THE AGED IN THEIR OWN HOMES: A FURTHER SURVEY

BY

H. D. CHALKE, O.B.E., T.D., M.R.C.P., D.P.H.
Medical Officer of Health, Camberwell

In 1950, in two Metropolitan boroughs, Lewisham and Camberwell, a preliminary survey was made of households that were being assisted by the domestic help service because of general illness. This survey aimed at obtaining a general picture of the severity of the problem of home care of the aged and chronic sick. An account of the findings (Chalke and Benjamin, 1951) stressed the need to provide domestic assistance before the old people living alone became bedridden and helpless, and before infirmity, aggravated by lack of assistance, had become irreparable; it emphasized the importance of obtaining better co-operation between the many voluntary and statutory bodies concerned in this problem; it indicated that home care was not only cheaper than hospital care but was vital to the morale of the old person; and it drew attention to those needs of the aged which are not met by the domestic help service—the need for real help with laundry and the need for companionship, especially at night.

A further survey undertaken in the same area in the latter months of 1951 (Chalke and Benjamin, 1953) underlined these findings and provided more detailed information of the conditions in which the old people lived.

To bring the picture up to date a further survey was carried out in the same area and of the same types of household, in 1956. A systematic sample (1 in 5) was taken

of all households containing persons over the age of 65, and assisted by the domestic help service. It must be emphasized that, as in previous surveys, we are dealing *ex hypothesi* with extremity of the spectrum of social needs of old people. By the same token, however, they are the needs that press heavily on the resources of public and voluntary bodies. There were 413 households in the sample, containing 483 people aged 65 (Table I). Twelve were aged

TABLE I.—Age and Sex of Patients

Age Groups	Males		Females		Total	
	No.	%	No.	%	No.	%
65-74 years ..	33	27.7	130	35.7	163	33.7
75-84 ..	71	59.7	188	51.6	259	53.6
85-94 ..	14	11.8	45	12.4	59	12.2
95+ ..	1	0.8	1	0.3	2	0.4
Total ..	119	100.0	364	100.0	483	100.0

90 or more; the oldest was aged 98. As in previous surveys more than half the people were concentrated in the age group 75-84, and a large proportion, in this case three-quarters (as in 1950, but rather more than in 1951) were women. The excess of women arises from their greater longevity; of the general population at these ages women constitute 60%, and among the widowed they form 76%.

The disabilities existing among members of the households were recorded (Table II), distinction being made between those ailments severe enough to require treatment and those which were not being treated. Naturally, in such a segment of the population, most of the complaints, whether treated or not, related to degenerative conditions—heart or other circulatory disease, high blood pressure, cerebral vascular lesions, and chronic bronchitis as a condition so often associated with degeneration. There were cases of diabetes, a few advanced cases of cancer, and a few elderly tuberculous. There were larger numbers with rheumatism or with a whole complex best described by the term "senility," but only one was on the waiting-list of a hospital; only two

TABLE II.—Disabilities and Extent of Treatment

Cause (Includes Post-operative Effects Associated with the Disease Specified)	Under Treatment (Males)					Not Under Treatment (Males)	Under Treatment (Females)					Not Under Treatment (Females)
	Total	Visited by District Nurse		Visited by G.P.			Total	Visited by District Nurse		Visited by G.P.		
		Weekly or More Often	Less Often than Weekly	Weekly or More Often	Less Often than Weekly			Weekly or More Often	Less Often than Weekly	Weekly or More Often	Less Often than Weekly	
Tuberculosis, respiratory	—	—	—	—	—	1	4	—	—	1	1	1
Asthma	1	—	—	—	1	1	6	—	—	3	3	4
Bronchitis	17	2	—	5	7	12	38	—	—	11	20	37
Pneumonia	—	—	—	—	—	—	2	—	—	—	1	—
Other resp. diseases ..	1	—	—	—	—	—	—	—	—	—	—	—
Mental and psycho- neurotic disorders ..	—	—	—	—	—	—	—	—	—	—	—	—
Heart disease, including blood pressure ..	18	4	—	7	11	16	80	10	2	15	44	63
Diseases of arteries ..	—	—	—	—	—	—	4	—	—	—	—	2
" " veins ..	2	—	—	—	1	1	10	—	1	1	6	7
Cerebral vascular lesions ..	6	1	—	—	3	2	10	4	—	1	9	9
Other diseases of C.N.S. ..	2	—	—	—	—	3	7	—	—	1	3	9
Blindness and diseases of eye	—	—	—	—	—	9	16	2	—	—	3	29
Deafness	—	—	—	—	—	2	—	—	—	—	—	1
Cancer	2	—	1	—	1	3	7	2	—	3	4	5
Anaemia	2	—	—	—	—	2	6	2	—	—	6	3
Diabetes	4	—	1	—	2	3	10	9	—	3	7	7
Peptic ulcer	1	—	—	1	—	1	10	1	—	—	5	7
Hernia	—	—	—	—	—	—	—	—	—	—	—	2
Other diseases of diges- tive system	3	—	—	3	—	2	11	1	1	1	6	6
Diseases of genito-urin- ary system	4	1	—	1	2	2	4	—	—	1	1	—
Diseases of skin	—	—	—	—	—	3	1	—	—	—	—	6
Diseases of bone and organs of movement ..	10	—	—	—	4	10	75	5	—	8	41	77
Injury	2	—	—	—	2	2	3	—	—	—	2	3
Senility	5	1	—	3	2	41	18	2	—	7	11	51
Other	1	—	—	—	—	4	2	—	—	2	—	3
Total disabilities ..	81	9	2	20	36	120	324	38	4	58	173	332
Total No. of persons : With disability ..	66					45	239					107
Without	—					8	—					18
Grand total of persons	66					53	239					125

had recently been discharged from hospital treatment. Hospital treatment is a very small part of the problem; for the rest it is the familiar picture of chronic sickness—the lesser illness but the major worry of restricted movement, pain, and discomfort—requiring some regular nursing and medical care (four-fifths were receiving some kind of treatment), but most of all constant companionship and encouragement.

The degree of infirmity was measured. Only two males and nine females (3% of the total) were permanently bedridden, 10% were bedridden intermittently, while 87% were ambulant. Of the men 18%, and of the women 33%, were confined to the house by restriction of movement; this included a third of those who were ambulant at home (Table III). The percentage of bedridden persons is very much

TABLE III.—*Degrees of Infirmity*

	Total Persons	Ambulant		Bedridden, Intermittent		Bedridden, Permanent
		Not Confined to House	Confined to House	Not Confined to House	Confined to House	
Males	119	94 (79%)	9 (7.6%)	2 (1.7%)	12 (10%)	2 (1.7%)
Females	364	229 (62.9%)	89 (24.4%)	8 (2.2%)	30 (8.3%)	8 (2.2%)

lower than when the last survey was undertaken (1951); this is no doubt associated with the increased hospital and intermediate accommodation now available. As in the last survey, cases of incontinence were rare (only one man and two women): the general practitioner was visiting about 80% of the old people regularly, usually less often than weekly. Only a seventh were under nursing care by the district nurse.

With regard to chiropody it was found that 8% of men and 12% of women were receiving foot treatment, and a further 4% of men and 2% of women were in need of such treatment though not yet receiving it (Table IV). These

TABLE IV.—*Chiropody*

	Males		Females	
	No.	%	No.	%
Chiropody obtained ..	9	7.6	43	11.8
„ required ..	5	4.2	8	2.2
„ not required ..	105	88.2	313	86.0
Total ..	119	100.0	364	100.0

proportions are lower than in the previous surveys, especially so for the proportions requiring but not receiving treatment, which were 9% for men and 11% for women in 1951. The situation therefore appears to have improved. It is significant that of those who had received chiropody nearly a half had obtained it privately.

Social and Recreational Life

A tenth of the men and a quarter of the women were alone at night (Table V). These proportions also are much smaller than in 1951 (a fifth of men and a third of women). If representative these figures indicate that some progress has been made in dealing with the most serious need.

TABLE V.—*Loneliness*

Age Group	Total Males	Males Living Alone		Total Females	Females Living Alone	
		No.	%		No.	%
65-74 years ..	33	1	3.0	130	32	24.6
75-84 „ ..	71	9	12.7	188	45	23.9
85+ „ ..	15	2	13.3	46	7	15.2
Total ..	119	12	10.1	364	84	23.1

Inquiries were made regarding the extent to which these old people were visited. Some two-thirds of both men and women received visits from near relatives, and these proportions tallied with the numbers of near relatives who were separately alleged to be living in London. Friends as visi-

tors were fewer in number, covering rather less than half of both sexes. Churches in the main managed to cover only those who were members of church organizations and came to notice in that way (Table VI).

TABLE VI.—*Social Life*

Age Group (Years):	65-74		75-84		85+		Total			
	M	F	M	F	M	F	M		F	
Total No. ..	33	130	71	188	15	46	119	100	364	100
Visited by relatives ..	28	106	39	107	15	31	82	68.9	244	67.0
„ „ friends ..	21	73	26	69	6	19	53	44.5	161	44.2
„ „ church ..	9	30	10	25	3	10	22	18.5	65	17.9
„ „ others ..	2	7	4	9	—	1	6	5.0	17	4.7
No visitors ..	4	14	28	73	—	8	32	26.9	95	26.1

As before, comparatively few of the old people claimed to have any link with outside social organizations such as old people's clubs. About three-quarters (four-fifths in 1951) of both sexes had no such link, and, since most of these people were ambulant, there appears to be virtually no diminution in the need for further development of clubs, which must be an integral part of any scheme for the care and welfare of the aged (Table VII).

TABLE VII.—*Outside Social Activities*

Age Groups (Years):	65-74		75-84		85+		Total			
	M	F	M	F	M	F	M		F	
Total No. ..	33	130	71	188	15	46	119	100	364	300
Members of old people's club ..	5	21	6	20	4	5	15	12.6	46	12.6
Members of church organizations ..	4	24	9	24	3	5	16	13.4	53	14.6
Members of other organizations ..	1	1	1	—	—	—	2	1.7	1	0.3
None ..	24	88	59	152	8	39	91	76.5	279	76.6

Note: Some multiple answers in some cases and hence percentage totals add to more than 100.

How did these people amuse themselves? It was found that reading (60% of both sexes) (5% were blind or nearly so, 70% sought advice for failing sight, and 4% could not read), and radio (70%) were the mainstays. The proportion of women who occupied themselves with needlework or knitting (14-23%) was small, partly, no doubt, because of failing sight. Generally there was still little mention of home activity, and, though possibly there was some understatement due to diffidence, there is an indication that these people have drifted into inertia from which they need to

TABLE VIII.—*Individual Activities*

Age Group (Years):	65-74		75-84		85+		Total			
	M	F	M	F	M	F	M		F	
Total patients ..	33	130	71	188	15	46	119	100	364	100
Reading ..	26	97	38	102	13	28	77	64.7	227	62.4
Needlework ..	—	19	1	26	—	7	1	0.8	52	14.3
Knitting ..	1	44	1	35	—	5	2	1.7	84	23.1
Crochet ..	—	—	—	1	—	1	—	—	2	0.5
Rug-making ..	—	2	—	—	—	—	—	—	2	0.5
Cards, jigsaws, or dominoes ..	—	—	—	—	1	—	1	0.8	—	—
Gardening ..	5	1	2	—	—	7	5.9	—	1	0.3
Carpentry ..	1	—	1	—	—	2	1.7	—	—	—
Music (instrument or singing) ..	—	1	1	—	—	—	1	0.8	1	0.3

TABLE IX.—*Entertainments*

Age Groups (Years):	65-74		75-84		85+		Total			
	M	F	M	F	M	F	M		F	
Total No. ..	33	130	71	188	15	46	119	100	364	100
Cinema ..	5	17	8	7	3	—	16	13.4	24	6.6
Concert ..	—	—	—	—	—	—	—	—	—	—
Wireless ..	31	121	47	112	13	31	91	76.5	264	72.5
Television ..	4	22	9	21	—	3	13	10.9	46	12.6

be extricated by stimulation of interest. Cinema-goers were still few (13% of men and 7% of women), but television sets were not so rare as previously (11% of men and 13% of women), compared with 3% for both sexes in 1951 (Tables VIII and IX).

Assistance and Meals

The total volume of domestic assistance given to the household either by home helps or by relatives and friends was examined. The home helps do general cleaning in all cases, some shopping (40% of households), a little cooking (5%), and some light washing (25%); carrying coals and lighting fires form an important duty. The average period of service per week was 4.8 hours (5.8 in 1951), but assistance from relatives and friends was limited, on the whole, to shopping and companionship, which was extended to about two-fifths of the households.

In those instances where relatives existed but gave no assistance, inquiries were made for the reason of this failure to help. Nearly one-half of these relatives lived too far away, one-third were too preoccupied with their own affairs, and one-tenth were ill or too old. Only one of them could but would not help.

An attempt was made to assess the additional services that were most badly needed. Most of the "grumbles" were economic—the need for higher pensions, cheaper fuel, milk, transport. Only a handful requested more home-help hours or week-end service. Some asked for more visitors or to be taken out, and it was evident from some of the replies that many of those confined to the house were lonely, and would have been most grateful for an occasional car outing or a visit to a club. Only a dozen had difficulties (mainly a desire to get on a ground floor) of housing accommodation. Two-thirds of the old people had no "grumble" at all.

An important aspect of the care of old people in their homes is the preparation of meals. Meals were prepared with some assistance by the home help in 48% of cases. Fortunately in only 36 of these would withdrawal of the home help have resulted in a failure to obtain any meals. The small number of households on which health visitors were calling is a matter for surprise.

Housing, Money, and Costs

With regard to housing, it was found that 23% of the households were in houses, 36% in flats, and 41% in rooms in divided accommodation (these proportions are similar to those previously recorded). In only nine dwellings were sanitary defects reported. A more important feature was that in 29 households (7% as in 1951) there was difficulty of access—that is, the old person was living in the upper floor of a building and the climbing of the steps was a deterrent to going out of the dwelling.

It is of interest and importance that 49% of households had been resident in their present accommodation for more than 10 years, and 18% for more than 30 years. These deep roots and the obvious affection for the existing environment complicate the problem of rehousing, although it is evident that much improvement could result from readjustments of existing accommodation.

In only 15% of households was there a definite shortage of money. For the domestic help service 27% of the households paid the charges in full, 7% made part payment, and in 66% the cost had to be borne by public funds. This is an improvement from 1951, when 81% were wholly subsidized and 14% partly assisted.

Discussion

On the whole the general position of the old people seems to have improved slightly since 1951; there is no doubt that contributory factors have been better liaison with hospital geriatric departments, a greater emphasis on rehabilitation, an expansion of the home-help service, and closer co-ordination of effort between the statutory and voluntary agencies concerned. The employment of an

assistant medical officer as a co-ordinator and liaison officer has played an important part.

Although there has been progress, a great deal remains to be done. Rehousing problems are difficult to solve, more long-stay accommodation is required, and there are not enough clubs, especially for the frail and less mobile. Inertia in the home has to be combated, and disabilities detected early—there is ample evidence that "examination-in-health" clinics can fulfil an important function. It appears that little more help can be expected from relatives, and there is an urgent need for more volunteer visitors, especially in the evenings and at week-ends. The home-help service is playing a part which cannot be measured in terms of hours of work, or domestic duties performed—it goes far beyond that, and no statistical survey can give a complete picture of the assistance and companionship it provides both during and after official visiting hours.

It will be noted that the majority of those questioned had no complaints to make—although many might well have done so. A number of the ambulant wished for reduced prices in public transport, and those in the older groups for cheaper coal. A few wanted milk at reduced prices and higher pensions. There was ample proof of the desire to preserve independence: five persons over 90 and many more in the 80's (including some who were totally blind) lived alone and prepared their own meals, and with a little domestic help they were far better off in their own homes than anywhere else. Unfortunately, some of those who needed it badly did not take kindly to domestic aid, and they would have been more suitably accommodated elsewhere; in cases of this nature there were occasional complaints from the other occupants of the house. In general, however, the survey reaffirms the value, financial and otherwise, of a domiciliary service for old people, and suggests ways in which it should be expanded.

My thanks are due to Mr. B. Benjamin, statistician, General Register Office, for his statistical advice. I am also indebted to the staffs of the Divisional Office (Div. 7, L.C.C.) and the Camberwell Public Health Department for their assistance in compiling the tables, and to the home-help organizations, Division 7, for the considerable field work involved.

REFERENCES

- Chalke, H. D., and Benjamin, B. (1951). *Med. Offr.* 86, 65.
— (1953). *Lancet*, 1, 588.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE

[FROM A SPECIAL CORRESPONDENT]

The 119th annual meeting of the British Association, which took place from September 4 to 11, was the first to be held in Dublin for almost 50 years. The president, Professor P. M. S. BLACKETT, F.R.S., who has been a frequent visitor to the East, described the ever-widening gap which technological advance is opening between the *modus vivendi* of peoples of these regions and those of the West. He outlined measures which would help the newly autonomous nations of Asia to improve their standard of living.

The Nervous System

Sir LINDOR BROWN, F.R.S. (department of physiology, University College, London), introduced the first two sessions of the Physiology Section by outlining, in his presidential address, modern knowledge of chemical transmission at nerve endings. He pointed out how our extensive information on acetylcholine metabolism contrasts with our ignorance of the method of formation and destruction of noradrenaline and adrenaline. It was not necessarily valid to extrapolate the phenomena of cholinergic transmission to those of adrenergic transmission. The metabolism of adrenaline and noradrenaline was described further by Dr. H. BLASCHKO (department of pharmacology, Oxford), who suggested that there are five stages in the synthesis of adrenaline,