5% of all people in this age group it is clear that such visits absorb very little of the time of voluntary social workers.

The differences between the four urban areas are negligible; all show the same very low levels of visits by voluntary social workers to those aged 65 to 74. In Hove 98% of respondents said they had never had any such visits; in Merton 97%; in Moss Side 92%;

accordingly as part of the process of measuring the extent of isolation among elderly people each respondent was asked: 'On average how often do you get visits from a statutory social worker, nurse etc.?'.

**Visits from statutory social workers:  
the 75 or more age group**

Almost four-fifths (78%) of all respondents in this age-band reported that they never received any visits from statutory social workers; however, 13% were called upon at least once a week. Those living on their own were much more likely to be visited than were others; and women, irrespective of whether they were living alone or not, experienced higher visiting rates than did men. Even so, 71% of women

**Table 42** Visits from voluntary workers:  
75 or more; by town

Frequency of visits:	Hove	Merton	Moss Side	Northampton
	%	%	%	%
More than once a week	1	4	9	3
Once a week	3	4	9	4
Less than once a week	2	4	4	2
Never	94	88	78	91
	100	100	100	100

**Table 43** Visits from voluntary workers:  
65-74

Frequency of visits:	Men		Women		All 65-74
	LA	NLA	LA	NLA	
	%	%	%	%	%
More than once a week	5	1	1	1	1
Once a week	3	1	2	-	1
Less than once a week	3	1	1	1	1
Never	89	97	96	98	97
	100	100	100	100	100

**Table 44** Visits from social workers:  
75 or more group

Frequency of visits:	Men		Women		All 75 or more
	LA	NLA	LA	NLA	
	%	%	%	%	%
More than once a week	6	2	10	3	6
Once a week	9	3	11	6	7
Once/twice a month	3	4	2	3	3
Less often	6	6	6	5	6
Never	76	85	71	83	78
	100	100	100	100	100

living alone and aged 75 or more said they never had visits from any kind of statutory social worker.

least once a week, and in Moss Side the proportion was slightly over 25%.

Between the four urban areas there were considerable differences in the frequency of visits made to the very elderly by statutory social workers. In Hove, and even more so in Northampton, such visits were extremely rare; in both towns no more than 8% of the targets said they were visited at least once a week. In Merton and Moss Side the position is very different and the contrast largely arises from the fact that in both areas the frequency of visits paid by statutory social workers to those living alone was, by comparison, extremely high; thus, in Merton over 33% of all those living alone were visited at

#### Visits from statutory social workers: the 65 to 74 age group

Apparently visits by social workers to those aged 65 to 74 are extremely rare; 97% of respondents in this age-band said they had never received a visit and only 2% claimed to be visited at least once a week. These figures reflected the experience of all types of respondents. The only small deviation came from men living alone. This may be a genuine difference and reflect an awareness among social workers of a special need among such men, but more likely it is merely a statistical fluke arising from the

**Table 45** Visits from statutory social workers:  
75 or more (by town)

Frequency of visits:	Hove	Merton	Moss Side	Northampton
	%	%	%	%
More than once a week	1	12	8	3
Once a week	7	9	9	4
Once/twice a month	3	2	4	1
Less often	5	7	12	2
Never	84	70	67	90
	100	100	100	100

fact that our total sample contained only 64 men aged 65 to 74 and living alone; the experience of our 260 women aged 65 to 74 and living alone is much more likely to represent the experience of all in this age-band.

additional callers at least once a week.

Among those aged 65 to 74 in the total sample only 5% said they ever had 'other' visitors, and slightly over 2% said they were as frequent as once a week

**Table 46** Visits from statutory social workers:  
65 to 74 age group

Frequency of visits:	Men		Women		All 65-74
	LA	NLA	LA	NLA	
	%	%	%	%	%
More than once a week	5	1	1	1	1
Once a week	3	1	1	-	1
Once/twice a month	-	-	*	*	*
Less often	3	1	2	1	1
Never	89	97	96	98	97
	100	100	100	100	100

The differences between the four urban areas were negligible; in all four visits by statutory social workers to people in this age group were very rare. Only in Merton and Moss Side did as many as 10% claim ever to have received a visit; those visited in these areas were usually men and women living alone.

or more. Again the figures were almost identical for men and women, and those few who were visited in this way were more likely to be people living on their own.

This picture was much the same in all four urban areas; in each of them for the total sample (i.e. all

**Table 47** Visits from statutory social workers:  
65 to 74 age group (by town)

Frequency of visit:	Hove	Merton	Moss Side	Northampton
	%	%	%	%
More than once a week	-	2	2	-
Once a week	2	1	4	1
Once/twice a month	1	3	1	1
Less often	2	4	6	3
Never	95	90	87	95
	100	100	100	100

In an attempt to record all visits experienced by respondents they were asked finally about the frequency of visits from anyone other than friends, family, voluntary social workers and statutory social workers (e.g. clergyman, member of lodge or Friendly Society). The positive responses were so few that they can be dealt with summarily. Among those aged 75 or more in the four towns less than 7% said they ever had such visits and only 3% said they occurred as often as once a week or more; these figures were almost identical for men and women but were very slightly higher for women living alone; for example, 4% of them said they had these

those aged 65 or more) less than 5% ever had such visits. But within this ceiling figure there were small local differences—from 4.8% in Moss Side claiming such visits at least once a week down to 3.3% in Merton, to 2.0% in Northampton, to a mere 1.1% in Hove.

#### Index of isolation

In a very simple attempt to locate respondents along an isolation scale each person's replies on eighteen questions on social contacts were examined and where he (or she) gave an answer indicative of very limited contact he was given a mark of one point.



This provided a 19 point scale (0-18) where a score of 18 suggested a very high level of social isolation and a score of 0 indicated a highly gregarious life. (The crudeness of this scale arises from the fact that an equal value—1 point—was awarded to each non-contact; clearly, this is not realistic; for example some elderly people may derive much greater satisfaction from the visit of an offspring than from a call made on them by a statutory social worker—and vice versa.)

The respondent was allocated 1 'isolation point' if he or she said they:

- 1 Live alone.
- 2 Has no close friends living in or near the district (Q.2).
- 3 Does not belong to any groups, clubs, societies which have regular meetings (Q.4b).
- 4 Does not belong to any clubs specifically for the elderly (Q.5a).
- 5 Does not belong to any church group (Q.5a).
- 6 Never goes to church, chapel, synagogue etc. (Q.6a).
- 7 Has no living brothers or sisters (Q.33a).
- 8 Never had any children (Q.34).
- 9 Has children, but has not seen any of them in the past month (Q.36).
- 10 Has no grandchildren (Q.38a).
- 11 Has no great grandchildren (Q.38b).
- 12 Is never visited by friends or relatives (Q.53b).
- 13 Never pays visits to friends or family (Q.53b).
- 14 Is never visited by a voluntary social worker (Q.53b).
- 15 Is never visited by a statutory social worker (Q.53b).
- 16 Is never visited by any other sort of 'support' person (Q.53b).
- 17 Did not go out at all during the weekend

preceding the interview (Q.54a).

- 18 Did not have any visitors during the weekend preceding the interview (Q.55a).

#### Isolation scores of those aged 75 or more

On this index the mid-way score between 'most isolated' and 'least isolated' is 9.5 points; in fact, for those aged 75 and over as a group the average is a little better than this and comes out at 8.7 points. Only a very small minority registered extreme isolation (1% in the 14 to 18 range) while as many as 10% (those with isolation scores of 0 to 5) are leading comparatively highly gregarious lives. Another large proportion (34%) also obtained scores (6, 7 or 8) indicating better than average performance in the amount of their social and family contacts.

Men as a whole reported more isolation than women as a whole, and among men living alone social isolation would seem to be more common than among men living with others. Thus, among the former, one-third had scores of 11 or more while among the latter the comparable proportion was little more than one-fifth (33% as against 21%).

There is the same difference between the two groups of women, but it is a little less marked; certainly 28% of those living alone had above average isolation scores (11 points or more) and this is well above the 18% found with such scores among those women living with others.

What is perhaps surprising is that among both men and women living with others comparatively large minorities have only limited contact with the outside world. Presumably, given the companionship at home of a spouse or children or close friends they have less interest in either making visits to the

Table 48 Isolation scores of those aged 75 or more

Isolation points	Men		Women		All 75 or more
	LA	NLA	LA	NLA	
	%	%	%	%	%
18-14 (most isolated)	2	1	2	-	1
13-11	31	20	26	18	23
10-9	33	38	27	33	32
8-6	28	30	36	36	34
5-0 (least isolated)	6	11	9	13	10
Total	100	100	100	100	100
Average score	9.4	8.6	8.8	8.3	8.7

**Table 49** Isolation scores: aged 75 or more (by urban area)

Isolation points	Hove	Merton	Moss Side	Northampton
	%	%	%	%
18-14 (most isolated)	-	2	1	1
13-11	22	22	25	28
10-9	24	32	29	38
8-6	41	35	37	26
5-0 (least isolated)	13	9	8	7
Total	100	100	100	100
Average score	8.3	8.8	8.8	9.1

outside world or receiving visits from outside.

In all four urban areas the average isolation score was close to the overall average of 8.7 points; however, it was significantly higher in Northampton than in Hove (9.1 as compared with 8.3), and whereas in the former town 29% of respondents received

the very elderly have contacts with the outside world than do the very elderly in Northampton. In Hove 54% had scores of 8 points or less, while in Northampton the comparable figure was only 33%.

#### Isolation scores of those aged 65-74

The average score for this younger age-band at 8.5

**Table 50** Isolation scores of those aged 65 to 74

Isolation points	Men		Women		All 65-74
	LA	NLA	LA	NLA	
	%	%	%	%	%
18-14 (most isolated)	-	-	-	-	-
13-11	8	22	20	13	18
10-9	29	37	33	38	36
8-6	49	32	41	37	37
5-0 (least isolated)	14	9	6	12	9
Total	100	100	100	100	100
Average score	7.8	8.7	8.6	8.4	8.5

scores of 11 or more isolation points, in Hove the proportion with these scores was 22%. A comparison of scores at the least isolated end of the scale suggests that in Hove a much higher proportion of

is very similar to that of their elders, and indeed the distributions of the scores of the two groups (from the most isolated to least isolated) are also almost identical. In both age groups the scores of the two

**Table 51** Isolation scores: aged 65 to 74 (by urban area)

Isolation points	Hove	Merton	Moss Side	Northampton
	%	%	%	%
18-14 (most isolated)	-	-	-	-
13-11	16	12	17	25
10-9	28	43	35	36
8-6	45	35	37	33
5-0 (least isolated)	11	10	11	6
Total	100	100	100	100
Average score	8.3	8.4	8.5	8.9

types of women (those living alone and those living with others) are almost the same at around 8.5 points. The main differences are among men. In the 65-74 age-band men living alone are more gregarious than are men living with others. But apparently as men move into the older age-band their contacts decline sharply in number so that from being the most gregarious of the four age/sex/household type groups they become the most isolated.

As with the older age-band, the replies of those in all the four urban areas produced average scores very close to the overall average. Again the highest isolation score was recorded by the Northampton respondents and the lowest by those in Hove (8.9 compared with 8.3). Hove would appear to be the only area where the isolation score does not increase with increasing age.

Perhaps the most striking feature to emerge from these isolation scores is that in both age groups, both sexes, and all four areas those who live alone usually experience very much the same quantity of social contacts as those who are living with others (the one exception to this uniformity is found among men who are aged 75 or more and are living alone: their isolation score at 9.4 points is relatively high). This similarity between those living alone and those living with others is all the more remarkable when it is remembered that the former, simply because they were living alone, started with a scoring handicap of 1 point. If this 'handicap' is deducted then we have the situation that in both age groups those living alone consistently have lower isolation scores than those who live with others.

# V Measures of loneliness

It is no longer assumed that there is a simple one-to-one relationship between isolation and loneliness, that all those who live alone and have comparatively few contacts with the outside world at a face-to-face level automatically feel lonely, unhappy and dissatisfied with their lives. Some isolates are happy, satisfied with their lives and feel far from lonely; and at the same time some of those leading highly gregarious lives are not immune from a sense of loneliness and depression.

In this survey it was possible to examine the relationship between social isolation (in the form of living alone) and loneliness. At several points dispersed through the interview the questionnaire included various life-satisfaction scales; each of these scales called for rejection or endorsement of statements describing the respondent's life. In this section we have picked out those statements that carry a meaning of either loneliness or non-loneliness and related the replies to the respondent's age, sex and whether living alone or living with others. The selected statements and questions are:

- 1 Compared with other people, I get down in the dumps too often (Q.56h).
- 2 I feel just miserable most of the time (Q.74a).
- 3 I never dreamed that I could be as lonely as I am now (Q.74e).
- 4 I have no one to talk to about personal things (Q.74g).
- 5 I no longer do anything that is of real use to other people (Q.74h).
- 6 During the past few weeks did you ever feel very lonely or remote from other people? (Q.77d).
- 7 During the past few weeks did you ever feel depressed or very unhappy? (Q.77h).

The respondent's answer to item 1 could be either 'Agree', 'Disagree' or 'Don't know'. The answers to items 2 to 5 inclusive could be either 'True' or 'False'; and items 6 and 7 could be answered either 'Yes' or 'No'. The following tables give the proportions of respondents who gave answers in the direction of loneliness, e.g. agreed with the statement 'compared with other people I get down in the dumps too often'; or answered 'yes' to the question 'during the past few weeks did you ever feel depressed or very unhappy?'.  
A  
T  
S  
I  
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N  
F  
F  
A

## Loneliness indicators: 75 or more group

On all seven measures those living alone, both men and women, gave responses which indicated much wider feelings of loneliness than were recorded by respondents living with others. The discrepancy between the two types was much greater among men than among women. The statements which elicited the highest contrasts between those living alone and those living with others were: 'I never dreamed that I could be as lonely as I am now' and 'I have no one to talk to about personal things'. In general, the replies indicate that over half the men who are living alone and one-third of the women in these circumstances are not only lonely but also shaken by the extent of their loneliness. Among the 75 and over groups most men and women (i.e. around 85% of them) have no sense of loneliness if they are living with others; however, in the four areas studied these constitute little more than half of all those who are in this age-band. The nearest they come to sharing the feelings of those who live alone is in their perception that they are no longer of any use to others, but even on this indicator there is a wide gap between the two groups; whereas 40% of those living alone have this sense of uselessness, the comparable ratio among those living with others is little more than 20%.

In considering the extent of expressed loneliness in the four urban areas it is necessary to bear in mind that in our four samples the proportions of men and women living alone and not living alone varied a little. Thus, in Hove and Moss Side they were identical; in both, the respondents consisted of 6% men living alone, 46% women living alone, 23% men living with others and 25% women living with others; in Merton and Northampton slightly over 40% were people living alone and in this category the women outnumbered the men by roughly 4 to 1 (not 8 to 1 as in Hove and Moss Side). To neutralise these differences the population proportions in Merton and Northampton have been standardised to conform with the Hove and Moss Side proportions.

In all four areas the average incidence of loneliness among those living alone is at least double the average expressed by those living with others, and

**Table 52** Living alone and loneliness:  
all aged 75 or more

Statement (abbreviated)*	Men		Women		All 75 or more
	LA	NLA	LA	NLA	
	%	%	%	%	%
Down in dumps often; agree	27	14	22	13	18
Miserable most of the time; true	13	3	12	7	8
Never dreamed could be this lonely; true	53	4	32	8	16
No one to talk to on personal things; true	40	4	27	7	16
No longer any use to others; true	42	20	40	22	30
Felt lonely, remote from others; yes	36	6	29	13	20
Felt depressed, very unhappy; yes	27	12	29	26	24
Average	34	9	27	14	19

\* The sequence is that in which they occurred in the questionnaire.

in one of them (Northampton) it is treble. In all four areas very large minorities of those living alone agreed that they never dreamed that they could be as lonely as they now find themselves, and that they feel they no longer do anything that is of real use to other people. In short, in each of the four towns there are no significant differences from the picture presented by the total sample of those aged 75 or more; living alone generates very much the same feelings whether one lives in seaside Hove or inner-Manchester Moss Side, in Merton as an outer part of the Greater London conurbation or in small, self-contained Northampton.

#### Loneliness indicators: 65-74 age group

The endorsements and rejections of the statements by those in the 65-74 age-band as a whole were almost identical with those of their elders except for two notable exceptions: they were much less likely to accept as true the statement 'I no longer do

anything that is of real use to other people'—only 15% of them endorse this as against 30% of the older group; and there was less agreement with the statement 'In the past few weeks I have sometimes felt very lonely or remote from people'—14% of the 65-74s said this was true as against 20% of the older group. When the four sub-groups of all in this age-band are compared with their target counterparts it is clear that ageing as a source of loneliness has its greatest impact on men living alone. On five of the seven statements the older men in this situation show much higher levels of endorsement; for example, in replying to the statement 'I never dreamed that I could be as lonely as I am now' the level of agreement jumped from 28% among those aged 65 to 74 to 53% among those aged 75 or more.

Within the pre-target group both men and women who live alone gave higher endorsement rates to all but one of the loneliness indicators; there is therefore

**Table 53** Living alone and loneliness: aged 75 and over  
(4 urban areas)

Statement (abbreviated)	Hove		Merton		Moss Side		Northampton	
	LA	NLA	LA	NLA	LA	NLA	LA	NLA
	%	%	%	%	%	%	%	%
Down in dumps often	18	14	28	15	20	15	26	9
Miserable most of the time	7	6	18	5	16	9	10	2
Never dreamed could be this lonely	33	8	40	4	32	11	44	5
No one to talk to on personal things	26	3	38	7	24	3	28	7
No longer any use to others	44	21	41	22	47	21	29	18
Felt lonely, remote from others	26	14	35	8	30	11	35	6
Felt depressed, very unhappy	28	21	27	22	35	20	25	13
Average	26	12	32	12	29	13	28	9

**Table 54** Living alone and loneliness: all aged 65-74

Statement (abbreviated)	Men		Women		All 65-74
	LR	NLA	LA	NLA	
	%	%	%	%	%
Down in the dumps often	18	14	24	17	18
Miserable most of the time	8	7	9	8	8
Never dreamed could be this lonely	28	7	28	8	14
No one to talk to on personal things	44	9	25	9	15
No longer any use to others	27	15	22	9	15
Felt lonely, remote from others	22	10	23	12	14
Felt depressed, very unhappy	26	16	32	21	22
Average	25	11	23	12	15

no reason to suppose that as this cohort ages it will avoid the present substantial 'loneliness gaps' between those living alone and those living with others in the 75 or more age group.

In comparing the four urban areas on the loneliness indicators it has again been necessary to standardise their population and this time we have adopted the proportions in Hove where it was found that among those living alone women outnumbered men by slightly over 6 to 1, and among those living alone the proportions of the two sexes were approximately equal. The following points emerge from Table 55:

- 1 In all four urban areas the average 'loneliness score' is very much higher among those living alone than among those living with others.
- 2 Among those living alone the average score is highest in Moss Side (30%) and lowest in Hove (15%).
- 3 Among those living with others this score is again highest in Moss Side and lowest in Hove (18% against 8%).

4 Looking at the whole sample of 65 to 74s in each town then clearly loneliness would appear to be highest in Moss Side, followed fairly closely by Merton, and lowest in Hove.

5 However, when the two age groups are compared (65 to 74, 75 or more) ageing makes comparatively little difference to the average loneliness scores except in Hove; in this town, both for those living alone and those living with others the average loneliness scores increase appreciably, and among the former (i.e. living alone) the figure almost doubles—from 15% to 26%. This is largely due to the greater impact with ageing of the feeling that they never dreamed they could be so lonely in old age, to the obviously related feeling that they have no one to talk to on personal matters and the feeling that they are no longer of any use to anyone. In short, one is tempted to conclude that the pre-targets could be shielded from greater future loneliness if either formal or informal sources of community care could provide them with contacts with whom they could discuss their personal affairs and problems and with

**Table 55** Living alone and loneliness: aged 65-74 (4 urban areas)

Statement (abbreviated)	Hove		Merton		Moss Side		Northampton	
	LA	NLA	LA	NLA	LA	NLA	LA	NLA
	%	%	%	%	%	%	%	%
Down in dumps often	20	7	27	18	24	24	20	17
Miserable most of the time	7	2	11	9	14	18	7	5
Never dreamed could be this lonely	21	4	31	12	33	9	33	3
No one to talk to on personal things	18	8	32	13	41	6	33	5
No longer any use to others	23	10	18	12	29	24	23	8
Felt lonely, remote from others	18	8	33	14	27	18	16	5
Felt depressed, very unhappy	25	16	35	21	41	28	29	13
Average	15	8	27	14	30	18	23	8

opportunities for achieving a sense of usefulness to others. Gregariousness by itself is not enough. It is the quality of social contacts that is important.

### Living alone and life satisfaction

The questionnaire contained several direct questions which asked the respondent to say how far he (she) was satisfied with specific aspects of his life. It also included several series of questions whereby the respondent through his answers indicated his position on various forms of overall satisfaction with his life (acceptance, achievement, adjustment, pleasure etc.). At this stage we are concerned with the findings from the five direct questions; these were of two kinds:

(a) Three of them dealt with the respondent's satisfaction or dissatisfaction with the organised social activities in his neighbourhood (clubs for the elderly, church groups, social clubs etc.); with his house or flat; and with his financial position. On these three the general form of the question was: 'Overall, how satisfied or dissatisfied are you with your present. . . ?' And by a further question the replies were broken down into 'completely satisfied, fairly satisfied, fairly dissatisfied, very dissatisfied'. In presenting the findings on these three questions each 1% of the respondents saying 'completely satisfied' is represented by one point and each 1% of the respondents saying 'fairly satisfied' is represented by half a point; all other replies were rated as zero.

(b) Two of the direct questions aimed at measuring satisfaction were very different. The one on income (Q.44) asked: 'How much extra money, if any, would you (and your household) need each week in order to live without money worries and in reasonable comfort?' For present purposes it has been assumed that those who said they had no need of any extra money to achieve this end were

completely satisfied with their income.

The question on health came as an item in one of the life adjustment scales and the respondent was asked to describe as true or false the statement: 'I am perfectly satisfied with my health' (Q.74b). Here it is assumed that those who said the statement was true were *completely*\* satisfied with their health.

### The 75 or over group

On these measures among the very elderly, respondents' satisfaction scores are high in all domains. The highest level of satisfaction was recorded for the house or flat occupied by the respondent (81); this holds for all four groups shown in Table 56—men living alone and men living with others, women living alone and women living with others. Moreover, this high degree of attachment and approval was shown irrespective of respondent's form of tenure, irrespective of the size of respondent's accommodation, and almost irrespective of its internal structure.

In the second place came the still high score of 72 given by respondents in assessing the satisfactoriness of the local social organisations at their disposal; and again approximately the same score was returned by both men and women and by those living alone and by those living with others.

Some way behind bunched at or just below the 60 mark came the satisfaction scores for the remaining three domains—health (60), financial

\* In this country probably the most stimulating work on measuring life satisfaction among the elderly has been that of A. Bigot (Age and Ageing, 1974, No. 3) and Martin Knapp ('Predicting the Dimensions of Life Satisfaction', *Journal of Gerontology*, 1976, No. 5). Their research has taken further the earlier U.S. studies of E. Cumming and B. L. Neugarten. In many ways, the most seminal study remains the pioneering book *Personal Adjustment in Old Age* by Ruth Cavan, Ernest Burgess, Robert Havighurst and Herbert Goldhamer, published in 1949 in Chicago by Science Research Associates Inc.

Table 56 Life domain satisfaction scores: all age 75 or more

Life domain (max. score 100)	Men		Women		All aged 75 or more
	LA	NLA	LA	NLA	
Local social organisations	76	69	72	72	72
House/flat	83	77	83	81	81
Financial position	63	56	62	58	59
Income	61	54	61	52	57
Health	78	66	58	54	60
Average of above scores	72	64	67	63	66

**Table 57** Life domain satisfaction scores: age 75 or more (by urban areas)

Life domain (max. score 100)	Hove	Merton	Moss Side	Northampton
Local social organisations	81	65	74	72
House/flat	92	80	75	86
Financial position	61	57	60	58
Income	60	51	61	60
Health	57	59	67	64
Average score	70	62	67	68

position (59), and income (57).

Of the four types of respondents the highest average satisfaction scores were returned by men living on their own (72); next came women living alone (67) to be followed closely by men living with others (64) and women living with others (63). Clearly among the very elderly isolation (defined as living alone) while it is more prone to generate loneliness does not necessarily coincide with life dissatisfaction, and this is particularly true of men living alone; this would seem to be because compared with others they are particularly satisfied with the state of their health. And this may be because when people live on their own only the very healthy survive; another possible explanation is that some elderly people when their health begins to fail abandon living alone and join the households of their children or siblings or friends.

As between the four urban areas, average scores ranged from a high of 70 in Hove to a comparative low of 62 for Merton. Hove owes its high average to the very high levels of satisfaction which its very elderly inhabitants derive from their housing accommodation and from the local availability of organised social bodies. The town's average score would have been even higher if respondents had not had such strong reservations about their health.

Merton's low average score arises mainly from respondents' dissatisfaction with their incomes and with the local provision of club facilities. In all four towns respondents expressed most satisfaction with their housing.

#### The 65-74 age group

The average satisfaction score for the whole 65-74 age-band is lower than that of their elders (61 as compared with 66) and it would be even lower and the gap even greater if health satisfaction scores were removed from the averages. (The younger group as a whole is quite realistically more satisfied with its health.) This increasing satisfaction with increasing age is a familiar phenomenon and is almost certainly due to the fact that the two age groups in arriving at their assessments use different reference points. The relatively young for example judge their present income in the light of their recent past when most of them were either earners or the wives of earners. Their elders with at least ten years of retirement behind them are more likely to relate their incomes and financial position to those of others who are their age-peers: moreover, their experience in childhood probably taught many of them to be content with little. In short, their levels of satisfaction are higher because their criteria are lower.

**Table 58** Life domain satisfaction scores: all age 65-74

Life domain (max. score 100)	Men		Women		All aged 65-74
	LA	NLA	LA	NLA	
Local social organisations	66	64	64	68	66
House/flat	79	78	80	77	78
Financial position	49	48	53	54	51
Income	50	40	47	44	44
Health	61	66	66	67	66
Average score	61	59	62	62	61



**Table 59** Life domain satisfaction scores:  
age 65-74 (by urban areas)

Life domain (max. score 100)	Hove	Merton	Moss Side	Northampton
Local social organisations	74	57	69	68
House/flat	79	77	70	82
Financial position	49	52	51	52
Income	43	45	50	39
Health	48	64	60	69
Average score	63	59	60	62

There are three other points about the satisfaction scores of this age group worth noting: in common with their elders, satisfaction with their dwelling is well at the top of their satisfaction scores; and again, in common with their elders the ratings for income and financial position come bottom; finally the average scores and most of the individual domain scores are almost identical for those living alone and those living with others. It will be remembered that among their elders those living alone returned higher scores than those living with others. This difference between the two age groups suggests two hypotheses: that those who live alone beyond the age of 75 are a special type of elderly person; alternatively, that those who in old age are living with others retain the dissatisfactions they held in their 60s and early 70s.

In the age group 65 to 74 the differences in average satisfaction scores between the four urban areas are negligible—they are all close to the 60 mark. However, on particular domains there are some significant differences. For example, those in Merton are much less satisfied with their local organisations than their age-peers elsewhere, and this contrast is most marked when they are compared with respondents in Hove; and again, those in Northampton are less satisfied with their incomes than are those in the other three towns. The four, however, share the same broad pattern of satisfaction scores. In all four satisfaction with their housing comes top, and in all four the scores for income satisfaction are at the bottom.

# VI Measures of life-satisfaction

At three points in the interview the respondent was asked to comment on a sequence of statements about his life. The assumption behind this was that the replies would indicate the level of satisfaction he now experienced and the character of his satisfaction.

## Acceptance-Satisfaction

The first measure dealt with satisfaction that comes from accepting what is seen as attainable. Four statements were read out to the respondent; if he agreed with a positive statement he scored 2 points, 1 point if he was uncertain, and no points if he disagreed. If he disagreed with a negative statement he received 2 points, 1 point if he was uncertain and no points if he agreed. Thus, the maximum Acceptance-Satisfaction score was 8 points. The four statements were:

I am just as happy now as when I was younger.  
My life could be happier than it is now.  
These are the best years of my life.  
The things I do now are as interesting to me as they ever were.

## Those 75 or more

In the following table some of the scores have been merged in the interests of brevity. It is clear that when satisfaction with life is equated with acceptance of one's current circumstances the very elderly are far from being a homogeneous population. At one extreme 16% of them returned the highest possible score of 8, while at the other end slightly over 14% turned down flatly every possible opportunity to score even 1 point on this satisfaction

scale. Men, on average, scored appreciably higher than women (4.6 against 4.0); for both sexes, those living alone indicated much less Acceptance-Satisfaction than did those living with others (3.6 as against 4.7). The contrast between those living alone and those living with others is greater among men than among women.

**Table 60** Acceptance-Satisfaction scores: age 75 or more

Score:	Men		Women		All 75 or more
	LA	NLA	LA	NLA	
	%	%	%	%	
8 points (hi accept)	8	22	10	21	16
5,6,7 „	23	36	29	29	30
4 „	19	12	13	18	15
1,2,3 „	35	22	28	20	25
0 (lo accept)	15	8	20	12	14
Total	100	100	100	100	100
Average	3.5	4.8	3.6	4.5	4.2

The general pattern of scores is much the same for all four urban areas, but the average score of Hove respondents indicates a significantly lower level of Acceptance-Satisfaction; almost two-thirds of Hove's very elderly gave answers which yielded scores of 4 or less points.

## Those aged 65 to 74

The average Acceptance-Satisfaction score for this age group is a little higher than that returned by their elders. But among them, too, there is a

**Table 61** Acceptance-Satisfaction scores: 75 or more (by urban area)

Score:	Hove	Merton	Moss Side	Northampton
	%	%	%	%
8 points (hi accept.)	14	16	14	14
5,6,7 „	24	31	30	34
4 „	18	12	12	15
1,2,3 „	26	25	30	23
0 „ (lo accept.)	18	16	14	14
Total	100	100	100	100
Average	3.8	4.2	4.0	4.2

**Table 62** Acceptance-Satisfaction scores: age 65-74

Score:	Men		Women		All 65-74
	LA	NLA	LA	NLA	
	%	%	%	%	%
8 points	15	26	11	20	20
5,6,7 „	20	35	28	34	32
4 „	17	10	16	16	14
1,2,3 „	31	18	27	17	20
0 „	17	11	18	13	14
Total	100	100	100	100	100
Average	3.7	5.0	3.7	4.7	4.5

polarisation of scores with 20% recording 8 points at one end of the scale and 14% recording no points at the other end. For both sexes those living alone are on average much less satisfied than are those living with others, and this contrast again is wider among men than among women.

In this 65-74 age group the general pattern of scores is much the same for all four urban areas, but average scores in Hove and Moss Side are a little below average while Northampton's average satisfaction score is a little above average.

#### Achievement-Satisfaction

A second set of statements sought to measure another form of satisfaction—one derived from a sense of being able to look back and feel that one has achieved most of the things one sought. At this stage respondents were asked to agree or disagree with five statements about themselves and again agreement with a positive statement and disagreement with a negative statement yielded 2 points. The statements were:

I would not change my past life even if I could.

Compared with other people of my age, I've made a

**Table 64** Achievement-Satisfaction scores: age 75 or more

Score:	Men		Women		All 75 or more
	LA	NLA	LA	NLA	
	%	%	%	%	%
10 points hi sat.	22	24	22	29	24
8,9 „	28	36	35	31	34
6,7 „	25	28	24	24	25
5 „	3	3	3	7	4
3,4 „	15	3	11	7	8
1,2 „	5	4	3	2	3
0 „, lo sat.	2	2	2	—	2
Total	100	100	100	100	100
Average	7.0	7.5	7.2	7.7	7.4

lot of foolish decisions in my life.

When I think back over my life, I didn't get most of the important things I wanted.

Compared with other people, I get down in the dumps too often.

I've got pretty much what I expected out of life.

#### Those 75 or more

On this measure of satisfaction there was no polarisation of the elderly; one-quarter of them gave answers that equated with a score of 10 points, and another one-third obtained 8 or 9 points—these two groups accounted for nearly 60% of all very elderly respondents and they far outnumbered the 5% scoring either no points at all or else only one or two. There is a very widespread sense of satisfaction through past achievement, although in both sexes those living alone gave slightly lower average scores.

The average scores in the four urban areas all fell

**Table 63** Acceptance-Satisfaction scores: 65-74 (by urban areas)

Score:	Hove	Merton	Moss Side	Northampton
	%	%	%	%
8 points	17	17	14	23
5,6,7 „	29	34	28	32
4 points	14	14	16	14
1,2,3 „	22	21	27	18
0 „	18	14	15	13
Total	100	100	100	100
Average	4.1	4.5	4.0	4.7

**Table 65** Achievement-Satisfaction scores:  
75 or more (by urban area)

Score:	Hove	Merton	Moss Side	Northampton
	%	%	%	%
10 points	27	21	26	20
8,9 "	30	38	39	33
6,7 "	23	24	20	28
5 "	2	5	5	6
3,4 "	14	6	8	9
1,2 "	3	3	1	3
0 "	1	3	1	1
Total	100	100	100	100
Average	7.2	7.3	7.8	7.2

between 7 and 8 points and in all of them a clear majority gave replies which turned into scores of 8, 9 or 10. It would appear that most of the very elderly, irrespective of where they live, irrespective of differences in the sort of community where they reside and irrespective of differences in their personal backgrounds look back on their lives with feelings of achievement and of satisfied expectations and aspirations.

**Those 65 to 74**

In this younger age-group the average score of satisfaction through achievement is very slightly lower than that found among their elders. But again among both men and women and among both those living alone and those living with others, a solid majority gave replies which turned into scores of 8, 9 or 10. Only among men living alone (a very small

part of this age group) were there as many as 12% of respondents with scores of 0, 1, or 2—i.e. people who apparently found their lives frustrating and disappointing.

In three of the urban areas the average satisfaction scores were almost identical; in Hove it was 7.2, Merton 7.1, and Northampton 7.3; Moss Side with an average score of 6.6 points was the odd one out and this below average score was largely due to the sense of failure indicated by a handful of men living alone and by a larger group of women living with others; 15% of the former and 17% of the latter returned scores of 0, 1 or 2.

**Adjustment to ageing scale**

Towards the end of the interview an attempt was made to measure how well or badly respondents felt they had come to terms with growing older. The interviewer said to each respondent: 'I'm going to read out to you some possible descriptions of your feelings. Consider each one and then say if you think it is a true description or a false description of your feelings.' There were ten of these 'possible' descriptions:

- I feel just miserable most of the time.
- I am perfectly satisfied with my health.
- I never felt better in my life.
- My health is beginning to be a real burden to me.
- I never dreamed that I could be as lonely as I am now.
- I have all the good friends anyone could wish.
- I have no one to talk to about personal things.
- I no longer do anything that is of real use to other people.
- All my needs are taken care of.

**Table 66** Achievement-Satisfaction scores:  
age 65-74

Score:	Men		Women		All 65-74
	LA	NLA	LA	NLA	
	%	%	%	%	%
10 points	23	27	22	25	25
8,9 "	31	28	31	33	30
6,7 "	27	26	24	21	23
5 "	1	3	2	3	3
3,4 "	6	11	13	12	12
1,2 "	11	3	7	4	5
0 "	1	2	1	2	2
Total	100	100	100	100	100
Average	6.9	7.2	6.9	7.2	7.1

18

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I am just as happy now as when I was younger.

When a respondent said that a *negative* statement was a *true* description of his feelings (e.g. 'I feel just miserable most of the time') he was allotted 2 points; if he said it was a *false* description then his score was 1 point. And, conversely, when he said that a positive statement (e.g. 'All my needs are taken care of') was *true* then he was allotted 1 point, and he received 2 points if he said it was a false description of his feelings. Thus, someone who endorsed all the negative descriptions and rejected all the positive ones would finish up with a total score of 20 points—an indication of almost complete failure to adjust to ageing. On the other hand a respondent who rejected all the negative descriptions of his life and endorsed all the positive ones would have a score of only 10 points—an indication of considerable success in adjustment to growing older.

### The 75 or over group

Among this very elderly sample 47% emerged with scores of only 10, 11 or 12 points; that is they rejected either all or all but one of the ten negative descriptions of their lives. At the same time, 16% of the respondents (1 in 6) endorsed at least eight of the negative self descriptions, i.e. have adjusted very poorly to their lives as old people.

Perhaps the most striking feature of the results for the four types of very elderly people is the contrast between men living alone and men living with others; among the former, 25% endorsed at least eight of the ten negative descriptions; among the latter only 6% of them gave such replies. Between the two groups of women there is the same tendency but it is not quite so marked; thus 24% of those living alone endorsed eight or more of the negative self-

**Table 67** Adjustment scores:  
age 75 or more

Score:	Men		Women		All 75 or more
	LA	NLA	LA	NLA	
	%	%	%	%	%
10 points (best adjusted)	7	11	9	8	9
11 "	15	29	12	20	19
12 "	11	20	16	22	19
13 "	15	15	15	17	15
14 "	14	12	16	14	13
15 "	13	7	8	11	9
16 "	13	1	9	3	6
17 "	9	3	6	3	5
18,19,20 " (worst adjusted)	3	2	9	2	5
Total	100	100	100	100	100

**Table 68** Adjustment scores:  
75 or more (by urban area)

Score:	Hove	Merton	Moss Side	Northampton
	%	%	%	%
10 points (best adjusted)	9	5	15	10
11 "	13	20	16	21
12 "	17	20	16	20
13 "	20	14	13	11
14 "	15	15	12	14
15 "	8	9	10	9
16 "	7	8	6	6
17 "	6	4	5	3
18,19,20 " (worst adjusted)	5	5	7	6
Total	100	100	100	100

descriptions, while among women living with others this proportion was no more than 8%. Two conclusions can reasonably be drawn from these figures: the proportion of women who adjust poorly to old age is much the same as it is among men; and those living on their own, whether men or women, are much less successful than others in reaching a satisfying adjustment. And here it is worth remembering that of all those aged 75 or more slightly over 47% are living alone.

If scores of 10, 11 or 12 are indicators of good adjustment then there are quite large differences between the four towns in the incidence of good adjustment; it is most commonly found among the very elderly of Northampton where 51% of respondents attained these scores, and least attained by those in Hove where the comparable figure is no more than 39%. Merton (43%) and Moss Side (47%)

achieved good adjustment levels roughly halfway between these extremes.

#### The 65-74 group

Since this is a younger body of people, with more of them living with others, and fewer of them widowed, it is not surprising that compared with their elders more of them (58%) rejected either all or at least nine of the ten negative descriptions (among those aged 75 or more the proportion doing this was 47%). And among those living with others the proportion of well adjusted respondents was even higher—63% of the men and 64% of the women. The men and women living alone returned appreciably lower good adjustment scores—40% and 46% respectively.

These very high proportions indicating good adjustment were found in three of the urban areas—Hove (57%), Merton (57%) and Northampton (62%).

**Table 69** Adjustment scores:  
age 65-74

Score:	Men		Women		All 65-74
	LA	NLA	LA	NLA	
	%	%	%	%	%
10 points (best adjusted)	12	21	13	15	16
11 "	23	29	15	28	25
12 "	5	13	18	21	17
13 "	14	15	14	15	15
14 "	11	9	14	10	11
15 "	14	7	9	2	6
16 "	6	3	8	6	5
17 "	7	1	4	2	3
18,19,20 " (worst adjusted)	8	2	5	1	2
Total	100	100	100	100	100

**Table 70** Adjustment scores:  
65-74 (by urban area)

Score:	Hove	Merton	Moss Side	Northampton
	%	%	%	%
10 points (best adjusted)	13	15	15	18
11 "	27	26	16	23
12 "	17	16	14	21
13 "	12	13	13	15
14 "	13	11	12	10
15 "	7	4	12	6
16 "	4	9	7	3
17 "	4	3	4	2
18,19,20 " (worst adjusted)	3	3	7	2
Total	100	100	100	100

**Table 71** Self-perceived bases of satisfaction:  
age 75 or more

	Men		Women		All 75 or more
	LA	NLA	LA	NLA	
	%	%	%	%	%
Good neighbours, good friends	24	8	24	18	18.2
Being content with what you've got	14	9	18	13	14.0
Happy marriage, happy family	5	22	8	18	13.8
Good health	14	18	11	11	13.2
Enough money	14	8	8	8	8.3
Ability to get out and about, travel	3	4	5	9	5.6
Helping others	8	3	3	3	3.6
Peace, quiet, solitude	4	3	3	3	3.2
Sunshine, warm weather	—	1	*	—	0.5
Nothing	—	*	*	*	0.2
Other answers	13	20	18	16	17.4
Don't know	1	4	2	1	2.0
Total	100	100	100	100	100.0

The exception was Moss Side where less than half the respondents (45% of them) indicated good adjustment.

In the preceding questions dealing with satisfaction respondents acquired scores on the basis of criteria and values selected by the researchers and having their origin in the United States. There was therefore the possibility that elderly people in England, while fully prepared to cope with these scales, might have very different ideas as to what constituted a good life for themselves. Accordingly, the interview included an open question which ran: 'What would you say makes life really pleasant and satisfying for people of your age?' And this was followed by 'Would you say that you have this to a great extent, to a certain extent, hardly at all, or not at all?' Table 71 reports the main replies of the 75 or more respondents to the first question.

#### Those aged 75 or more

The results for this age group as a whole show that the heaviest emphasis is put not on acceptance or achievement or adjustment but on primary social relationships—on having good neighbours, good friends, people one can turn to for companionship. And what is perhaps even more important is that among those living alone—almost half of all in this age group—even greater importance was attached to this as a source of life satisfaction for elderly people. Among these lone respondents it far

outstripped all other proffered sources.

In second place came 'being content with what you've got'; but again there were differences of emphasis within the sample; greater weight was attached to this by women and by all those living alone.

The position in third place of 'happy marriage, happy family' owed its high rating very largely to the replies of those who are living with others (usually a spouse or children). At first glance this might seem an obvious and natural correlation; but the low importance attached to it by those now living alone is a little puzzling when it is remembered that many of those now living alone are widows and widowers and all were at some time participants in family life.

Those living alone, both men and women, attached more importance to good health than to a happy marriage; and in this they differed directly from those living with others who placed marriage and family well ahead of good health; possibly the thought of ill health is less of a threat to those who feel that in sickness they will have immediate family support and care.

These four circumstances—good neighbours, contentment with one's lot, happy marriage and good health—between them accounted for almost 60% of all replies; they were the replies of 57% of all men living alone, 57% of men living with others, 61% of

women living alone and 58% of women living with others. For most people in this age group other sources of life satisfaction came well behind; even the availability of more or sufficient money was mentioned by little more than 8% of all respondents.

What is perhaps most striking about the replies is that most of the circumstances which very elderly people see as the basis for a happy and satisfying life are not immediately susceptible to improvement by public policy based on more public expenditure in the form of cash benefits. If we accept the criteria put forward by the elderly themselves then such an improvement calls for an increase in the resources devoted to their health care and to the provision of acceptable surrogates for 'good neighbours and good friends' and for devoted kin. Both are particularly important for the well-being of those who live alone, and if adopted are likely to be slow processes.

Between the four urban areas the differences in the patterns of replies were comparatively small. In Hove, 'good health' ranks almost equal in importance with 'good neighbours' as a basis for life-satisfaction. In Moss Side and Northampton being content with one's lot scored slightly higher than having good neighbours and friends. The one irregularity in the pattern of Merton criteria is the relatively low importance attached to 'being content with what you've got'.

#### Those aged 65 to 74

This younger age group agreed with their elders in giving first place to 'good neighbours and good friends' as the most important single source of satisfaction for elderly people. However, they ranked 'good health' in second place and thus attach relatively more importance to this than do those aged 75 or more. But the biggest difference between those in the two age groups is that the younger segment is much less prone than their elders to accept contentment with one's lot as the most important pre-requisite for a happy old age. Perhaps this is because they grew up at a time when acceptance was a less marked feature in the socialisation of young adults, or perhaps because acceptance of one's lot (resignation?) is part of the successful socialisation into really old age and therefore comes later.

Between the four sub-groups in this age-band some of the same differences in emphasis tended to emerge. Thus, men and women living alone attached more importance to good neighbours than did those living with others; and again those living alone gave much less weight to the benefits to be derived from marriage and family life; this is most marked among women living alone—most of whom are widows.

Perhaps the most striking difference between the four urban areas is the contrast between Northampton and the other three in the different importance attached to family as against neighbours and friends as a source of satisfaction and happiness. In

Table 72 Self-perceived bases of satisfaction:  
age 75 or more (by urban area)

	Hove	Merton	Moss Side	Northampton
	%	%	%	%
Good neighbours, good friends	18	20	15	18
Being content with what you've got	14	9	17	20
Happy marriage, happy family	10	17	11	14
Good health	17	13	12	9
Enough money	10	6	10	8
Ability to get out, travel	3	7	10	5
Helping others	3	5	2	4
Peace, quiet, solitude	4	3	4	2
Sunshine	1	—	—	*
Nothing	—	*	1	—
Other answers	19	17	16	16
Don't know	1	3	2	4
	100	100	100	100



**Table 73** Self-perceived bases of satisfaction:  
aged 65-74

	Men		Women		All
	LA	NLA	LA	NLA	65-74
	%	%	%	%	%
Good neighbours, good friends	23	20	21	15	19.0
Good health	16	17	18	16	16.7
Happy marriage, happy family	5	14	12	21	15.7
Being content with what you've got	5	8	9	10	8.8
Enough money	8	10	8	9	8.8
Ability to get out and about, travel	10	5	3	5	4.8
Helping others	5	3	5	5	4.2
Peace, quiet, solitude	2	5	3	2	3.4
Sunshine, warm weather	-	-	1	1	0.8
Nothing	2	1	*	*	0.6
Other answers	22	16	17	15	16.2
Don't know	2	1	1	1	1.0
	100	100	100	100	100.0

Northampton much greater weight is given to family than to neighbours; in Hove, Merton and particularly Moss Side the relative scores are reversed—a satisfactory old age it is felt springs primarily from having good neighbours rather than happy family relationships.

And in one respect the ranking of Hove is distinctive; here more than anywhere else, relatively high importance is given to being content with one's lot. This may have its origins in the fact that Hove contains a more than average proportion of elderly

people, who, on retirement may have experienced a sharp drop both in income and status.

The answers to the follow-up question ('to what extent do you have this?') are set out in Table 76 in descending order of attainment. But leaving aside for the moment the particular sources named as providing a 'satisfying life for people of your age' it appears that almost 60% of all respondents in the four urban areas claim that they already have to a great extent whatever they had put forward as most important; and an additional 30% said they had

**Table 74** Self-perceived bases of satisfaction:  
age 65-74 (by urban areas)

	Hove	Merton	Moss Side	Northampton
	%	%	%	%
Good neighbours, good friends	18	23	22	12
Good health	15	18	11	19
Happy marriage, happy family	12	17	9	21
Being content with what you've got	14	6	9	8
Enough money	10	5	12	11
Ability to get out and about, travel	4	6	6	4
Helping others	4	6	3	3
Peace, quiet, solitude	5	1	8	3
Sunshine, warm weather	2	1	-	*
Nothing	*	-	-	2
Other answers	14	17	17	16
Don't know	2	*	3	1
	100	100	100	100

attained it to a certain extent. However, that still left 12%, or 1 in 8 of all respondents who feel that they have failed to attain what they regard as the essential constituent of a satisfying life; if this figure is applied to the whole population aged 65 or more in Britain then this 12% means nearly a million elderly men and women at mid-1977 are less than satisfied with their lives.

These global measures of 'success' and 'failure' however are not quite the same for all sections of the sample. Among those aged 75 or more men and women living alone returned larger proportions asserting that they had not achieved 'to a great extent' the conditions which they had earlier said

39% of those who said this also said they, in fact, had good neighbours to a great extent. By contrast, in Northampton 14.6% saw good neighbours as the key to a satisfying old age and 60% of these went on to say that they had such neighbours and friends to a great extent. Similarly, in Moss Side of all those who said that satisfaction lies in being content with one's lot (12% of the Moss Side sample), only 49% felt they had this source of contentment to a great extent. In Northampton where again 12% gave the same initial description of the source of satisfaction, 80% went on to claim that they had this.

When we look at 'success' and 'failure' rates in relation to specific conditions for satisfaction the

**Table 75** Global achieved/not achieved proportions for sub-groups of sample

		Great extent %	Certain extent %	Hardly at all %	Not at all %	
Age: 75 or more:	Men: LA	56	26	12	6	= 100%
	NLA	62	30	4	4	
	Women: LA	51	33	10	6	
	NLA	57	33	9	1	
65-74	All 75+	56	32	8	4	
	Men: LA	52	25	15	8	
	NLA	61	31	6	2	
	Women: LA	53	36	7	4	
	NLA	66	24	8	2	
	All 65-74	60	29	7	4	
Urban area: Hove		58	32	7	3	
	Merton	56	31	8	5	
	Moss Side	50	37	10	3	
	Northampton	69	24	5	2	
	Whole sample	58	30	8	4	

would bring them satisfaction in old age; and the same is true of the younger age group.

For respondents in the four urban areas the greatest contrast was between Moss Side, where only 50% claimed they had attained their satisfaction sources to a great extent, and Northampton where the comparable figure was as high as 69%.

This contrast springs largely from differences in attainment in a few areas which both populations (and indeed all respondents) described as being major sources of success. Thus, in Moss Side 18.9% said that satisfaction with life in old age is derived from having good neighbours and good friends; but only

differences are much greater. Respondents had said that three of the main conditions for a satisfying life were 'good neighbours and friends', 'enough money', and 'good health'. Between them they accounted for well over 40% of the necessary conditions; but only 51%, 44% and 39% respectively said they enjoyed these conditions to a great extent. At the other extreme a further 25% of all respondents described the essence of a satisfying old age in terms of a happy marriage and being content with one's lot, and of all those who gave these replies well over two-thirds said they had these to a large extent.

Thus, once more it looks as if a policy aimed at raising the well-being of the elderly as a total group

**Table 76** How far satisfaction criteria attained:\* all aged 65 or more

Potential source of real satisfaction	Proportion naming each source	Degree of attainment				N	
		Great extent	Certain extent	Hardly at all	Not at all		
		%	%	%	%		
Happy marriage, family	14.1	77	17	2	4 =100%	232	
Helping others	3.7	70	25	4	1	60	
Content with lot	11.3	68	28	2	2	186	
Sun, warm weather	0.5	67	33	—	—	8	
Miscellaneous reason	16.8	66	24	6	4	277	
Peace, quiet, solitude	3.8	55	37	4	4	63	
Good neighbours and friends	18.4	51	34	12	3	303	
Able to get out and about	5.4	48	30	16	6	89	
Enough money	9.2	44	37	12	7	151	
Good health	14.7	39	46	12	3	242	
Total†	97.9	Weighted average	58	30	8	4	1,611

\* In order to obtain a numerically adequate base for each named source of satisfaction this table relates to *all* respondents in the survey.

† Total excludes those who said either that nothing could make for satisfaction in old age, or that they were unable to think of any possible source.

would concentrate on providing more money for the 5% who consider it to be a very important means to contentment, yet lack it; better health care for the many who feel it is the main determinant of satisfaction in old age; and finally, and above all, in providing for almost 10% of all elderly people something that is of great importance to their sense of well-being but which they feel they lack—good neighbours and friends.

Clearly, any substantial progress in raising the life-satisfaction of elderly people depends largely upon providing better and more extensive health services for them and upon providing them with equivalents of the support already available to many through proximity to good neighbours and friends. Both depend upon the readiness of the non-elderly to provide additional material and human resources for the elderly; but the latter also calls for something more complex that may involve deep changes in the present quality and form of both voluntary and statutory social services concerned with the elderly and changes in the present conventional wisdom about the housing of the elderly. And finally in any attempts to increase life-satisfaction in the areas of personal primary relationships priority would be given to the many elderly people who live alone.

Moreover, these shifts in policy would seem to be

necessary not only as a means of raising the levels of life-satisfaction among the current generation of the very elderly. The data collected in this survey show that today's population aged 65 to 74 will tend to face life in the 1980s with much the same characteristics of our present 75 and overs—the same health worries, the same absence of close and nearby kin, the same high proportion living alone, and the same hopes that their lives can be spent among good neighbours and friends.

## VII Health and life-satisfaction

Apart from 'good neighbours and friends', respondents as a whole (i.e. all those aged 65 or more) indicated that for people like themselves good health is the most important foundation for a happy and pleasant life. And at the same time only 39% said that they enjoyed this to 'a great extent'; this was the lowest attainment score recorded for any of the specified bases for a happy old age. Clearly, medical care has a very large part to play in determining the quality of life of elderly people.

At two points in the interview respondents were asked questions about various aspects of their current health. The first (Question 59) ran: 'Would you say you suffer from . . .?'. And the interviewer then read out a series of ailments and symptoms of illnesses; to each the respondent gave a 'yes' or 'no' answer.

The second question asked: 'Here are some difficulties that people often have. Which, if any of them, trouble you?'. They were again read out one by one and a 'yes' or 'no' response was given by the respondent.

The two questions between them dealt with 21 ailments; in the following tables they have been brought together and for each age group the positive replies are set out in descending order of magnitude of incidence—not in the order in which they were presented to the respondent. (And, of course, they are the respondents' own perceptions of their health conditions; they may, or may not, reflect the diagnoses arrived at by a doctor.)

### **The health of the 75 and over group**

The average person in this age group claimed to be troubled by almost 6 out of the 21 ailment descriptions presented to him. Only 10% said they had no physical (medical) problems or disabilities at all. The most widespread ailments were arthritis or rheumatism (claimed to be troubling nearly 60% of all targets), difficulty with walking or unsteadiness on feet (nearly 50% are so affected), forgetfulness (44%) and poor eyesight (42%). Between them these four of the listed 21 ailments accounted for one-third of all claimed ailments.

There were another seven ailments each of which were affirmed by approximately one-third of all target respondents: hard of hearing (36%), backache (36%), shortness of breath after even light effort (35%), swelling of feet or legs (33%), giddiness (31%), indigestion (29%), and always feeling tired (29%).

There were a further six where the incidence is about the 20% level: heart trouble (21%), high blood pressure (21%), headaches (20%), constipation (19%), shortness of breath at night (19%), and stomach trouble (18%).

The remaining four ailments were claimed by only small minorities of the very elderly: long spells of depression (14%), incontinence, poor bladder control (11%), toothache or gum trouble (6%), and difficulty in passing water (5%).

For many ailments the incidence claimed is much higher among women than among men; the outstanding examples of this are: arthritis and rheumatism, difficulty with walking, forgetfulness, poor eyesight, backache, swelling of feet, giddiness, always feeling tired, high blood pressure, and headaches. There are no ailments where the incidence among men is significantly higher than among women. It is possible that some of the higher figures of illness for women is due to the fact that in the 75 and over age group the average woman is older than the average man. However, this can hardly be the whole explanation since the average woman in this age-band is only two years older than the average man. After age differences have been neutralised it remains true that there is a much higher incidence of disability among women than among men; this is particularly true of the rheumatism diseases, and with symptoms such as 'unsteady on feet', 'backache' etc. which are sometimes associated with these diseases.

Between women living alone and women living with others the differences in incidence rates are negligible. The same is usually true for the two groups of men except that men living alone are more prone than other men to suffer from backache, constipation, stomach trouble and long spells of depression. On the other hand, they are less likely

to suffer from shortness of breath after even light effort, swelling of the feet, always feeling tired, high blood pressure and shortness of breath at night. Broadly then it would seem that in this age group women living alone have much the same health care needs as do women living with their families; but among men those living alone and those living with others have different strengths and weaknesses. And among all four sub-groups the incidence of claimed illness and physical handicap is high.

the health of the pre-targets is better than that of the targets but even so large minorities claimed they were affected by several of the ailments. One half said they suffered from arthritis or rheumatism; and another five ailments each claimed approximately one-third of the sample: forgetfulness (34%), backache (33%), poor eyesight (32%), indigestion (29%), and breathlessness even after slight effort (29%). On many of the listed ailments the pre-target's scores were not much better than that of

**Table 77** Proportions suffering from various ailments age 75 or more:

	All 75 or more %	Men		Women	
		LA	NLA	LA	NLA
Arthritis, rheumatism	58	40	40	66	66
Unsteady on feet	49	38	36	54	55
Forgetfulness	44	37	40	47	46
Poor eyesight	42	34	34	48	41
Hard of hearing	36	33	39	35	35
Backache	36	36	24	41	40
Breathless after any effort	35	32	41	34	33
Swelling of feet, legs	33	12	18	41	42
Giddiness	31	26	22	37	32
Indigestion, flatulence	29	28	26	30	32
Always feel tired	29	15	20	34	34
Heart trouble	21	27	21	19	23
High blood pressure	21	8	18	22	27
Headaches	20	14	18	20	22
Constipation	19	25	14	20	22
Breathless at night	19	18	26	17	16
Stomach trouble	18	26	18	16	20
Long spells depression	14	21	5	19	12
Incontinence	11	11	10	12	11
Toothache, gum trouble	6	10	5	6	5
Difficulty passing water	5	7	6	5	4
No. of ailments, average respond.	5.8	5.0	4.8	6.2	6.2
No physical problems: %	10	16	12	7	11

Between three of the four urban areas—Hove, Merton and Northampton—differences in the pattern and incidence of the 21 ailments were slight. Moss Side respondents are apparently more healthy and their claims of ailments such as arthritis, forgetfulness, swelling of feet, giddiness, indigestion, heart trouble, and high blood pressure were well below average.

#### The health of the 65-74 age group

On the basis of the ailments listed in the questionnaire

their elders; indeed, their overall lower average is largely due to the fact that among those aged 65 to 74 there are comparatively few (i.e. compared with their elders) who claim to be suffering from being unsteady on their feet, to be hard of hearing, to be incontinent, to suffer from constipation, and to have attacks of giddiness; all these are distinctively the ailments of the very elderly.

Within the 65 to 74 age group men are much healthier than women and this is because relatively

**Table 78** Incidence of ailments; age 75 or more: four urban areas

	Hove	Merton	Moss Side	Northampton
	%	%	%	%
Arthritis, rheumatism	63	56	46	57
Unsteady on feet	45	51	45	51
Forgetfulness	45	42	31	54
Poor eyesight	43	37	44	44
Hard of hearing	42	30	31	37
Backache	36	33	32	39
Breathless after any effort	37	33	38	33
Swelling of feet, legs	38	33	25	31
Giddiness	29	31	21	37
Indigestion, flatulence	32	27	18	33
Always feel tired	35	24	24	30
Heart trouble	21	22	13	22
High blood pressure	19	23	14	24
Headaches	16	19	17	26
Constipation	20	16	17	23
Breathless in night	18	18	28	17
Stomach trouble	21	18	16	17
Long spells depression	11	17	14	12
Incontinence	8	14	7	13
Toothache, gum trouble	6	5	3	6
Difficulty passing water	3	6	3	6
No. of ailments, average respond.	5.9	5.6	4.8	6.1
No physical problems: %	7	11	13	11

fewer of them are affected by rheumatism, backache, swelling of feet and legs, giddiness and long spells of depression.

There were few, and comparatively small, differences between those living alone and those living with others.

Between the four urban areas the patterns of claimed ailments were very much alike. In Moss Side the overall average was comparatively high largely because respondents there claimed a relatively large incidence of breathlessness after any effort, breathlessness in the night, and long spells of depression.

All in all it would seem reasonable to conclude that those now in the age group 65 to 74 will when they move into the 1980s exhibit very much the same pattern of ailments that now prevails among those aged 75 or more and the same multiplicity of ailments that affect the average very elderly person in the late 1970s.

# VIII Mobility difficulties

## Domestic mobility

One frequent consequence of many of the ailments reported by respondents is that they limit the elderly person's mobility in general and sometimes this extends to the point where he or she is unable to carry out some of the personal and domestic activities that are part of the everyday habitual life of younger people. To measure the extent of this disability respondents were asked: 'In general, how much difficulty do you have in doing each of the following on your own? Do you have no difficulty, a little difficulty, quite a bit of difficulty, or is it impossible for you to do it on your own?'

The 'following' were:

Getting around the house/flat.  
Getting in and out of bed.  
Using the W.C.  
Having an overall wash.  
Having a bath.

Putting on shoes.

Putting on stockings/socks.

Dressing yourself.

Feeding yourself.

Combing/brushing hair (women only).

Shaving yourself (men only).

These questions were not put to respondents who were either bedfast or chairfast. These constituted 2.5% of all those aged 75 or more and 0.7% of those aged 65-74. For the most part these were people living with others, but among those aged 75 or more nearly 40% were women living alone.

Table 81 summarises the replies from the remainder of the sample by showing for each sub-group the proportions who *failed* to say that they had no difficulty at all in coping with each activity.

**Table 79** Proportions suffering from various ailments: age 65-74

	All	Men		Women	
	65-74	LA	NLA	LA	NLA
	%	%	%	%	%
Arthritis, rheumatism	50	37	36	57	60
Forgetfulness	34	35	33	33	34
Backache	33	23	28	37	36
Poor eyesight	32	36	25	32	36
Indigestion	29	19	27	27	34
Breathless after any effort	29	22	30	26	31
Headaches	25	18	21	30	26
Swelling of feet, legs	25	13	11	29	36
Always feel tired	25	20	19	26	30
Giddiness	23	18	13	27	30
Unsteady on feet	22	23	19	26	21
High blood pressure	19	16	16	22	20
Hard of hearing	18	20	19	18	16
Heart trouble	17	15	20	16	14
Stomach trouble	16	20	17	15	16
Breathless in night	16	13	16	14	18
Constipation	12	1	10	12	14
Long spells depression	12	7	9	18	11
Toothache, gum trouble	8	14	7	8	8
Difficulty passing water	6	12	5	4	6
Incontinence	6	2	5	7	8
No. of ailments, average respond.	4.6	3.8	3.9	5.0	5.0
No physical problems: %	16	23	18	14	15

**Age group 75 or more**

Far and away the most widespread difficulty in this age group is in taking a bath.\* This is a difficulty experienced by at least 40% of the women and is irrespective of whether they live alone or with others. Among men the difficulty is not quite so common but even here it was reported by over 20% of both those living alone and those living with others.

Although 35% of respondents said they had difficulties in taking a bath only 6.5% went on to say that they had help from anyone in bathing themselves (these responses still exclude the bedfast and chairfast). The sources of this help are

neighbours and friends.

A full quarter of the 75 or more age group said they had difficulty in getting round their house or flat; among women the proportion was almost 30%. Of all those who had such difficulty only 21% said they received help from anyone in this need; and of this aid, nearly 60% came from a spouse or other family member, 13% from a statutory social worker, and the remainder from friends and neighbours.

Putting on shoes and stockings/socks is a difficulty for one-sixth of the very elderly; and again few of those with such difficulties received any help (only 20%), and where such help was provided 80% of it

**Table 80** Incidence of ailments: age 65-74 (four urban areas)

	Hove	Merton	Moss Side	Northampton
	%	%	%	%
Arthritis, rheumatism	52	49	49	48
Forgetfulness	34	29	30	44
Backache	32	31	34	35
Poor eyesight	28	27	38	38
Indigestion	30	31	29	26
Breathless after any effort	25	30	36	27
Headaches	29	25	24	22
Swelling of feet, legs	25	22	30	25
Always feel tired	27	23	24	27
Giddiness	26	20	24	23
Unsteady on feet	22	20	26	21
High blood pressure	20	18	16	19
Hard of hearing	18	15	14	24
Heart trouble	18	16	20	14
Stomach trouble	18	16	20	13
Breathless in night	12	15	28	15
Constipation	15	11	10	10
Long spells depression	8	9	27	12
Toothache, gum trouble	6	9	8	7
Difficulty passing water	5	3	8	9
Incontinent	3	5	5	12
No. of ailments, average respond.	4.5	4.2	5.0	4.7
No physical problems: %	14	17	20	16

apparently very concentrated. Of all those receiving any help, 85% said that most of it came from a spouse and some other relative and the remaining 15% was spread thinly over statutory social workers,

came from the spouse or other relatives.

Getting in and out of bed presents some difficulty for 15% of the elderly; and here the help provided is even less frequent—less than 18% said they were given any help with this problem; it is practically never provided for those living alone and for the

\* In our 75+ sample, 89.1% said they had in their dwelling the sole use of a fixed bath and another 6.5% shared a fixed bath with another household.



**Table 81** Incidence of mobility handicap: 75 or more age group

Activity affected	All 75 or more %	Men		Women	
		LA	NLA	LA	NLA
Getting round the house	25	17	17	27	32
Getting into/out of bed	15	13	9	16	19
Using WC	10	8	5	12	13
Having overall wash	12	8	7	15	15
Having a bath	35	26	21	42	40
Putting on shoes	16	15	14	16	17
Putting on stockings/socks	16	15	14	17	16
Dressing self	11	10	9	12	11
Eating	4	7	2	5	3
Combing hair (women)	6	—	—	8	4
Shaving (men)	3	4	3	—	—

others 90% of the help comes from the family.

Of course, many of these difficulties overlap; the elderly person who reports difficulty getting into or out of bed will also usually have difficulty in getting round the house on their own or in taking a bath on their own. But even when allowance is made for this duplication it would seem that at least 35% have some difficulty in coping with the movements associated with a normal domestic life; moreover, these difficulties are found in much the same proportions among those living alone and those living with others. But since help in dealing with these domestic mobility difficulties is provided overwhelmingly by family members it is those elderly who live with others (usually a spouse or children) who receive much of the sparse help that is given to the very elderly. To a very slight degree this

imbalance is checked (but hardly more than that) by the propensity of statutory social workers to give more of their time to those living alone than to those living with others.

#### Age group 65-74

In this age group only 0.7% of respondents were either bedfast or chairfast. Among the rest of the sample the incidence of each of the checked handicaps was relatively low; broadly for each the rate was about half that found among their elders. For two handicaps, however, the ratio was well below half: only 13% in the pre-target group said they had difficulty in taking a bath\* (compared with 35% of the target group), and only 11% reported any trouble in getting round their house or

\* 3.6% of this sample shared a fixed bath with another household, and 93.1% had sole use of a bath.

**Table 82** Incidence of mobility handicap: age 65-74

Activity affected	All 65-74 %	Men		Women	
		LA	NLA	LA	NLA
Getting round the house	11	10	11	12	10
Getting into/out of bed	8	10	7	9	8
Using WC	4	4	4	4	3
Having overall wash	6	8	6	7	5
Having a bath	13	16	10	15	14
Putting on shoes	8	10	8	9	8
Putting on stockings/socks	8	10	8	11	6
Dressing self	5	8	5	7	3
Eating	2	4	2	1	2
Combing hair (women)	3	—	—	2	3
Shaving (men)	3	4	3	—	—

flat (compared with 25% of their elders). However, these two shortcomings are already the two most common handicaps experienced by younger elderly respondents and given the high incidence reported by them of rheumatism and backache, it is very likely that those of them who survive into their late seventies and eighties will be handicapped in their domestic movements to much the same extent as are those aged 75 or more today; i.e. their mobility will decline substantially.

For both sexes there is very little difference between those living alone and those living with others. In all four of the sub-groups between 15% and 20% have some degree of physical difficulty in looking after themselves.

Such scant help as they receive comes almost entirely from members of their own families and is therefore largely restricted to those who are not living alone.

## IX Some policy implications

Today there are 2.9 million men and women in Great Britain aged 75 or more. It is a figure that should be kept firmly in mind so that when, for example, one comes across the statement that '35% of targets have difficulty in taking a bath by themselves' we realise that we are talking about a disability that affects over one million elderly people.

In many respects these 2.9 million people are the same as everybody else: they find their lives more satisfying and less stressful when they are in good health, have no money worries, enjoy the company of good neighbours and friends, can rely upon the solidarity of their family, can look forward to the future with confidence, can look back to the past with a sense of achievement, and can contemplate the present with a feeling that they are of use to others in the community. Unfortunately, many of the very elderly lack these conditions, and they lack them to a much greater extent than do the rest of the adult population. For some, when the deficiencies reach a critical point, a 'solution' is found by removing them from normal society and placing them in residential homes and the geriatric wards of hospitals. But this affects only a handful of the very elderly; the remaining 95% are left to their own resources and to what can be provided by family support and community care. It is with the conditions and needs of this 2.75 million people that we are here concerned.

The answers of the elderly people questioned in this survey indicate that any discussion of an overall policy for those aged 75 or more would concentrate on a few overriding topics—their incomes, their health, and their social relationships.

### Income

Over 40% of those interviewed said that they (or their household) needed some extra money to live without money worries and in reasonable comfort; the median amount needed by these respondents to achieve this state of mind was another £5 a week; most of the extra money they needed they would wish to spend on additional heating, food and clothing; and the priority given to better heating was clear-cut—it was mentioned by one-third of those who felt they needed more money; the wish

to have more to spend on food was mentioned by one-quarter of those with money worries. The policy implication here is obvious: it is not enough in an era of inflation for the present pensions and benefits of those aged 75 or more to be fully linked to an appropriate cost of living index; some advance in real income over and above this indexation is called for. Moreover, this additional real income should for the most part be in the form of money rather than through blanket subsidies on food and fuel; the country's experience with subsidies since 1973 shows that they are a very expensive way of raising very slightly in pensioner households the consumption per head of the subsidised products.

### Health

As many as 90% of people in this age group claimed that they were affected by one or more of the 21 ailments discussed in the interview and indeed the average person was troubled by nearly six of them. In many cases their impact was obviously not disabling but even so the two most widespread mobility handicaps—difficulty in taking a bath alone and difficulty in getting about indoors were reported by 35% and 25% of respondents. What is surprising is that where help was felt to be needed so little was provided either in the form of mechanical aids or human aids. For example, if we look first at the 25% who said they had difficulty in getting round their dwelling unaided only 1 in 6 said they managed with the aid of such things as sticks and frames; only 25% said they received any human help in this task and practically all this help (80% of it) came from a member of their own family. Again of the 35% who said they had difficulty in taking a bath only 1 in 8 said they managed with the aid of bath-seats, hand rails etc.; only 32% had any human help, and again the bulk of this (69%) came from a member of the family, and only 13% from a statutory social worker. In short, the support needs of the elderly disabled person frequently encounter an acute shortage of both mechanical aids and human assistance, and where the latter is forthcoming it is rarely provided by a statutory social worker.

The remedy for both these deficiencies lies in more visits to the elderly by social workers who will be

able to assess the needs of the elderly and to ensure that they are met. Given the financial constraints on the personal social services over the next few years anything like an adequate supply of field social workers concerned with the elderly can be obtained only by changing drastically the present pattern of recruitment in favour of those able and willing to do social work with the elderly. Inevitably this will have to be at the expense of recruitment to other personal social services. (Of 157 advertisements for social workers picked at random from the January 1978 issues of *New Society* only three specified that the work would be with the elderly; this was fewer than the requests for applicants to deal with drunkards, and, of course, far fewer than the advertisements seeking people ready to work with the mentally disturbed, the homeless, and above all, children and adolescents.) The British Association of Social Workers working party which produced the excellent 'Guidelines for social work with the elderly' (*Social Work To-day*, April 12, 1977) was apparently fully aware of the difficulties in altering the balance of recruitment when it wrote in the opening paragraph of its report: 'It is often assumed that work with the elderly is unconstructive and unrewarding.' However, the difficulties must be overcome if anything like an adequate home-care service is to be provided for the very elderly.

Closely related to the question of recruitment is that of the training of social workers. For those who undertake work with the very elderly this must be not 'generalist' but specific. In the words of the BASW 'Guidelines': 'As many of the problems of old age are closely related to health, mobility and residual disability, the social worker should have a good knowledge of the physiology of old age and an understanding of the social implications of disease and illness commonly encountered in this age group.'

In particular this para-medical training should reflect the fact that far and away the most widespread handicapping physical disabilities among the very elderly have their origin in the rheumatism diseases. 'Diseases of the musculo-skeletal system are and will continue to be a major burden for all but the youngest age groups in Britain. Fundamental improvements in 'caring' services extending far beyond hospital based specialist medicine must be achieved before the problems of groups such as the partially handicapped elderly arthritics can be

significantly alleviated' ('Rheumatism and Arthritis in Britain', Office of Health Economics, London, 1973).

### Social relationships

Of the many benefits which an individual may derive from his social relationships we are here concerned with only one—the avoidance of unbearable loneliness. For most people this is often achieved automatically by membership of a family—as a husband or a wife, a father or a mother, a brother or a sister, a son or a daughter. Between family members, almost irrespective of whether they are living together or not, there is usually a sense of solidarity based on a consensus of values, on trust and loyalty, and on affection and willing mutual support.

However, as we have seen, a large proportion of those aged 75 or more have been deprived of these bonds. Their parents, and often their spouse and siblings, are dead, many never had any sons and daughters, and some of those who did have seen them either die or else move away to almost unbridgeable distances.

A strong case can be made for sheltered housing\* as providing something approaching family life for those who lack a 'natural' family. Certainly this is appreciated by the elderly themselves. Thus, when respondents were asked what they thought were the advantages of sheltered housing for the elderly the most common reply was to the effect that it meant that help was available when it was needed (34%), that it provided protection against loneliness (20%) and that it provided people with a sense of security (5%). When they were asked to describe the disadvantages of sheltered housing 43% said there were none. In fact, when those aged 75 or more were asked if they would ever like to live in a sheltered housing scheme over 28% answered affirmatively; on a national basis this is equivalent to affirmations from nearly 800,000 people; obviously not all of them would be in residence at the same time, but

\* 'A group of individual bed-sitters, flats or bungalows designed for old people with an alarm system to call a resident warden who can provide help in an emergency. Tenants have their own furniture and are responsible for their own cooking and housekeeping, but can usually get help from meals-on-wheels, home helps etc. if necessary. Each flat is self-contained but there may be some communal facilities e.g. lounge, laundry room, guest room which tenants can use if they want.' This was the definition given by the interviewers to all respondents.

clearly the need for much more sheltered housing is substantial.

But as we know, the provision of sheltered housing has so far been minimal. For example, in one of the four survey urban areas, the planning authorities estimated that 970 units of sheltered housing were required in its area, but that by 1976 only 67 were in fact available. In the other three survey towns the gap between need and provision was almost as great. Clearly then, this is one social area where policy-makers should change their priorities; we need much more sheltered housing for the very elderly and this should be provided even if, in a time of stringency, it means less housing provision for other 'under-privileged' groups.

But even if this priority is accorded to the social needs of the elderly it is unlikely that there will be anything like an adequate supply for many years to come. What then can be done to provide, for those who need it, a substitute family situation—for example, the 35% of all those living alone who said they had never dreamed they could be as lonely as they now are?

From the survey findings it would seem that many of them would like to find this support in the behaviour of 'friendly neighbours and relatives' but that as often as not this is not forthcoming to any great extent. Perhaps by education, persuasion and even modest financial incentives something can be done to generate good neighbourliness among those who live near to the very elderly. What is more likely is that the support and security sought by the latter will have to come from voluntary and statutory social workers whose training will enable them to fill the role of the missing family—to be a companion who is so trusted and liked that they become someone 'to talk to on personal things'; someone who, if only by listening, will break the loneliness felt by so many of those who live alone; and additionally, someone who recognises promptly when a particular problem must be referred to a professional service and knows how to enlist this service.



Age Concern England is a registered charity founded in 1940 to promote the welfare of elderly people. It brings together national voluntary and professional associations and over 1000 local groups who work with volunteers to provide visiting for the lonely, day centres and lunch clubs, transport schemes, financial advice and many other services. Age Concern undertakes research, provides a comprehensive information service, supports local Age Concern groups with a team of field officers and a training department, advises the Government on legislation affecting the elderly and campaigns on their behalf.

**Donations and legacies are urgently needed to continue and to expand this vital work.**