

A SURVEY OF OLD PERSONS IN ABERDEEN, 1956/57.

By

J. M. WALLACE.

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INTRODUCTION

In 1953 the Health and Welfare Department of the City of Aberdeen instituted a voluntary Register of Old Persons, for assessment of their needs and for the better co-ordination of available statutory and voluntary services. A description of this register has already been published (Barclay, 1955) and although the form of the Register Card has been modified in the light of subsequent experience, the aim remains the same, and the register is of proven usefulness in the fields of prevention, care, aftercare, observation, follow-up and research into the problems of the elderly. Every year the names of several hundred new cases are added; during 1957 the grand total on the register reached one-tenth of the estimated total elderly population of the city, and it is still growing.

Admittedly the register deals with only a selected group, i.e. those who are registered, and it obviously does not represent the elderly population as a whole. An assessment of the circumstances and needs of the aged as a whole is not an easy task - for a start there are difficulties in the way of obtaining a truly representative sample of old people - but with health and welfare services for the elderly expanding at the rate they have done over the past few years it was felt that for efficient planning of services it would be most useful to have some indication of the basic requirements of a representative sample comprising, say, five per cent of all old people in the city. Accordingly, towards the end of 1956 a survey was commenced

the objects being (1) to achieve more precise ascertainment of the circumstances and needs of elderly persons in general, (2) to attempt correlation of information on Register of Old Persons with the elderly population as a whole, and (3) to obtain a guide to future policy as regards various services for the aged.

The author was in a particularly fortunate position to undertake such a survey in that he had previous experience of a similar investigation into the social circumstances of the aged in Ayr Burgh, and it may be appropriate to incorporate at this point a description of that earlier work which provided the basis for much of the larger and more comprehensive study in Aberdeen.

Unless otherwise stated, the term "old persons" in this thesis refers to persons of pensionable age, i.e. males of 65 years and over and females of 60 years and over.

The Pilot Experiment in Ayr

In 1950, in view of the ever-increasing interest in the welfare of the aged, it was considered advisable to carry out a pilot experiment in the social medicine of old age in an effort to augment rather scanty information regarding their way of life. A list was obtained of all persons domiciled in Ayr Burgh who had received Overseas Free Gift parcels distributed through the agency of the Welfare Department. This list contained over 1,500 names and addresses of persons of pensionable age, along with a small percentage of persons under these ages whose application on other grounds had been sustained. No institutional cases were included, and these were dealt with separately, as described below.

From the Registrar-General's figures for the estimated civilian population of Ayr by sex and age-groups as at 30th June, 1948, it was calculated that there were approximately 5,200 persons of pensionable age in a total estimated population of 42,700. The list of applicants for Gift Parcels therefore represented rather more than one in four of all old persons in the town. It was necessarily a somewhat selected list in that probably fewer persons in the upper social classes would have applied for these parcels, and its limitations in that respect were fully recognised, survey findings being treated with some reserve. Nevertheless, some sort of answer was obtained to a diversity of questions relating to old people in Ayr Burgh.

The complete list of applicants was arranged according to address in alphabetical order, and its size was reduced to more manageable proportions by extracting every sixth address to obtain a total of 263 names and addresses. Where a married couple were applicants, both were included in the survey. These 263 subjects were all traced during the summer of 1950, when it was found that 45 had died, 25 were under pensionable age, and one was permanently in a welfare home. The remaining 192 were still resident within the Burgh and formed the core of the domestic investigation, which was carried out by health visitors during personal visits to the individuals concerned. Opposition to enquiry was extremely rare, and it was evident that many of those old people were only too eager to meet someone willing to discuss their affairs. This was felt to be an expression of the feeling of loneliness to which so many of them were prone, and not merely those who lived alone.

At the same time the number of old persons normally resident in Ayr Burgh who were actually in hospitals, convalescent homes and other institutions was ascertained by means of questionnaires sent to hospitals etc. which might have been accommodating Ayr residents. A total of 87 old persons was thus accounted for, equivalent to 1.7% of the estimated total elderly population. It was found that the vast majority (over 80%) of the aged who were inmates of institutions were likely to remain there till they died, and comparatively few would ultimately return home to create a possible social problem there. It should be noted, however, that the pilot enquiry was not extended to private nursing homes and the like (with which Ayr was liberally supplied) and that the present phase of growth of Eventide Homes was then just about to begin. Accordingly, the percentage of old persons in institutional care is now much higher - the figure obtained in the Aberdeen survey was 5.1%

The 192 old people investigated in their own homes in Ayr comprised 70 males and 122 females, the sex ratio being approximately the same as that given by the Registrar General for 1948. An attempt was made to answer certain questions, as under:-

1. With whom do they live? Each of the subjects was classified under one of four residential groups:-

(a) Old persons living with younger relatives, usually their own family - 58% of subjects of survey, the percentage possibly increasing slightly with age.

(b) Old persons living with another old person, usually a spouse, there being no younger persons in the house - 20% of subjects, the percentage reducing with age.

(c) Old persons living alone - 14% of subjects, with a three-fold preponderance of females, the percentage decreasing with age.

(d) Old persons living in lodging houses, those living as lodgers and those who kept lodgers or housekeepers etc. - 7% of subjects.

2. How many are still working? Of the male subjects 23% were found to be employed, rather more than half of these being in full-time employment, the others doing part-time or occasional work such as jobbing etc. The oldest employed male was a full-time gardener in his 83rd year. The males evinced a surprisingly small reduction in employability with advancing age, and it appeared that many old people preferred to keep on working, and were able so to do, long after the usual age for retirement.

Of the females of 60 years and over 5% were working, the majority doing part-time or occasional work such as charring or housekeeping. In the determination of those who were "still working" no cognisance was taken of the females who were performing ordinary domestic duties in their own homes.

3. What is their general state of health? Physical capabilities were divided into five categories:-

(a) Old persons entirely capable of looking after themselves, and able to do fairly heavy work such as bringing in coal, doing laundry, working in garden etc. - 50% of subjects of survey, the percentage decreasing with age.

(b) Old persons who could do everything for themselves except those more onerous tasks - 30% of subjects.

(c) Old persons unable to look after themselves because they required occasional assistance going upstairs or moving from room to room or other periodic attention or treatment - 9% of subjects.

(d) Old persons who were housebound or who required a wheel-chair - 7% of subjects, the percentage increasing with age.

(e) Old persons who were confined to bed - 4% of subjects, the proportion increasing markedly with age.

4. What are their chief disabilities? Among the old people in the pilot enquiry the disability most frequently encountered was cardiovascular disease which affected 9% of subjects, while a further 3% suffered from the after-effects of cerebral haemorrhage etc.; deafness claimed 8%, with arthritis close behind at 7%; bronchitis and senility (which was taken to mean marked physical and/or mental deterioration) were equal at 5%; varicose conditions affected 5% of females but no males; blindness, total or partial, afflicted 3% of subjects; and other disabilities were found in smaller percentages. The home nursing service devoted three quarters of its time to old people, and attended more than 2% of the total elderly population of the burgh; diabetes mellitus and cerebrovascular disease, both of which often necessitated daily attendance over a prolonged period, were the predominant factors in this load.

5. What are their homes like? The 192 old people lived in 165 dwellings of which 44% had a bathroom. A housing survey had been carried out two years previously, and it was calculated that 62% of all houses in Ayr possessed a bathroom. It will be seen therefore that the

old people in the survey lived in houses of below average standard. The worst houses were found where an old person lived alone - only 18 $\frac{1}{2}$ % of this group had a bathroom and another 11% an inside W.C. without a bath. As regards overcrowding, the standard of occupancy used was the one agreed by the Department of Health for Scotland in 1944 (maximum capacity of a house being two persons per bedroom with children counted as individual persons) and on this basis only 16% of the survey houses were overcrowded as compared with an estimated 35% of all houses in Ayr, indicating that although a major problem in general social medicine overcrowding was not a large problem in the social medicine of old age. As regards cleanliness, only 2 $\frac{1}{2}$ % of the houses investigated were deemed to be unclean while a further 1% were deemed untidy, and it was felt that, all things considered, these were very low percentages which reflected the large number of old persons who were "house-proud" sometimes to an extreme degree.

6. How many require further help? No elderly person included in the survey was grossly lacking in care or attention but four of the 70 males and eight of the 122 females required additional help with domestic tasks and/or simple nursing attention such as could have been given by intelligent relatives, with or without the guidance of home nurse or doctor. It was concluded that an extension of the home help service was indicated, and that there was plenty of scope for further voluntary welfare work in connection with old people.

It was suggested that a service similar to that which initiated maternity and child welfare work was required, and urgently required,

now that life in its early stages was adequately cared for whereas in its penultimate stage it was often lacking in quite simple attention.

These findings were summarised in the Annual Report of the Medical Officer of Health of Ayr for the year 1950.

As may happen with any pilot survey the Ayr experiment had its faults and its limitations, but it had its good points too. The remainder of this paper deals with the larger investigation in Aberdeen, and it will be seen how faults in the earlier work were rectified, limitations removed and good points adapted for use in Aberdeen.

Scope and Method of Investigation in Aberdeen.

Perhaps the main fault of the Ayr investigation was the fact that it dealt with a selected group. In Aberdeen a completely representative sample of old people living in their own homes was obtained by investigation of every twentieth house on the Valuation Roll, the domiciliary investigation being carried out by the District Health Visitors. At the same time a census was carried out of all Aberdeen old people resident in hospitals, homes, hostels and lodging-houses. By these methods and by certain ancillary investigations an overall picture has been obtained of the mode of life of elderly citizens. As an example of what may be achieved by in-service investigation with no additional expenditure, no application for grant, and no extra staff for the purpose, this survey must rank as one of the largest ever undertaken. Preliminary findings were incorporated in the Annual Report of the

Medical Officer of Health for Aberdeen for the year 1957, and were also published elsewhere (Wallace, 1958). A more detailed account will now be given of the methods adopted to obtain the information desired.

It will be observed that, like all Gaul and the National Health Service, the Aberdeen survey was in three parts viz. (A) Domiciliary Investigation, (B) Institutional Census, and (C) Ancillary Investigations; these three coeval sections will be described separately.

(A) Domiciliary Investigation:-

The total population of pensionable age at last census being 22,907 it was calculated that a 5% sample would comprise about 1,145 old persons of whom a certain number would be in hospital or otherwise unavailable so that upwards of 1,000 individuals in their own homes would fall to be dealt with. It appeared that, for practical purposes, there were three methods open whereby a truly representative sample might be obtained, viz.

(a) a house-to-house investigation based on the Valuation Roll; (b) a personal investigation based on the Electoral Register; (c) investigation of old persons on general practitioners' lists.

For various reasons it was decided to use the first of these methods, the house-to-house investigation based on the Valuation Roll, and to utilise the District Health Visitors for the actual domiciliary investigation, the main advantages of this being that the health visitors would already have knowledge of about one-third of the households (e.g. because of the presence of a pre-school child or a known old person), abortive visits would be reduced, the work would be more easily

incorporated into the daily load, and a health visitor, being known in her own district, might meet with fewer refusals than would a stranger.

A representative sample of all houses was obtained in co-operation with the Rating Department, all clerical work being done by Health and Welfare staff. At the end of 1956 there were approximately 56,000 houses in the City and the address of every twentieth house with the name of the occupant was extracted from the Valuation Roll. These addresses were then allocated by district to appropriate health visitors. Sample households known to consist of younger persons only, or found on investigation to have no old persons, were fairly quickly eliminated. The remainder comprised 5% of all households containing old persons and therefore a 5% random sample of old people in the city, who were investigated individually by means of a questionnaire completed by the health visitor.

One of the main difficulties in any survey carried out by a large number of investigators is to obtain reasonable uniformity of assessment. The proforma was designed for ease of completion, with the various alternatives specified under each heading so that descriptions inapplicable were simply scored out; it was made as factual as possible; and it followed the lines of the Register card to which the health visitors were already accustomed. Furthermore, the health visitors were not only given duplicated notes on the questionnaire with precise definitions of the meanings of the various terms, but were also briefed orally before the survey started. Throughout the investigation they were encouraged to seek advice on any obscure point, however

trivial, and finally all completed forms were scrutinised to ensure maximum uniformity. A copy of the Survey Form is appended to this section, together with a copy of the Explanatory Notes for Health Visitors.

(B) Institutional Investigation:-

Here we were more interested in the numbers involved than in the particular circumstances of the individual and it was decided to concentrate on quantitative analysis with only minimal qualitative investigation. Accordingly a census was carried out of all Aberdeen old persons who happened to be in the various types of institutions on a certain date. The institutions involved comprised hospitals of all types (general, mental, T.B. etc.) convalescent homes, nursing homes, hostels for the aged (both local authority and voluntary), and lodging houses. It will be noted that hotels and boarding houses were excluded from the institutional investigation, being included instead in the domiciliary survey. Thus, the basic method of the Ayr experiment was adopted in an improved and extended form.

The date actually chosen for this census (15th November, 1956) was one when it was hoped that there would be an average amount of illness in the community, and was made to coincide with the start of the domiciliary survey. In the event, there was no unusual amount of illness during the period covered by the survey (the field-work lasted about three months and was completed by March, 1957) and the state of health of the elderly community as found by survey can be considered normal. This is borne out by the fact that, in the weekly returns of the

Registrar General covering this same period, figures for absence from work due to sickness remained about average for the year.

More than forty institutions throughout the whole of the North-East of Scotland were approached in connection with this investigation. Matrons and Superintendents all co-operated wholeheartedly. A simple proforma was used and was accompanied by a covering letter explaining the objects of the survey. Copies of these documents are also appended. In the letter reference was made to press announcements of the survey - such announcements prior to commencement of survey are felt to be most helpful in obtaining the co-operation of the public because if they do nothing else they at least provide the investigator with an opening cue.

(C) Ancillary Investigation:-

The main object of these enquiries was to ascertain for certain services for old people a total number of recipients so that the figures actually obtained from the 5% domiciliary sample in respect of these services could be compared with the figures which theoretically should have been obtained (i.e. one-twentieth of the total) thus providing a test for the representative nature of the survey and an independent measure of its reliability. Totals were obtained for a number of services e.g. Health Visiting, Home Nursing, Home Helps, and Chiropody. The interpretation of the results obtained will be discussed in succeeding sections and at this stage it will suffice to indicate that the domiciliary survey is believed to be 95% representative with accuracy of the same order.

SURVEY OF ELDERLY PERSONS IN ABERDEEN

APPENDIX No. I - DOMICILIARY SURVEY FORM

1. NAME:- M. F. S. M. W. D/S.
2. ADDRESS:-
3. AGE:- 60- 65- 70- 75- 80- 85- 90- 95- Date of Birth: (if obtainable)
4. OCCUPATION:- Still working/ Retired at age:-
5. PRESENT EMPLOYMENT:- Whole-time / Part-time / Housework / House-help / Nil
6. TOTAL OCCUPANTS:- (Old persons:- Other Adults:- Children (under 15):-)
7. RELATIONSHIP (To subject) OF ADULTS IN HOUSEHOLD:-
8. TYPE OF HOUSE: Tenement / Prefab. / Special / Other (Specify):-
9. STAIRS FROM STREET: Basement 0 1 2 3 4+
10. STAIRS: None / In house / Inside building / Outside building Bad construction. Other)
Satisfactory / Unsatisfactory (Darkness. Disrepair.
11. NO. OF ROOMS: 1 2 3 4 5 6+
12. WATER: In / Landing / Stair / Out. 13. W.C.: In / Landing / Stair / Out 14. BATH: Yes / No
15. FURNISHINGS: Inadequate / Adequate / Excess. 16. GENERAL HYGIENE: Good / Fair / Poor
17. CLOTHING: Good / Fair / Poor 18. PERSONAL HYGIENE: Good / Fair / Poor
19. PHYSICAL CAPABILITIES:
a. Unlimited Mobility: Perfectly capable / Requires help with heavier tasks
b. Restricted Mobility: Can manage stairs / Cannot manage stairs unaided
c. Housebound: Wheelchair / No wheelchair
d. Bedbound: Temporarily / Permanently / Period uncertain
e. In hospital, etc. (Specify):-
20. DISABILITIES:-
21. MENTAL STATE: Alert / Disinterested / Confused / Other (specify):-
22. DOMESTIC ASSISTANCE: Nil Spouse Rel. in out Rel. Corp. H.H. Neigh- hour Other (specify):-
23. G.P. (Dr.) last seen within past week / month / 6 months / year Reg. / Irreg.
not in past year
24. REASON FOR CONSULTATION:- Temporary illness / Accident / Chronic illness or Disability / Uncertain
25. H.V.s. ASSESSMENT OF PRESENT NEEDS:
None N.A.B. Hosp. G.P. visits Hostel Spec.House Rehousing Home Help Meals Shopping D.N.Visits
Laundry Club Vol.visits H.V. visits Chiropody Other (specify):-
26. Attitude to Visit: Welcomed / Tolerated / Disliked Date of Visit:
Signature of H.V.:

REMARKS:

SURVEY OF ELDERLY PERSONS IN ABERDEEN

EXPLANATORY NOTES FOR HEALTH VISITORS

INTRODUCTION - Objects of Survey

The Register of Old Persons has proved most valuable in assessing the needs of the elderly, but it deals with only a selected group of old people, viz. those who are registered, and no one has as yet managed to assess fully the needs of the elderly population as a whole. Such an assessment is not easy - for a start there are difficulties in the way of obtaining a representative sample of old people - but for efficient planning of the health and welfare services for elderly citizens it would certainly be most useful to have some indications of the basic requirements of a representative sample comprising, say 5% of all old people.

In brief the main object of this survey is to obtain more precise knowledge of the circumstances and needs of elderly persons in general.

This is a big task and I am therefore asking for your help in gathering information about old persons in their own homes.

METHOD OF SURVEY

A representative sample comprising 5% of all houses in Aberdeen has been extracted from the Valuation Roll, and each District Health Visitor will be given a list of sample houses in her area. The District Health Visitor will already have knowledge of at least 25% of these households because of the presence in the household of a pre-school child, a known old person or for other reasons, and the number of abortive visits can be reduced thereby.

There are two steps in the survey:-

1. In respect of each sample address the Health Visitor should ascertain whether or not there are any old people (i.e. men of 65 years or over, women of 60 years or over) residing at that address.
2. In respect of every old person residing at a sample address a proforma should be completed.

Any person who does not wish to furnish information about himself or his household is of course perfectly free to refuse, but it is not anticipated that this will prove a serious factor.

THE LIST OF HOUSES

The number of old persons in each house should be noted in the space provided, as 0, 1, 2, etc.

The "Remarks" column is for use in cases such as the following:- Where the occupancy has changed give name of new occupant; where the address is not an ordinary dwelling-house note as "Boarding-house" etc.

The "Reference" column will assist you to find the exact house in tenements, etc., G/1 means Ground Floor, first door on left, 2/3 means two up, third door from left, and so on.

THE SURVEY PROFORMA

One proforma should be completed for each old person in a sample house. Where there is more than one old person in the same house the relevant proformata when completed should be clipped together and items 6 - 14 inclusive need be answered on only one of these forms.

In completing the form words or symbols applicable should be ringed and words inapplicable should be stroked out.

Item 3. - AGE The exact age does not matter, but watch out for the woman who gives her age as 10 years younger than it really is and check against birth date if possible!

Item 5. - PRESENT EMPLOYMENT Note that an old person may be employed and also do household duties.

Item 7. - "RELATIONSHIP" includes more than blood relationship e.g. Landlady (if subject is lodger), or Housekeeper, as well as Spouse, etc.

Item 11. - NO. OF ROOMS Habitable rooms only to be counted.

Items 12. & 13. - "LANDING" Includes Lobby outside house.

Item 19. - PHYSICAL CAPABILITIES Ring a, b, c, d, or e. "Heavier tasks" include e.g. bringing in coal, doing laundry, gardening.

Item 20. - DISABILITIES Use same definitions as for old persons record card, i.e. "Blind" means old person is registered as blind; "Deaf" is inability to hear normal conversational voice at more than three feet distance. Any known diagnosis should be stated, e.g. old hemiplegia (mild), severe multiple arthritis, etc.

Item 25. - ASSESSMENT OF PRESENT NEEDS Ring appropriate heading once if need not being met at date of survey, and twice if need already being met. Note that if arrangements are made after the visit for a need to be met the heading should be ringed once only, but if arrangements were already made at the date of visit it should be ringed twice -- the survey form differs in this respect from the old persons record card.

November, 1956

J. M. WALLACE,

Principal Assistant Medical Officer

APPENDIX No. III - INSTITUTIONAL SURVEY FORM

CITY OF ABERDEEN.

SURVEY OF FIDELITY PERSONS.

This survey refers only to persons normally domiciled in
Aberdeen City (or admitted from an Aberdeen address.)

SITUATION AT DATE: **15 Nov 1956**
.....

| I. NO. OF ABERDEEN AGED IN | Probable duration of stay: | | | TOTAL MALES. |
|---|---|--|--------------------------------|----------------|
| | Short-term:- under one month from admission to discharge | Long-term:- over one month but not permanent | Permanent:- i.e. till death | |
| <u>MALES</u> aged: | | | | |
| 65 - 74 yrs. | | | | TOTAL MALES. |
| 75 - 84 yrs. | | | | |
| 85 yrs + | | | | |
| <u>FEMALES</u> aged: | | | | TOTAL FEMALES. |
| 60 - 64 yrs. | | | | |
| 65 - 74 yrs. | | | | |
| 75 - 84 yrs. | | | | |
| 85 yrs. + | | | | |
| N.B. Persons discharged or dying on stated date should be included in Table I, but not those who are admitted on that date. | | | | |
| II. NO. OF ABERDEEN AGED ON WAITING LIST FOR ADMISSION:- | | | | |
| MALES (65 yrs. +) = | | | | |
| FEMALES (60 yrs. +) = | | | | |
| N.B. Persons admitted on stated date should be included in Table II. | | | | |

CORPORATION OF THE CITY OF ABERDEEN

Health and Welfare Department,
Willowbank House,
Willowbank Road,

ABERDEEN November, 1956

Dear Sir,

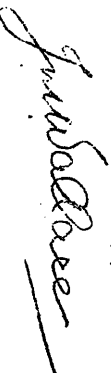
You may have noticed the recent press announcements of a forth-coming Survey of Elderly Persons in Aberdeen. Some years ago, in another area, I was able to carry out an investigation of similar nature, and the results obtained proved most valuable in the development of the health and welfare services for elderly citizens. In brief, the main object of the present survey is to obtain more precise knowledge of the circumstances and needs of the elderly populace of Aberdeen.

The major part of the survey will be concerned with old persons in their own homes, but there are of course a number of our elderly fellow-citizens who are in hospitals, nursing-homes, hostels, etc. I trust that I may have your co-operation in gathering information about this latter group of old people.

Perhaps you would be good enough to complete and return to me the attached proforma. It is intended to be self-explanatory and sets out in tabular form the information desired relative to all Aberdeen old persons who are actually in hospitals, etc. on the stated date ~~1.1.56~~ or who are on the waiting list for admission. Should you experience any difficulty in the completion of this form, please do not hesitate to 'phone me at Aberdeen 29206.

Your co-operation and help in this matter will be very much appreciated.

Yours sincerely,



PRINCIPAL ASSISTANT MEDICAL OFFICER

THE SOCIAL CIRCUMSTANCES OF THE AGED AT HOME

As stated above, the total number of houses in the City was about 56,000, and the number obtained by extracting every twentieth house from the current Valuation Roll was 2,806. These sample households were all investigated, results being summarised as follows:-

| | Number | Percentage |
|--|--------------|--------------|
| Households with no old persons | 1,977 | 70.4 |
| Households with old person(s) | 781 | 27.9 |
| Houses unoccupied, uninhabitable or demolished | 28 | 1.0 |
| No information obtained | 20 | 0.7 |
| Total households investigated | <u>2,806</u> | <u>100 %</u> |

In cases where no information was obtained this was usually because there was no reply to repeated visits, and only in a few instances to refusal of occupant to divulge whether or not there were any old persons in the household. It is particularly worthy of note that results were obtained in over 99% of houses investigated.

In the 781 houses which were made the subject of the domiciliary investigation proper there lived a total of 1,051 old persons (see Table I). It should be noted that these figures do not include old persons normally resident at home who were actually in hospital at the time of the domiciliary survey, such persons (12 in all) being enumerated in the institutional portion of the survey.

TABLE I. Stated Number of Old Persons in Sample Households.

| Households containing: | <u>Total Investigated</u> | | <u>Survey Completed</u> | |
|------------------------|---------------------------|-------------|-------------------------|-------------|
| | Houses | Old Persons | Houses | Old Persons |
| One Old Person | 527 | 527 | 497 | 497 |
| Two Old Persons | 241 | 482 | 235 | 469 |
| Three Old Persons | 10 | 30 | 9 | 27 |
| Four Old Persons | 3 | 12 | 3 | 12 |
| Totals | 781 | 1,051 | 744 | 1,005 |

Of the 1,051 old persons in the survey, 1,005 (over 95%) were willing to supply information. As for the remainder, 36 were unwilling to co-operate and 10 old persons were not interviewed (e.g. away from home at the time of survey) - the great majority of these 46 were females, most of them in their sixties and most of them single or widowed. In a very few instances (perhaps half-a-dozen) an occupant stated to be not old was believed to be in fact old, but the error from this must be very slight because the ascertained total of 1,051 old persons is in close agreement with the estimate based on the 1951 census population (vide supra).

On the basis of the proportion of the total approached who were willing to supply information the survey is 95% representative.

Sex and Age Distribution.

The sex and age-group distribution of the 1,005 old persons who co-operated in the domiciliary survey is illustrated in Table II which shows numbers and percentages in each age-group with, for comparison, the proportions found at the 1951 census.

TABLE II. Sex and Age Distribution of Old Persons Living at Home

| Age-group | Sample Population | | | 1951 Census Percentage of old persons in each age-group |
|-------------|-------------------|---------|--------------|---|
| | Males | Females | Both Sexes | |
| 60-64 years | - | 186 | 186 (18.5%) | 20.4% |
| 65-74 " | 197 | 316 | 513 (51.1%) | 53.0% |
| 75-84 " | 91 | 173 | 264 (26.3%) | 23.2% |
| 85+ " | 15 | 27 | 42 (4.2%) | 3.4% |
| Totals | 303 | 702 | 1,005 (100%) | 100.0% |

Of the 1,005 old persons involved 30% were males and 70% females.

This sex distribution agrees with 1951 census findings when the sex distribution of old people was 30.6% male and 69.4% female.

As regards age distribution the sample population is evidently slightly older than the 1951 census population (30% of sample were 75 years of age or over, as compared with 27% of 1951 elderly population) but it must be borne in mind that the few persons who did not co-operate were mostly in the lower age groups, and with this proviso it can be stated that although it may show a small shift toward the very elderly age-groups the age-group distribution of the sample population is broadly similar to that of the 1951 census both for males and for females, and is probably as fully representative as can be obtained from a survey of this nature.

Marital Status.

Table III shows the marital status of males and females included in the domiciliary survey, and again for purposes of comparison the 1951 census findings are also given.

TABLE III. Marital Status of Old Persons Living at Home.

| Marital Status | <u>Sample Population</u> | | | 1951 Census Percentage of old persons in each category |
|------------------|--------------------------|--------|--------------|--|
| | Male | Female | Both Sexes | |
| Single | 15 | 147 | 162 (16.1%) | 18.9% |
| Married | 214 | 235 | 449 (44.7%) | 42.1% |
| Widowed | 70 | 311 | 381 (37.9%) | 38.4% |
| Div., Sep., N/S. | 4 | 9 | 13 (1.3%) | 0.6% |
| Totals | 303 | 702 | 1,005 (100%) | 100% |

As compared with the 1951 census figures the survey sample has a slightly higher percentage of married persons, as opposed to single or widowed persons, especially of married males. This is to be considered in relation to two facts:- (i), the high proportion of single and widowed persons in hospital (Guillebaud Report, 1956), and (ii), the high proportion of single or widowed persons amongst those few who refused to participate in the survey. Accordingly, the marital status of the sample elderly population seems to be truly representative of the elderly population in their own homes.

Residential Circumstances.

It is obvious that the needs of an old person will vary with the composition of the household wherein he or she lives, e.g. the requirements of an elderly person living alone will differ from those of a similar person residing with family. The domiciliary survey sample

was, therefore, subdivided into four main categories according to the type of household and the age of other persons in the household. The results are summarised in Tables IV and V, and Fig. 1 demonstrates the influence of sex and age on residential circumstances.

Old Person(s) residing with Younger Relatives:- This group comprised households of one or more old persons living with younger relatives, usually their own family. It was the largest single type of household and incorporated 47% of the sample males and 44% of the females. As will be seen from Table V and Fig. 1 there was with increasing age an increase in the percentage of old persons in this category.

Old Person residing with Other Old Person(s):- In this group there were 120 elderly couples living on their own, i.e., with no younger persons in the households; the remainder comprised mainly sib relationships. Of sample males 42% fell in this category as compared with only 30% of females, but the total number of females in the group exceeded that of males. Table V shows that as age increased there was a very definite fall in the percentage of old persons living as couples etc.

Old Persons residing Alone:- In this group females predominated. Only 6% of males lived alone, as compared with 21 $\frac{1}{2}$ % of females, and numerically the comparison was even more striking because females outnumbered males more than eight to one. This sex difference is clearly illustrated in Fig. 1. With advancing age there was an increase in the percentage of old persons living alone.

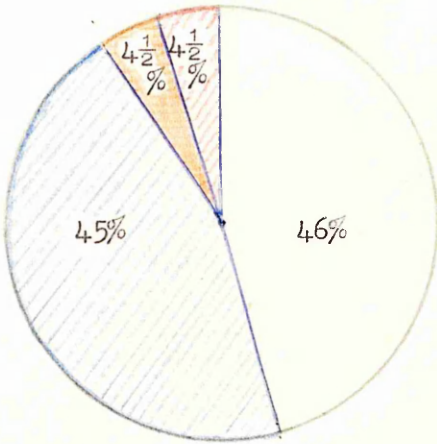
Old Person(s) residing with Younger Non-Relatives:- This category included old persons who lived with lodgers or as lodgers, with housekeeper, companion, nurse etc., or with employer. It accounted for only about 5% of old persons. There was a slight increase with age but the numbers involved were too small to permit definite conclusion on this point.

FIG. 1

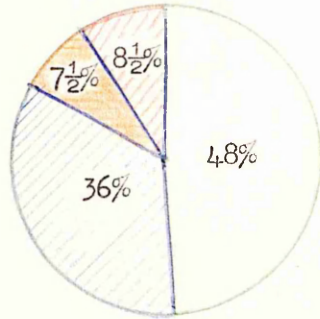
RESIDENTIAL CIRCUMSTANCES OF OLD PEOPLE

BY SEX AND AGE-GROUP

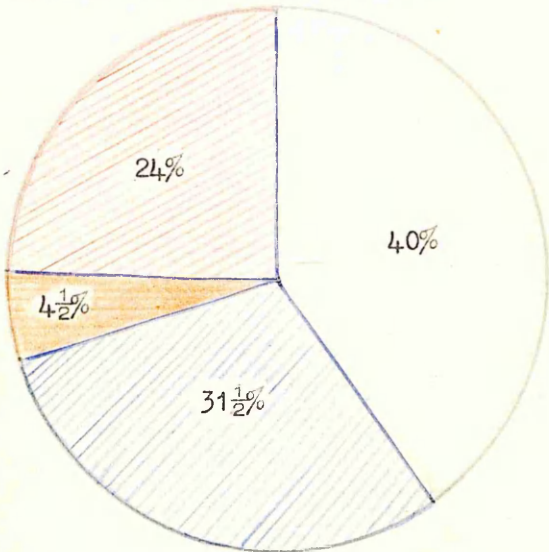
(The area of each figure represents the number of persons involved.)



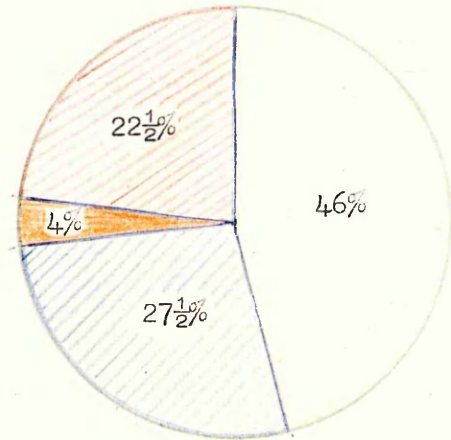
197 Males, aged 65-74 years



106 Males, aged 75 years or more





316 Females, aged 65-74 years



200 Females, aged 75 years or more

Legend:

 With Younger Relatives.
 Couples, etc.



 In Lodgings, etc.
 Living Alone.

TABLE IV. Residential Circumstances of Elderly Persons.

| Residential Circumstances | <u>Sample Population</u> | | |
|--|--------------------------|------------|-------------|
| | Males | Females | Both Sexes |
| Old person(s) residing with younger relatives | 142 (47%) | 309 (44%) | 451 (45%) |
| Old person residing with other old person(s) only | 127 (42%) | 209 (30%) | 336 (33%) |
| Old person residing alone | 18 (6%) | 151 (21½%) | 169 (17%) |
| Old person(s) residing with younger non-relatives. | 16 (5%) | 33 (4½%) | 49 (5%) |
| Totals | 303(100%) | 702(100%) | 1005 (100%) |

TABLE V. Residential Circumstances of Elderly Persons, by Age-group

| Residential Circumstances | <u>Sample Population</u> <u>Age-Groups - Both Sexes</u> | | |
|----------------------------|--|------------|-----------|
| | 65 - 74 | 75 - 84 | 85+ |
| With younger relatives | 217 (42%) | 119 (45%) | 24 (57%) |
| With other old persons | 189 (37%) | 87 (33%) | 6 (14%) |
| Alone | 84 (16½%) | 45 (17%) | 9 (21%) |
| With younger non-relatives | 23 (4½%) | 13 (5%) | 3 (7%) |
| Totals | 513 (100%) | 264 (100%) | 42 (100%) |

Housing Conditions

Possession of Bathroom

The 1,005 old people in the domiciliary survey lived in 744 houses, of which 388 or 52% had a fixed bath. This is to be compared with the 1951 census findings when 48.6% of all households in Aberdeen had exclusive or shared use of bath. In the intervening years, however, the vigorous housing programme will have increased the census figure. It can, therefore, be said that, in general, households occupied by old persons in Aberdeen are about average standard in so far as possession or non-possession of bath is concerned.

On the other hand there is a significant difference when old persons in differing residential circumstances are considered. Of old persons living alone only 25% possessed a bath, whereas 53% of couples etc., 62% of households with younger relatives, and 67% of households with younger non-relatives were in like category. On this count, old persons living alone live in the worst houses - a feature found also in the previous survey in Ayr.

Of males of retiral age 58% had a bathroom in the house, but only 53% of females of pensionable age had this facility. This ties up with the preponderance of females living alone.

Lack of Kitchen Sink or Inside Water Supply.

Of the 744 sample households of old persons, 33 or 4 $\frac{1}{2}$ %, had no inside water supply. This compares with 4.3% of all houses in Aberdeen found at the 1951 census to have no kitchen sink, and confirms the observation made in the preceding section that households

occupied by aged persons are, in general, not much worse than average.

In the survey the highest percentage of houses with no inside water supply was found where an old person lived alone, no fewer than 10% being in this category. Thus further confirmation is provided that old persons living alone live in the worst houses. Of the 33 houses which lacked inside water supply, 17 housed old persons living alone.

Sex differences are also exactly comparable with those found in the section immediately preceding. Because of the higher proportion of females living alone they are as a sex worse off than males in the matter of water supply. Of males $3\frac{1}{2}\%$ lacked an inside supply of water, as compared with just over 5% of females.

State of Cleanliness of House or Person.

The hygienic state of the old person, the clothing, the bedding or the environment was described as "poor" in 8 cases (3 males and 5 females, in 6 households), and as "fair" in an additional 79 cases (28 males and 51 females in 65 households).

Again, the worst conditions were found where an old person lived alone. Out of 169 houses where an aged person resided alone, 3 were in an unclean state and in a further 21 conditions were only fair. Males living alone were in worse state than females because the conditions of 8 out of 18 males left something to be desired as compared with 16 out of 151 females.

Amongst elderly persons residing as couples etc. hygienic conditions were optimal, only just over 5% being in a fair or poor

state; the comparable figure for old persons living with younger relatives was 8%; and that for the aged residing with younger non-relatives was, at 14%, the same as the proportion for the aged residing alone (the former were mostly sublets, but in contrast to those who lived alone there were no cases in a really poor state of hygiene.) It will be realised, however, that where conditions are described as only "fair" that is in the eye of the beholder, and the old person concerned may be quite content and may well consider the situation normal.

In the 65-74 year age group, both sexes, 38 out of 513 were in fair or poor hygienic state, and this is to be compared with the age group 75 years and over where 36 out of 306 were in like category. There is, therefore, with increasing age some deterioration in general hygienic conditions.

The Physical Capabilities of Old People.

In the Survey Questionnaire this question was dealt with by means of mutually exclusive sub-divisions. For clarity, major groupings only are featured in Tables VI and VII and Fig 2 following, but a more detailed account is given in the text. The findings in Table VI can be compared with those of Hobson and Pemberton, (1955) who investigated 476 persons of pensionable age in Sheffield and found that 71% of males and 55% of females had unrestricted mobility, 28% of males and 31% of females had limited mobility, while 3% of males and 15% of females were housebound or bedridden.

TABLE VI. Mobility of Elderly persons Living at Home.

| Physical Capabilites | Sample Population | | |
|------------------------|-------------------|-----------|-------------|
| | Males | Females | Both Sexes |
| Unlimited Mobility | 226 (74½%) | 486 (69%) | 712 (71%) |
| Restricted Mobility | 63 (21%) | 161 (23%) | 224 (22%) |
| Housebound or Bedbound | 14 (4½%) | 55 (8%) | 69 (7%) |
| Totals | 303(100%) | 702(100%) | 1,005(100%) |

TABLE VII. Mobility of Elderly Persons at Home, by Age-Group.

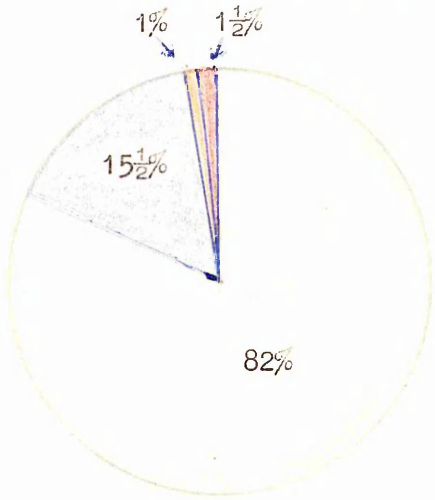
| Physical Capabilities | Sample Population Age-Groups - Both Sexes | | |
|------------------------|--|------------|-----------|
| | 65 - 74 | 75 - 84 | 85+ |
| Unlimited Mobility | 401 (78%) | 138 (52%) | 12 (29%) |
| Restricted Mobility | 94 (18½%) | 91 (34½%) | 19 (45%) |
| Housebound or Bedbound | 18 (3½%) | 35 (13%) | 11 (26%) |
| Totals | 513 (100%) | 264 (100%) | 42 (100%) |

Fig 2

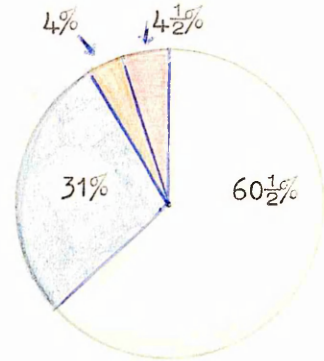
The Physical Capabilities of Old People Living at Home

By Sex and Age-Group

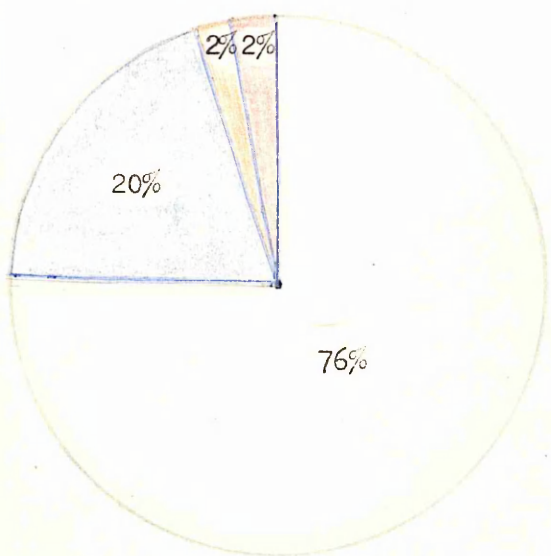
(The area of each figure represents the number of persons involved)



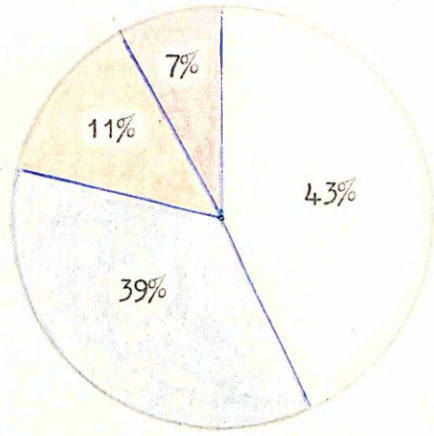
197 Males, aged 65-74 years



106 Males, aged 75 years or more



316 Females, aged 65-74 years



200 Females, aged 75 years or more

Legend:



Unlimited Mobility.
 Restricted Mobility.



Housebound.
 Confined to Bed.

Old Persons deemed to possess Unlimited Mobility.

This group was divided into two sub-groups viz:- (i) Perfectly Capable, i.e. old persons entirely able to look after themselves and able to do fairly heavy work such as bringing in coal, doing laundry, working in garden, etc., and (ii) Requiring Minor Help, i.e. old persons who can do everything for themselves except the more onerous tasks such as those described.

Of old people in the sample, 57% were considered perfectly capable, and a further 14% were able to manage all but the heavier household tasks. Males in their own homes seemed to be somewhat fitter than females; for instance, 67% of males were reckoned to be entirely capable as compared with 52% of females. When the physical capabilities of those in different age-groups are considered (see Table VII) the deterioration in physical condition with advancing age is very clearly shown; the proportion of the old people who were of unlimited mobility drops sharply from 78% of those aged 65-74 years to a mere 29% of those aged 85 years and over, the decrease being applicable to both sub-groups. Fig 2 shows that this reduction in mobility with advancing age is greater for females than for males.

Old Persons with Limited Mobility.

This group also had two sub-groups showing a varying degree of incapacity, viz:- (i) Able to Manage Stairs without assistance, and (ii) Unable to Manage Stairs.

Of the sample population 18% were restricted in their mobility,

but able to tackle stairs, and a further 4% were more severely restricted to such extent that they were unable to negotiate stairs without assistance. As will be seen from Table VI there was a slightly greater percentage of females in this group as compared with males, but the difference was not marked. On the other hand Table VII shows a large increase with age in the percentage of old persons who are restricted in their mobility from 18½% of those aged 65-74 years to 45% of those aged 85 years and over, and this increase applies to both sub-groups.

Old Persons Housebound or Bedbound.

Once again there were two sub-groups, viz:- (i) Housebound, including wheelchair cases, and (ii) Confined to bed, whether temporarily or permanently.

Out of the 1,005 old persons surveyed 38 (nearly 4%) were housebound and 31 (3%) were confined to bed at the date of investigation, the majority being permanently in the relevant sub-group, e.g. of those in bed when interviewed 22 were classified as confined to bed permanently or for an uncertain period, and 9 were classified as temporarily bedfast. Table VI shows that the percentage of females in this group exceeded that of males, and when the two sub-groups are analysed it appears that the female preponderance is greater for the housebound than for the bedridden. In Table VII the rise with age in the percentage of this incapacitated group is very marked, from only 3½% of those aged 65-74 years to no less than 26% of those aged 85 years and over. Not revealed by this table is the change with age

in the different sub-groups - whereas there was in the proportion of those who were housebound a very large increase with age (1 $\frac{1}{2}$ % of persons aged 65-74 years were housebound, as compared with 7% of persons aged 75-84 years and 21% of those aged 85 years or more), **this trend** was not followed exactly by those who were bedridden (2% of those aged 65-74 years, 6 $\frac{1}{2}$ % of those aged 75-84 years, and 5% of those aged 85 years and more). It must be remembered, however, that amongst the very elderly the actual numbers involved in those sub-groups are relatively small, and of the total of 42 persons aged 85 years or over only two were confined to bed.

The Relationship of Physical Capabilities to Residential Circumstances.

The type of household wherein an old person resides is contingent upon, inter alia, that person's physical capabilities. This is well illustrated in Table VIII, which throws into sharp relief the differing needs of those in differing residential circumstances. Amongst those old people who live with younger relatives are found the lowest percentage perfectly capable and the highest percentage of bedridden. Old people who live alone or as couples etc. with no younger persons in the household are, on average, in much better physical condition, these two household types having the lowest proportions of housebound or bedridden cases. Amongst those living with younger non-relatives there is a high proportion of housebound old people; this ties up with the number of old people who require the services of living-in housekeepers etc.

TABLE VIII. Relationship of Physical Capabilities to Residential Circumstances.

| Physical Capabilities | <u>Residential Circumstances of Old Person</u> | | | |
|--------------------------|--|------------------------|-----------|----------------------------|
| | With Younger Relatives | With Other Old Persons | Alone | With Younger Non-relatives |
| Unlimited Mobility | 305 (68%) | 245 (73%) | 128 (76%) | 34 (69%) |
| Restricted Mobility | 105 (23%) | 78 (23%) | 34 (20%) | 7 (14%) |
| Housebound or Wheelchair | 17 (4%) | 9 (3%) | 6 (3½%) | 6 (12%) |
| Confined to bed | 24 (5%) | 4 (1%) | 1 (½%) | 2 (4%) |
| Totals | 451(100%) | 336(100%) | 169(100%) | 49(100%) |

The Working Capacity of Old People.

With the population of this country becoming more and more aged the fact that a relatively high proportion of old people, other than the very aged, are capable of continuing their ordinary employment or performing other useful work may well prove of supreme importance both economically and socially.

In the domiciliary survey it was easy enough to determine which of the male subjects were still working, but when females were considered the question of the housewife arose, i.e. whether she was to be reckoned as a "working" person. It was decided to limit the definition of employment in this context to paid work and, therefore, so far as a female was concerned ordinary household duties in her own home were not included, but outside work for another person was included, and a female employed as a housekeeper etc. whether living -in or not was reckoned as working. Females "perfectly capable" of

all ordinary household tasks have already been enumerated in the various tables relating to physical capabilities.

Accordingly, table IX relates only to gainful employment, and "whole-time" was defined as a 30-hour week or more. It will be seen that with advancing age there is a sharp fall in the percentage working and part-time work is more favoured. Worthy of special note is the relatively high employability rate of males in the first decade of old age, and in the 65-69 year old age group no fewer than 50% were still working.

TABLE IX. Elderly Persons Employed, by Sex and Age-Group.

| Age-Group | Total in Age-Group | Number Employed | | | Percentage Employed |
|----------------------|--------------------------|-----------------|--------------|-----------|------------------------|
| | | Full time | Part time | Total | |
| Males 65-74 years | 197 | 53 | 25 | 78 | 40% |
| 75-84 years | 91 | 8 | 7 | 15 | 16% |
| 85 + years | 15 | - | 1 | 1 | 7% |
| Total Males | 303 | 61 | 33 | 94 | 31% |
| Females 60-64 years | 186 | 17 | 16 | 33 | 18% |
| 65-74 years | 316 | 11 | 13 | 24 | 7½% |
| 75-84 years | 173 | - | 1 | 1 | ½% |
| 85 + years | 27 | - | - | - | - |
| Total Females | 702 | 28 | 30 | 58 | 8% |

The Disabilities of Old People

The physical and mental disabilities of the sample old people were briefly noted on the Survey Form. Wherever possible precise definition of disabilities had been previously given, e.g. "blind"

meant that the subject was a registered blind person; and "deafness" was defined as inability to hear normal conversational voice at more than three feet distance. Table X shows the extent of these disabilities as stated at interview or ascertained. Many old persons suffered from more than one complaint so that the figures given are not additive.

The disabilities most frequently encountered were cardiovascular disease (which affected nearly one in six of all the old persons), arthritis (affecting one in nine) and bronchitis (affecting one in sixteen). There were, however, interesting sex differences - in the case of cardiovascular disease the proportion of males involved was about equal to that of females, whereas the proportion of females suffering from arthritis was greater than that of males and the proportion of males affected by bronchitis was greater than that of females. Less frequently encountered were physical senility and old fractures, both of which had a predilection for females; gastrointestinal conditions which affected males particularly; and mental senility with similar case-rates in both sexes; while varicose conditions, cerebrovascular disease and anxiety states all showed higher percentages amongst females.

TABLE X. The Disabilities of Elderly Persons Living at Home.

| Nature of Disability | Males (303) | Females (702) | Both Sexes (1,005) | Percentage of old persons affected |
|---|----------------|------------------|--------------------------|--|
| Blind | 1 | 2 | 3) | 3½% |
| Part Blind | 5 | 27 | 32) | |
| Deaf, with hearing aid | 4 | 7 | 11) | 4% |
| No hearing aid | 13 | 17 | 30) | |
| Cardiovascular conditions including hypertension | 51 | 107 | 158 | 16% |
| Arthritis | 20 | 93 | 113 | 11% |
| Bronchitis | 25 | 39 | 64 | 6% |
| Physical senility | 5 | 30 | 35 | 3½% |
| Old fracture | 6 | 26 | 32 | 3% |
| Gastro-intestinal conditions | 14 | 18 | 32 | 3% |
| Mental senility | 7 | 19 | 26 | 2½% |
| Varicose Ulcers etc. | 3 | 18 | 21 | 2% |
| Hemiplegia etc. | 3 | 16 | 19 | 2% |
| Anxiety state | 0 | 17 | 17 | 1½% |
| Anaemia | 4 | 11 | 15 | 1½% |
| Diabetes | 5 | 9 | 14 | 1½% |
| Other conditions | 38 | 73 | 111 | Each under 1% |

The problem was investigated from another angle by obtaining information from the Home Nursing Service as to the condition of old persons requiring nursing. This service is also discussed in a later section, but the point at issue here is the incidence of the various disabilities which necessitate the service and this is shown in

Table XI

TABLE XI. Conditions Treated by Home Nursing Service, Aberdeen November, 1956.

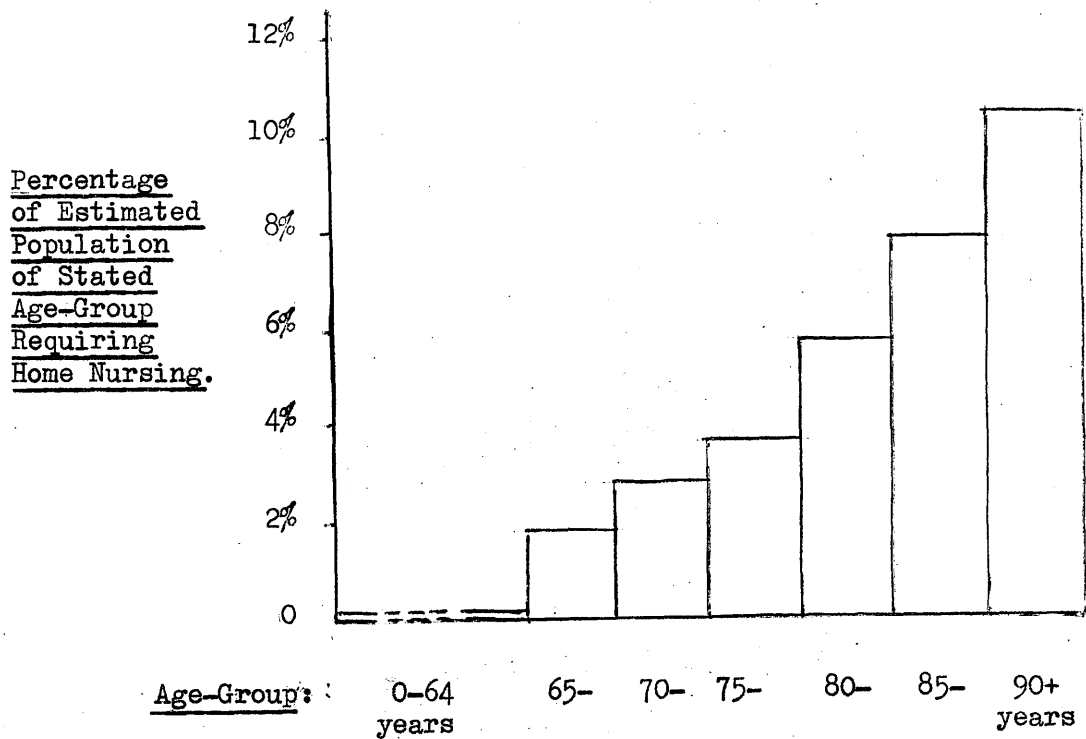
| Nature of Disability | Persons of Pensionable Age | | | Total Visits per week |
|--------------------------|----------------------------|---------|---------------|-----------------------------|
| | Males | Females | Both Sexes | |
| Cardiovascular disease | 50 | 100 | 150 | 281 |
| Cerebrovascular disease | 24 | 46 | 70 | 217 |
| Anaemia | 7 | 56 | 63 | 60 |
| Diabetes | 8 | 45 | 53 | 395 |
| Senility | 10 | 39 | 49 | 105 |
| Arthritis | 4 | 29 | 33 | 58 |
| Stated Cancer | 11 | 18 | 29 | 112 |
| Genito-urinary condition | 14 | 14 | 28 | 92 |
| Varicose ulcer etc. | 2 | 22 | 24 | 60 |
| Accidents | 2 | 20 | 22 | 66 |
| Constipation | 7 | 12 | 19 | 39 |
| Respiratory disease | 7 | 11 | 18 | 70 |
| Septic conditions | 4 | 7 | 11 | 44 |
| Other conditions | 12 | 33 | 45 | 161 |
| Totals | 162 | 452 | 614 | 1,760 |

Out of a total of 897 cases being dealt with by the District Nursing Service at mid-November, 1956, 614 or over two-thirds were of pensionable age. This represents some $2\frac{1}{2}\%$ of the estimated elderly population, and includes old persons in hostels in addition to those living in their own homes. Females exceeded males in the proportion of 2.8 : 1, whereas according to the 1951 census of the general population in Aberdeen the proportion of females of pensionable age to males was slightly less than 2.3 : 1. It does not necessarily follow that there is amongst elderly females a greater amount of disease or disability requiring nursing attention. Some if not all, of the increased proportion of home nursing cases

amongst elderly females could be due to other factors of a social nature, e.g. if an elderly husband requires nursing the chances are that his wife will be able to do more for him than vice versa.

FIG. 3.

Nursing Attention Required by Old Persons at Home
By Quinquennial Age-Group, Both Sexes



There is a rise with age in the percentage of the population requiring nursing attention. Fig. 3 indicates the striking nature of this increase which affects males and females equally. The proportion of persons attended by home nurses is roughly doubled with each decade of age over 65 years, being 2.1% in the 65-74 year old group, 4.3% in the 75-84 year old group and 8.6% in the age-group 85 years and over. Accordingly age determines disability requiring nursing and an increase in the proportion of very elderly persons in a population static in total number will mean, other things being equal, an increase in the work of the home nurses.

More than 75% of all visits paid by home nurses are to persons of pensionable age. The most important single factor in this load was found to be diabetes, which usually required daily attention, and more than one in five of all visits to elderly persons was for giving insulin injections. Cardiovascular disease accounted for nearly one in six of all visits, and cerebrovascular disease for one visit in eight. The part played by cancer was not exactly known; the figure given in Table XI should be regarded as an understatement because many cases of cancer were not labelled as such and some of the genito-urinary conditions and other miscellaneous conditions, sometimes vaguely defined, would be in fact carcinomatous; it is possible that cancer might account for about one-tenth of all visits. Next in order of frequency of visits required came senility, genito-urinary conditions and respiratory disease (mainly pneumonia and bronchitis), with accidents, anaemias, varicose conditions and

arthritis not far behind.

Males required on average about 3.3 visits per case per week as compared with 2.7 for females, much of this increased visitation to males being accounted for by extra visits to male cases of cardiovascular disease, (the number of visits was practically the same in both sexes, but there were only half the number of male cases). It appears, therefore, that while males do not so often require home nursing the individual male needs more nursing than the individual female. As already indicated social factors play some part in this sex differentiation and no definite conclusions have been drawn from these findings as to the differing incidence and severity of disease in elderly males as compared with females. It may be that in general males are not dealt with by the District Nursing Service until a later and more severe stage of disease is reached.

THE NEEDS OF THE AGED AT HOME

In the Survey Form the section devoted to assessment of requirements followed Register usage (see Introduction - Scope and Method of Investigation). This not only lightened the task for the health visitors, but also made for greater accuracy in assessment. The needs of the 95% or so of elderly persons who are living in their own homes are set out in Table XII in order of frequency as ascertained by the health visitors from the sample investigated. This table is to be read in conjunction with succeeding sections in which individual requirements will be discussed.

TABLE XII. The Requirements of Elderly Persons at Home.

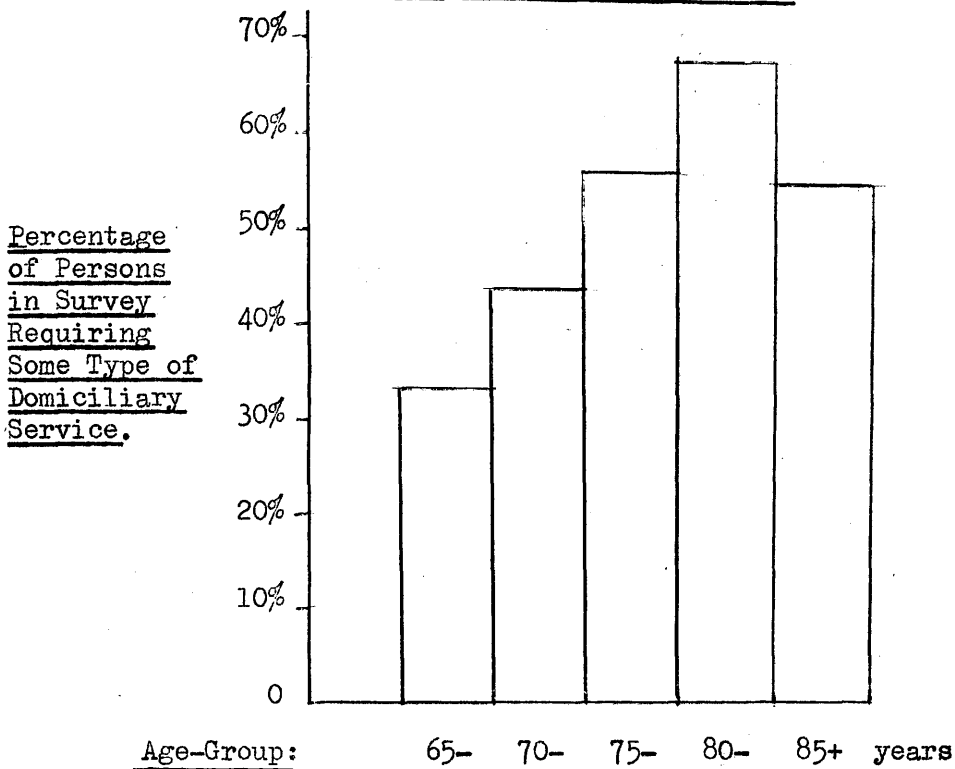
| Service | Need Met | Need Unmet | Total Requirement | Percentage of Survey Sample |
|--|----------|--------------|-------------------|-----------------------------|
| Health Visitor | 80 | 123 | 203 | 20% |
| General Practitioner | 165 | 9 | 174 | 17% |
| Chiropody | 84 | 66 | 150 | 15% |
| National Assistance | 78 | 11 | 89 | 9% |
| Rehousing | - | 44 | 44 | 4% |
| Home Help | 27 | 4 | 31 | 3% |
| Club Membership | 23 | 2 | 25 | 2½% |
| Home Nursing | 18 | 0 | 18 | 2% |
| Laundry | 8 | 5 | 13 | |
| Shopping | 7 | 0 | 7 | |
| Voluntary Visitor | 2 | 1 | 3 | |
| Meals | 1 | 1 | 2 | |
| Admission to Hospital | - | 2 | 2 | |
| Admission to Hostel | - | 1 | 1 | |
| Other Service | - | 3 | 3 | |
| | | <u>Males</u> | <u>Females</u> | <u>Both Sexes</u> |
| Total Old Persons in Sample | | 303 | 702 | 1,005 |
| <u>Old Persons with No Requirements.</u> | | 197 (65%) | 378(54%) | 575 (57%) |

Out of all the old people surveyed 57% were managing satisfactorily with no domiciliary attention whatsoever. The percentage of males able to live their own lives without outside assistance was, at 65%, considerably greater than the 54% of females, a finding no doubt related to the fact that males in their own homes were deemed to be in better physical condition than females. To save reference back to the previous section on physical capabilities it may be re-stated here that the proportions considered perfectly capable of all ordinary household tasks were 67% of males, 52% of females and 57% of both sexes - percentages almost identical with those given above.

FIG. 4.

Requirements of Elderly Persons at Home

By Quinquennial Age-Groups, Both Sexes



There was an increase with age in the proportions requiring some type of domiciliary care; as shown in Fig 4, this increase reached a peak in the age-group 80-84 years, when two out of every three persons required assistance, but after that age there is a fall. The reduction in the age-group 85 years or over was related in particular to males, and the reason for this phenomenon is obscure - it could conceivably be a chance finding resulting from the smallness of the number of males in the latter age-group (15 in all, of whom only four required attention), but there could be a deeper meaning and it raises the interesting question as to whether

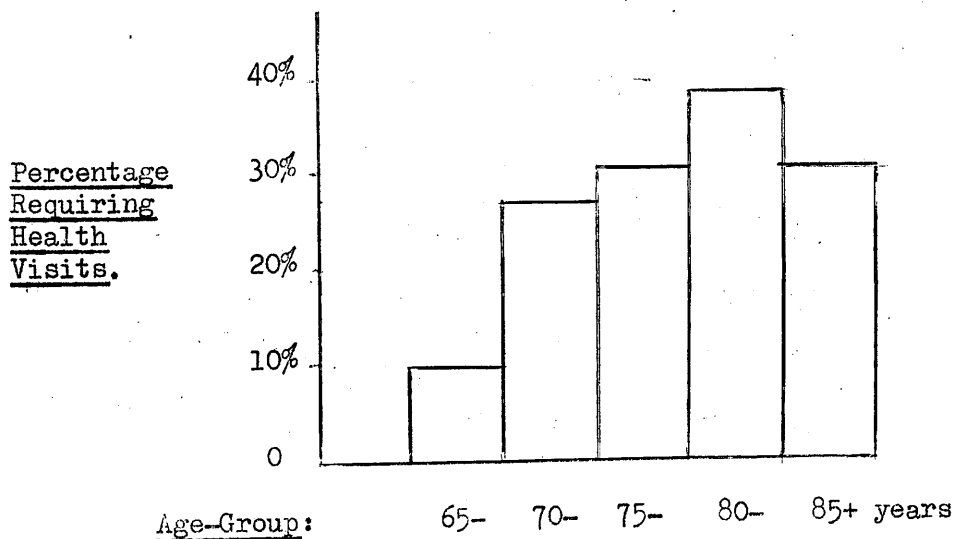
surviving males of 85 years or more tend to become so frail that they require institutional care rather than domiciliary care, so that only the fittest men of extreme age remain at home.

Health Visitor Service

The largest individual need of aged people living at home, and the greatest lack, was deemed to be in the field of education-towards-health. It was estimated that 20% of all the old people required social advice or personal health teaching and only 8% were receiving these services from the health visitors. Elderly women were in greater need of this service than elderly men, in that 23% of the females required health visits as compared with 15% of the males. The incidence of requirement increased with age to reach a peak in the 80-84 year age-group - see Fig. 5.

FIG. 5.

Health Visiting Service - Requirements of Elderly Persons By Quinquennial Age-Groups, Both Sexes.



The number of old persons actually being visited as shown by the survey sample could not be compared directly with the number of old persons on the Register because some of the latter were not requiring visits from the health visitor and would appear in the survey as not being visited. Nevertheless an indirect comparison can be made in the following way:- The total number of old persons on the Register at the beginning of 1957 was around 2,000, and at the date of last previous assessment 1,300 of these required regular visitation as opposed to annual re-assessment. It is, therefore, to be expected that the figure derived from the survey would, when suitably multiplied, fall between those two register figures, and this is in fact the case, because the figure of 80 derived from the 5% sample of the population is equivalent to 1,600 cases on the Register. However, there are available more accurate checks as to the truly representative nature of the survey.

It is only too obvious how much remains to be done in this field - if it were possible to ascertain all the old people who require social advice and health teaching, the number involved would represent an increase of 150 percent over the number being dealt with at the time of survey, with comparable increases in visitation by the health visitors and in the total number on the Register of Old Persons. It is, therefore, envisaged that, as cases come to light, the total on the register (which is still growing steadily) may in time approach 5,000 and incorporate slightly more than 20% of the estimated elderly population but this is of course dependent on

complete ascertainment of all in need.

General Practitioner Service.

In Table XII this is shown as the requirement second in order of frequency. It should be noted that the figures given above relate only to general practitioner visits to the home of the old person (about 17% of the old people required doctors' visits) and do not include surgery consultations. The total use made of the general practitioner service is indicated in Table XIII from which it will be seen that nearly one in four of all the old persons saw their own doctor regularly at monthly intervals or less - often merely for renewal of prescriptions. On the other hand, nearly one in three old persons had not seen their doctor for more than a year.

TABLE XIII. General Practitioner Service for Elderly Persons.

| Use Made of G.P. Service: | Sample Elderly Population | | |
|------------------------------------|---------------------------|---------|--------------|
| | Males | Females | Both Sexes |
| Regular consultation or visit: | | | |
| Weekly | 27 | 65 | 92 (9%) |
| Monthly | 33 | 112 | 145 (14½%) |
| Occasional consultation or visit: | | | |
| Less than one month ago | 44 | 115 | 159 (16%) |
| Over one month but under one year. | 85 | 182 | 267 (26½%) |
| Over one year ago | 103 | 209 | 312 (31%) |
| Uncertain | 11 | 19 | 30 (3%) |
| Totals | 303 | 702 | 1,005 (100%) |

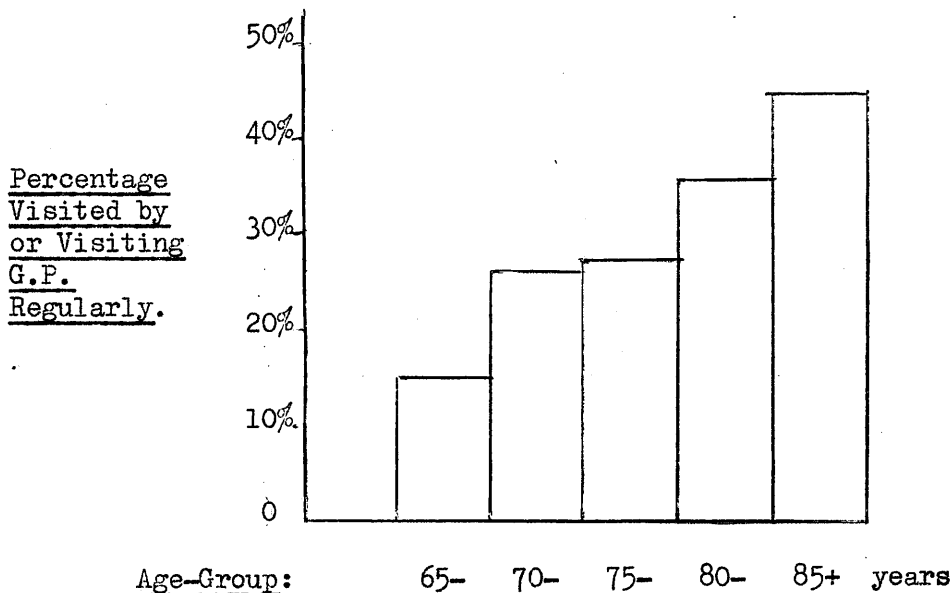
Table XIII also shows that the services of the general practitioner were required more often by females than by males - 25% of the former were in regular touch with their own doctor as compared

with 20% of the latter. In both sexes the extent of regular contact increased steadily with age over all age-groups, and at age 85 years or more 48% of the females and 40% of the males were being visited by, or were visiting, their family doctor regularly - see Fig. 6.

FIG. 6.

General Practitioner Service - Requirements of Elderly Persons

By Quinquennial Age-Groups, Both Sexes



An attempt was made to classify the reasons for these consultations or visits by the family doctor. Chronic illness or disability was stated to be the cause of last consultation or visit in 36% of the sample old people; temporary illness accounted for 32%; accident for 3%; and the remaining 29% were labelled as "uncertain" but this probably means minor temporary ailment or accident which has been forgotten.

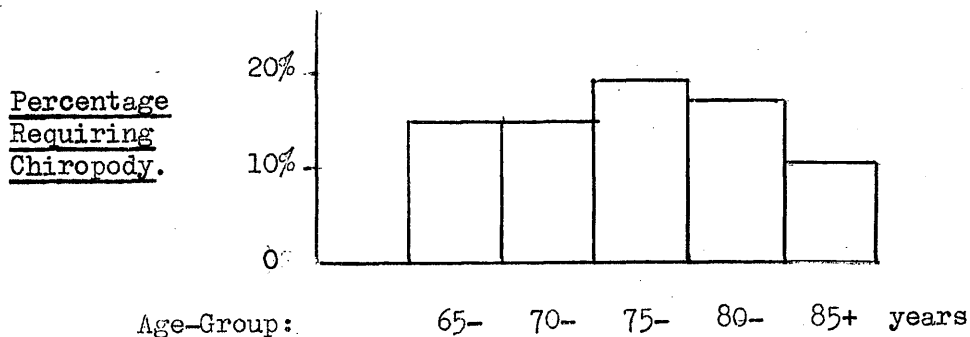
Chiropody Service.

The chiropody service stands third in order of total requirement but as an unmet need it is second only to the health visiting service. It is estimated that some 15% of the old people required chiropodial treatment whereas just over 8% were actually attending a chiropodist. Of the 84 persons having treatment 67 were in the care of a corporation chiropodist, and the remainder had made private arrangements or were receiving chiropody as hospital out-patients.

Only 11% of the males in the survey required attention to their feet, as compared with 16% of females. In both sexes the incidence of this requirement increased up to about 80 years of age and then fell off in extreme old age, but as shown in Fig 7 this fluctuation was relatively small (cf Fig 7. with Figs 4, 5 and 6 which are all drawn on the same scale).

FIG. 7.

Chiropody - Requirements of Elderly Persons
By Quinquennial Age-Groups, Both Sexes.



At the beginning of 1957 about 1,400 old persons living in their own homes were being treated by the Corporation Chiropody Service (which then comprised the equivalent of $2\frac{1}{2}$ full-time operators) and 5% of this gives 70 persons which is very close to the actual figure of 67 persons derived from the household investigation. This constitutes strong independent proof of the truly representative nature of the domiciliary sample.

From the information revealed it can be said that while further expansion of the chiropody service is indicated it is not easy to estimate the exact extent of this expansion owing to the extraneous factors involved, viz. the demand for private chiropody and the proportion obtaining treatment through the hospital services. If, say, two-thirds of the total requiring chiropody are to be dealt with by the Corporation service this represents 10% of the elderly population or about 2,200 persons living at home, as compared with the 1,400 actually being dealt with at the time of survey, i.e. expansion over the 1956 level of the order of at least 50% seems to be required, to a total load approximately equivalent to the work of four full-time chiropodists.

National Assistance.

About 9% of the survey sample admitted receiving National Assistance Supplementation or non-contributory Old Age Pension. It must be realised, however, that some old persons are shy to admit that they receive such financial assistance while others do not appreciate the difference between contributory and non-contributory

pensions etc. Accordingly the above figure is probably an underestimate. A more accurate estimate was made from information kindly supplied by the local Area Officers of the National Assistance Board: at the time of survey some 15% of old people in Aberdeen were in receipt of financial assistance from the Board. This figure will, of course, vary inversely with alteration in pension levels and is also subject to changes in the scales of allowances.

Rehousing.

Rehousing stands third in order of unmet requirements exceeded only by health visiting and chiropody. In all, 44 of the sample old persons, or just over 4%, were deemed to need rehousing, a total of 28 households being involved. Of these households, 11 comprised elderly couples etc. living alone, 7 were females residing alone, and in the remainder the old persons or couples were living with younger relatives. In this last category the housing problem is not one especially peculiar to the aged (although their presence in the households may contribute, for instance, to overcrowding) but forms part of the general housing problem of the population at large. In the other categories, i.e. where old persons or couples etc. live alone, their particular problems as regards housing have been recognised for some time and the Corporation have provided "special purpose" houses built both singly and in groups in different parts of the city. The housing problem of the aged must always be viewed in its relationship to the general housing problem, remembering too that sometimes an old person requiring rehousing may not actually

desire rehousing.

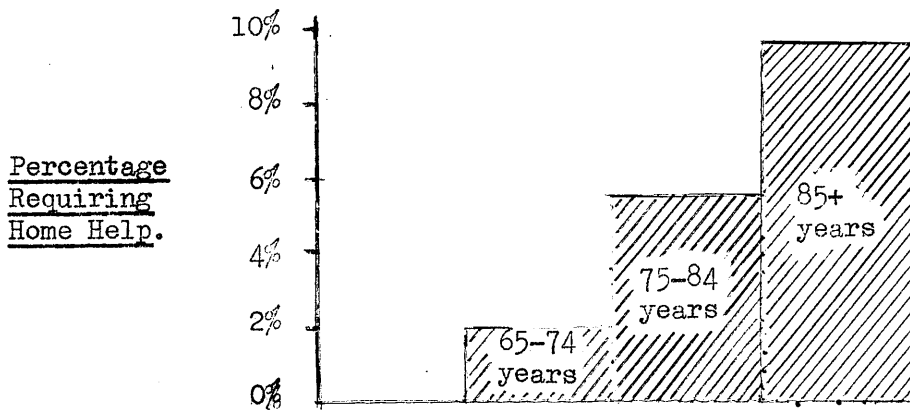
Field experience has shown that elderly couples or sibs are more readily rehoused than elderly persons living alone. The latter, like the younger single women who prefer to live alone, are the Cinderellas of rehousing.

Home Help Service.

Of the total 1,005 old persons in the domiciliary sample 31 (3%) required the services of a Corporation home help, and of these 27 were already provided with the required help. The very small number found lacking this service is particularly gratifying. It is anticipated, however, that with an ageing population the recent steady expansion of the home help service will be continued at a somewhat slower rate than hitherto. Analysis by age of recipients strengthens this contention, because the need for a home help was found to show a remarkable increase with age - in the 65-74 year age-group 2% of persons in the survey required this service; at 75-84 years, 5½% and for those aged 85 years or more the figure was 9½%. The extent of the increase with age is indicated in diagrammatic form in Fig. 8.

FIG. 8.

The Influence of Age on the Need for Home Help Service



It is particularly interesting to note that at the beginning of 1957 a total of 526 households of elderly persons were receiving attention from the Home Help Service, and 5% of 526 is 26. In the domiciliary survey 26 households containing 27 old persons were found to have a home help in attendance. This is further independent proof, if such be needed, that the survey is reasonably representative.

Voluntary Visitors and Clubs.

Loneliness has always been rated one of the bugbears of old age. From the survey findings it would appear that some 3% of old people require to have this feature of old age offset by means of club membership or by voluntary visitors to relieve the isolation of those who are not so able. In this context the term "voluntary visitor" does not include friendly visits by neighbours or others but connotes only visitors from some official voluntary organisation such as those dealing with the blind, deaf and dumb, or social welfare.

The neighbour's friendly visit can be of prime importance in maintaining the morale of an elderly individual, and in this connection it is of interest that of the old people in the survey twelve were found to be having some assistance in the household from a neighbour, but it is not known how many of these received payment for their services, nor is it known how many neighbours visit from time to time without giving material assistance.

Home Nursing.

About 2% of old people in their own homes were found to require the services of a home nurse. The work of the Home Nursing Service has been reviewed in the section relating to the disabilities of old people, but it should be noted that the figures given there refer to old persons in hostels as well as those living at home.

Other Requirements, and Conclusions.

The need for a special laundry service for old people is somewhat equivocal. In the domiciliary sample 13 (just over 1%) were found to require special arrangements in this particular, but of these 8 had already managed to make their own arrangements, mainly with relatives. There was, however, a small residue of 5 persons lacking special arrangements but the survey did not reveal any gross lack in this respect because it was usually possible to help these people to make their own arrangements. The need for this type of service will, of course, vary with extraneous factors such as the state of the housing in the area and the availability of hospital beds for the bedridden case.

As regards the need for someone to do shopping for them no old person was found to be lacking in this particular, and the few who might otherwise have required such service were found to have made their own arrangements with nearby relatives or friends.

In the household survey one person was receiving meals-on-wheels, another was deemed to require this service, and an additional person (not shown in general table of requirements) was found to be receiv-

ing all meals from a neighbour.

Out of the 1,005 old persons covered by the domiciliary survey only two were listed as requiring admission to the geriatric wards of a hospital and only one required admission to residential accommodation. (As indicated in the Introduction the question of institutional accommodation for the aged was made the subject of a separate part of the investigation and the results of the institutional census will be given in succeeding sections).

Three old persons required some form of assistance other than those specified above. Of these, two required bedding and could have been classified as requiring further National Assistance, and one old person who needed it lacked a wheelchair. In addition to these, one couple required more domestic help than they were actually receiving, to such extent that they were considered to need a living-in companion. Although the requirement is manifestly small it is believed that an "out-of-hours" home help service or "sitter-in" service could perform useful work amongst the aged.

In view of these findings it can be stated that the list of services detailed on the Survey Form (and on the Register Card) is quite comprehensive and represents all the major needs of old persons. The survey also reveals that in the domiciliary care of the aged the main deficiencies are quantitative in respect of existing services which require expansion, with qualitative deficiencies in respect of services required but not yet provided playing a relatively minor role. This refers of course to present needs, and

superimposed on this is the question of the continuing ageing of the population which would, if not offset by some other factor, create further need or other new need.

It is clear that the main factor leading to reduction of their material needs lies in the development of an education-towards-health programme for the elderly, i.e. the imparting, by advice, precept, example or conducive action, of knowledge pertaining to physical, mental, emotional, environmental and social well-being. The expansion, and adaptation where required, of present services of this nature, in particular the health visiting and health propaganda services for the aged, should be a prime consideration.

INSTITUTIONAL ACCOMMODATION FOR THE AGED

As explained in the Introduction the usage by the elderly of all forms of institutional accommodation was ascertained by means of a questionnaire sent to matrons or superintendents of all hospitals etc. which might have been accommodating Aberdeen citizens. The total number of old persons actually accommodated in different types of institutions on a certain date in November, 1956, was thus obtained, together with the sex, age-grouping and probable duration of stay of such persons, and results of analysis of returns are summarised in Table XIV.

TABLE XIV. Aberdeen Citizens in Institutions 15.11.1956.

| Situation | Males 65 years and over | Females 60 years and over | Both sexes | Percentage of total elderly population. |
|---|-------------------------------|---------------------------------|---------------|--|
| <u>In Hospitals and Nursing Homes:</u> | | | | |
| Mental Hospitals | 82 | 218 | 300 | 1.3% |
| Geriatric and Chronic Sick Wards | 75 | 205 | 280 | 1.2% |
| Other hospitals, e.g. General, Tub., I.D. | 69 | 115 | 184 | 0.8% |
| Convalescent and Nursing Homes | 7 | 33 | 40 | 0.2% |
| Totals | 233 | 571 | 804 | 3.5% |
| <u>In Residential Accommodation:</u> | | | | |
| Local Authority Hostels | 71 | 114 | 185 | 0.8% |
| Voluntary Hostels | 48 | 137 | 185 | 0.8% |
| Totals | 119 | 251 | 370 | 1.6% |
| <u>In Lodging Houses:</u> | | | | |
| Corporation and Private | 96 | 3 | 99 | 0.4% |

It will be seen that out of approximately 23,000 persons of pensionable age in the City the institutional investigation accounted for no fewer than 1,273 (448 males and 825 females). If the number of old people in lodging houses is deducted from this total, the number of aged persons receiving treatment, care or attention in hospitals, homes and residential accommodation works out at 1,174 or 5.1% of the estimated elderly population. The aged populace as a whole can, therefore, be divided into approximately 95% residing in

their own homes including hotels, boarding houses and lodging houses, and approximately 5% who require institutional care. Those living in their own homes were dealt with above, a representative sample of one in twenty having been obtained, and there remain to be considered the aged who are temporarily or permanently unable to live at home.

Old Persons in Hospital.

The total number of old people in hospitals of all types, convalescent homes and private nursing homes was 804, representing 3.5% of the total elderly population, and comprising 233 males and 571 females.

Mental hospitals harboured a total of 300 old persons of whom the vast majority (88%) were considered to be permanent cases likely to remain in hospital till death, the remainder being long-term cases likely to be over one month in hospital. The proportion of females of pensionable age to males was 2.7 : 1, which is higher than that in the population as a whole. There was no waiting list of cases for admission.

Geriatric wards and chronic sick wards accommodated 280 persons of pensionable age of whom 220 were in geriatric wards, the remaining 60 being in chronic sick wards. Of patients in geriatric wards the great majority (87%) were permanent cases, the remainder being mostly long term with a very few short term cases likely to remain in hospital less than one month prior to discharge. At 2.5 : 1 females outnumbered males slightly more than in the general population.

Patients in chronic sick wards were all considered permanent and females predominated, outnumbering males 4 : 1. There was a waiting list of 23 males and 17 females for this type of hospital accommodation.

Other hospitals included general, tuberculosis and infectious diseases hospitals and accounted for 184 cases of pensionable age of whom only 9% were considered permanent, but "permanent" (i.e. till death) has here a different connotation from above in that these patients would be likely to die within a comparatively short period; a further 40% were short term cases, so that about half of all elderly cases in general hospitals etc, can be reckoned as likely to remain in hospital under one month till discharge or death. The proportion of females to males was only 1.7 : 1 and so there is in general hospitals, unlike all other hospitals, a relative preponderance of males. This is reflected in the waiting list which comprised 150 females but only 31 males. It is probably desirable to consider also under this heading patients in convalescent and nursing homes who numbered 40, with females predominating more than 4 : 1.

The sex and age-group of old persons in hospitals, convalescent and nursing homes is given in Table XV. The figures in brackets represent the percentage of the estimated total populace of the relevant sex and age-group, and show that the proportion of old people in hospital is roughly doubled with each decade over 65 years. It will also be seen that, at all age-groups, the proportion of females is slightly higher than that of males. These findings are to be compared with these already given for disabilities requiring home nursing

which were likewise greater in females and increase in like manner with advancing age. The same reasoning as there given applies also here. The fact that in all hospitals other than general hospitals there is an actual and a relative preponderance of aged females does not necessarily mean that there is in that sex more chronic disease and disability but may be due at least in part to social conditions. This suggestion is strengthened by the high proportion of single and widowed persons in hospital (Guillebaud Report, 1956).

TABLE XV. Old Persons in Hospitals, Convalescent and Nursing Homes, Aberdeen, 15.11.1956. By Sex and Age-Group.

(figures in brackets represent percentages of estimated total populace in group)

| Age | Males | Females | Both Sexes |
|--------------------------|------------|------------|------------|
| 60 - 64 years | - | 102 (2.2%) | 102 |
| 65 - 74 " | 119 (2.5%) | 203 (2.8%) | 322 (2.7%) |
| 75 - 84 " | 92 (4.6%) | 205 (6.2%) | 297 (5.6%) |
| 85 years and over | 22 (9.6%) | 61 (11.1%) | 83 (10.6%) |
| Total of Pensionable age | 233(3.3%) | 571 (3.6%) | 804 (3.5%) |

The rise with age in the proportion of the population requiring hospital treatment was attributable almost entirely to permanent cases - the proportion of non-permanent cases, long-term or short-term, showed little variation with age as compared with the massive increase in the percentage requiring permanent hospitalisation. This is illustrated in Fig. 9, the actual figures derived from the survey in respect of persons in the three age-groups 65-74 years, 75-84 years and 85 years or more being, for non-permanent cases 1.2%, 1.5% and 1.3% respectively of the estimated populations in these

age-groups, and, for permanent cases 1.5%, 4.0% and 9.3% respectively.

It is inferred that susceptibility to remediable disease conditions is not markedly increased towards the end of life, and may indeed diminish in extreme old age, but of course with the passing years the degenerative conditions take ever-increasing toll. In line with this is the fact that, when the elderly age-groups are considered separately in relation to the type of hospital in which located, case-rates behave dissimilarly (see Fig 10):-

(a) In mental hospitals there is a moderate increase with age in the proportion of the total population accommodated (1.0% of all persons aged 65-74 years, 2.0% of those aged 75-84 years, and 2.7% of those aged 85 years or more).

(b) In geriatric and chronic sick wards there is a steeper rise (0.7% of persons aged 65-74 years, 2.3% of those aged 75-84 years, and 6.9% of those 85 years or more).

(c) In general hospitals, convalescent homes and nursing homes there is, on the other hand, little variation with age (1.0% of persons aged 65-74 years, 1.2% of those aged 75-84 years, and 1.0% of those aged 85 years or more).

FIG. 9.

OLD PERSONS IN HOSPITALS AND IN HOSTELS--
BY AGE-GROUP (BOTH SEXES)

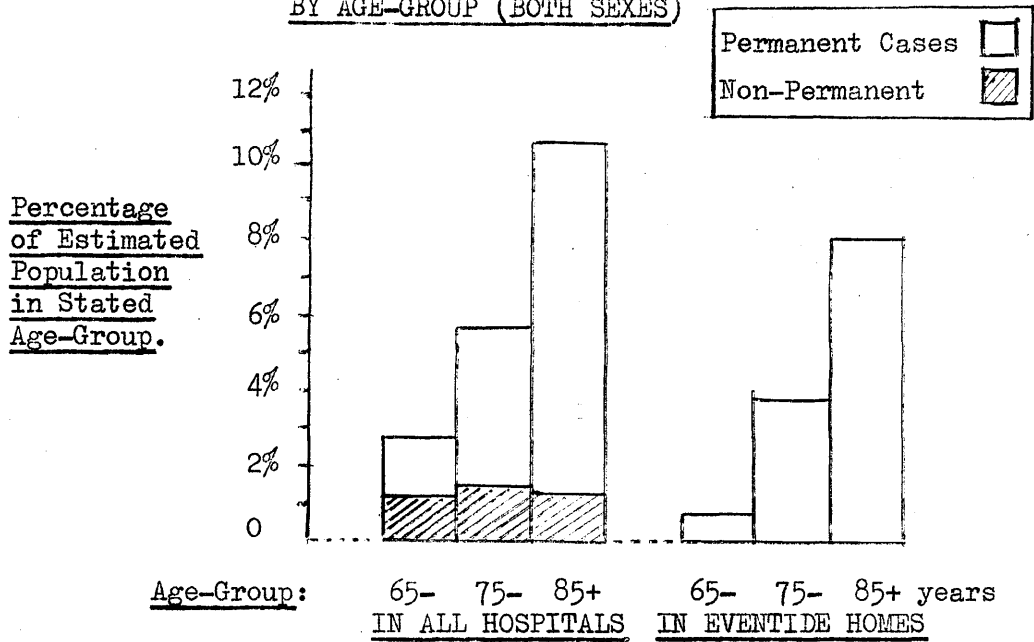
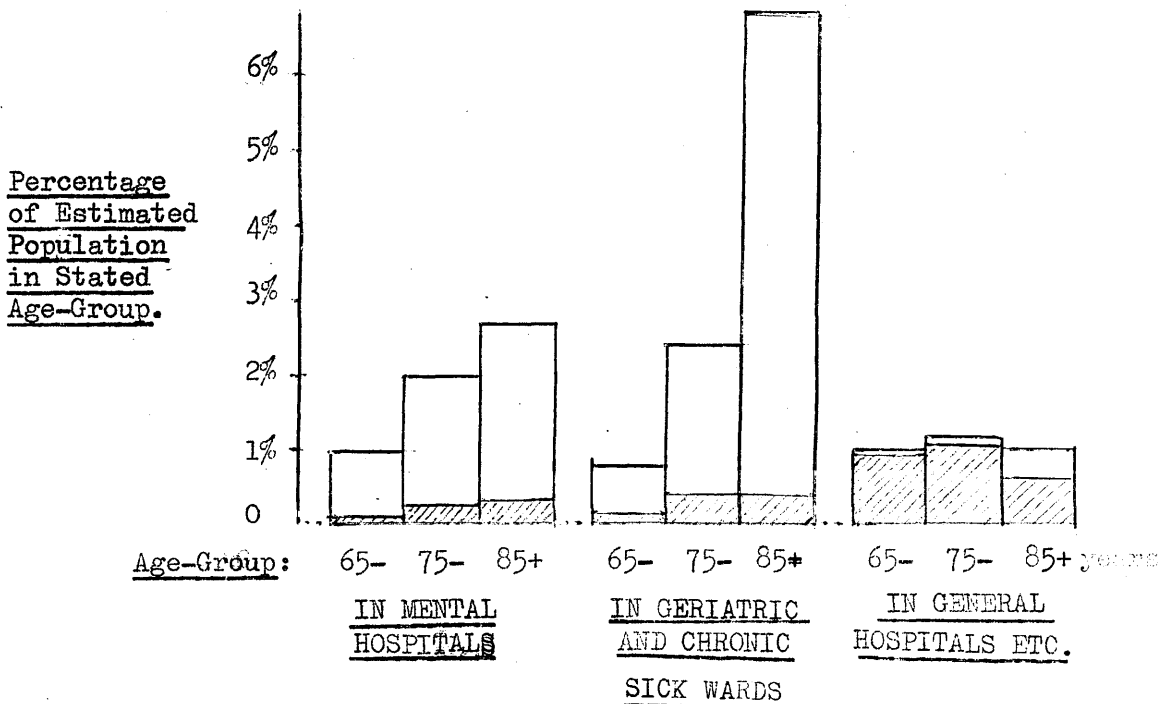


FIG. 10

OLD PERSONS IN DIFFERENT TYPES OF HOSPITAL -
BY AGE-GROUP (BOTH SEXES)



Old Persons in Residential Accommodation.

The total number of old people accommodated in residential homes was 370 (119 males and 251 females), representing 1.6% of the total elderly population. Corporation eventide homes housed 185 persons, exactly 50% of total residents, and the remainder were in voluntary homes of various types including certain homes outwith the city. In the estimation of persons in hostels no account was taken of residents (2 males and 7 females) who were temporarily in hospital and therefore enumerated in the hospital tally, nor was any account taken of the few persons under pensionable age accommodated in these homes.

The number of Aberdeen citizens resident in voluntary hostels is unexpectedly high but of course there was previous to this investigation nothing but guess work as to this total. It should be remembered, however, that a certain number of such persons are subsidised by the Corporation. At the end of 1956 the Corporation was making contribution towards the cost of maintenance of 48 persons in voluntary homes or about 1 in 4 of all elderly citizens so accommodated, and out of the 370 people in all eventide homes the Corporation had an interest in 233, or nearly two-thirds of the total residents.

In all hostels females outnumbered males 2.2 : 1 which approaches the proportion in the general population. In local authority homes, however, there was a relative preponderance of males, and this may well be associated with the fact that the elderly lodging-house population, which is almost entirely male, shows marked diminution with

increasing age. In contrast voluntary hostels had a relatively high proportion of females.

In the age-group 65-74 years 0.8% of the estimated total population was accommodated in hostels; at 75-84 years, 3.8%; and at age 85 years or more, 8.1%. There is, therefore, with advancing age a very steep rise in the proportion of persons requiring residential accommodation - see Fig. 9.

Awaiting admission to voluntary homes were 8 males and 45 females, but it must be borne in mind that some persons in comfortable circumstances elect to go to a voluntary home from desire rather than from actual need, and it was felt that if the need were really pressing the chances were that the applicant would appear also on the local authority waiting list. Awaiting admission to local authority homes were 18 males and 22 females of whom 1 male and 11 females had elected to go to a new home still under construction at that time and were, therefore, not considered as urgent cases. Several males on this waiting list were actually in a lodging-house and others of both sexes were in hospital at the date of survey.

Old Persons in Lodging Houses.

At mid-November, 1956, there were 99 persons of pensionable age in lodging-houses in the City; of these 96 were males, representing 1.4% of the total aged male population. It is thought-provoking to recall that the number of elderly males in residential homes at the same date was 119, i.e. there were in lodging-houses very nearly as many old men as there were in eventide homes.

Institutional Accommodation - Estimated Requirement.

The current need for institutional accommodation in Aberdeen can be estimated by correlation of the numbers actually accommodated in the places available with the numbers on the waiting lists for the various types of hospitals or hostels.

In the first place, mental hospitals, with 300 beds occupied by old people, had no waiting lists and the number of places available is therefore considered sufficient at 1.3% of the total elderly population.

Secondly, geriatric and chronic sick wards accommodated 280 old persons (of whom only 3 were short-term, so that the turnover must needs be slow) and had a waiting list of 40 - it follows that some additional accommodation is required, but it is not easy to calculate the exact extent of the current deficiency. Possibly half of the cases on the waiting list would have some degree of urgency, and on this basis it is suggested that a further 20 beds are required, leaving the remainder of the waiting list to be dealt with by ordinary turnover, and making the total need for this type of hospital bed 1.3% of the elderly population, the same as for mental beds.

Thirdly, other hospitals, convalescent homes and nursing homes, accommodating 224 old persons, had a waiting list of 181. There was however, a large number of short-term cases, and turnover was correspondingly rapid so that many of those awaiting admission would be dealt with within one month. On the other hand there was what seemed to be an unduly large number of females on the waiting list

and a disproportionately small number of females in hospital, and it is therefore suggested that in these general hospitals etc. it is necessary to restore the male/female ratio to approximately that of the population at large, for which purpose an additional 24 female beds would be required, making the need for this type of hospital bed 1.1% of the elderly population.

In short, it is estimated that, at the present time, there is required for every 1,000 persons of pensionable age a total of 37 hospital beds, comprising 13 in mental hospitals, 13 in geriatric and chronic sick wards, and 11 in other hospitals including private nursing homes.

Lastly, as regards hostel requirement the number of old people in residential accommodation at the date of survey was 380, and the number awaiting accommodation was 93, including 12 cases with future requirement. Up to 81 additional places are therefore needed, making a grand total of about 460, which is equivalent to a requirement of about 20 hostel places per 1,000 old people. This estimate of 20 places per 1,000 persons of pensionable age is almost exactly equal to the target of 2.5 places per 100 people aged 65 years and over suggested in the report on "The Ageing Population" published in 1953 by the Department of Health for Scotland.

SUMMARY

A comprehensive survey of the circumstances and needs of elderly citizens of Aberdeen was carried out in 1956/57. The survey comprised two main sections; (a) Domiciliary Investigation of a 5% representative sample of old people in the City, and (b) Institutional Investigation of all Aberdeen citizens in different institutions, both public and private, throughout the north-east of Scotland. As it is considered that it may be of some general interest particularly to others contemplating surveys of similar nature, the method of survey is described in detail and copies of proformata used are appended.

The representative nature of the domiciliary sample was checked by comparison with the 1951 Census findings of the sex distribution, age grouping, and marital status of the sample population. It was cross-checked by ancillary investigation of the total number of old people in receipt of certain services, in particular, the chiropody and home help services.

The domiciliary survey involved investigation of 2,806 households, and of the 1,051 old persons found in these households 1,005 (over 95%) were willing to supply information for the purposes of the survey. The institutional investigation covered a total of 1,273 old people in more than 40 hospitals, convalescent homes, nursing homes, eventide homes and lodging-houses. Details are furnished of findings in regard to the residential circumstances of elderly persons, their housing conditions, their physical capabilities and capacity for

work, their disabilities, the various domiciliary services they require, and the number of hospital and hostel beds they occupy.

The main needs of old persons living at home were found to be, in descending order of frequency of requirement, health visiting, general practitioner visits, chiropody, financial assistance, rehousing, home help, club membership and home nursing. The main unmet needs, also in descending order of frequency were health visiting, chiropody and rehousing.

It is emphasised that in the care of the aged the prime requirement is education towards health which is necessary now, and will be in the future even more necessary, for the prevention of further increase in the material needs of the elderly.

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